were observed in all three studies. Linezolid resistance was detected in three of the 203 isolates recovered from blood (two) and wound (one) specimens. Using parenteral, non-enteric oxazolidinone therapy was reserved for those with anticipated poor outcomes (e.g., severe linezolid resistance, shock, or need for immunosuppressive agents). All strains (4,338) were susceptible to parenteral oxazolidinones (linezolid, 99.93%; tetracycline, 92.5%; levofloxacin, 90.3%; and vancomycin, 97.1%). Most strains were susceptible to aminoglycosides (94.6%), β-lactams (88.9%), and carbapenems (87.9%). Resistance to trimethoprim/sulfamethoxazole was more common (61.8%). Linezolid MICs were determined by Etest on Mueller-Hinton agar with 5% sheep blood, broth microdilution, and/or disk diffusion methods. PCR and sequencing were performed to detect mutations in 23S rRNA, 16S rRNA, 23S and 5S rRNA genes, and acquired determinants (cfr, aac(6’)-I, and tet(M)).

RESULTS

• The activity of linezolid when tested against the six groups of Gram-positive pathogens (Table 2) was 99.99% (98.9% 0.01 mg/L, 93.6% 0.03 mg/L, and 71.4% 0.5 mg/L) for MRSA, 98.9% (92.5% 0.01 mg/L, 88.9% 0.03 mg/L, and 84.6% 0.5 mg/L) for Staphylococcus epidermidis, 71.4% (69.3% 0.01 mg/L, 82.1% 0.03 mg/L, and 59.0% 0.5 mg/L) for enterococci, and 88.9% (85.4% 0.01 mg/L, 85.2% 0.03 mg/L, and 85.0% 0.5 mg/L) for group streptococci, but only 71.4% (76.9% 0.01 mg/L, 70.9% 0.03 mg/L, and 64.2% 0.5 mg/L) for group streptococci with MIC (mg/L) 100.0.

• A total of 20.8% of the 1,150 isolates, 6.8% of all isolates (131 strains), and/or resistance determinants: Results from the 2009 interim evaluation of in vitro activity of linezolid and comparators against isolates from Europe and Israel.

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