



EUCAST

EUROPEAN COMMITTEE
ON ANTIMICROBIAL
SUSCEPTIBILITY TESTING

European Society of Clinical Microbiology and Infectious Diseases

Antimicrobial susceptibility testing with EUCAST breakpoints and methods

External quality assessment

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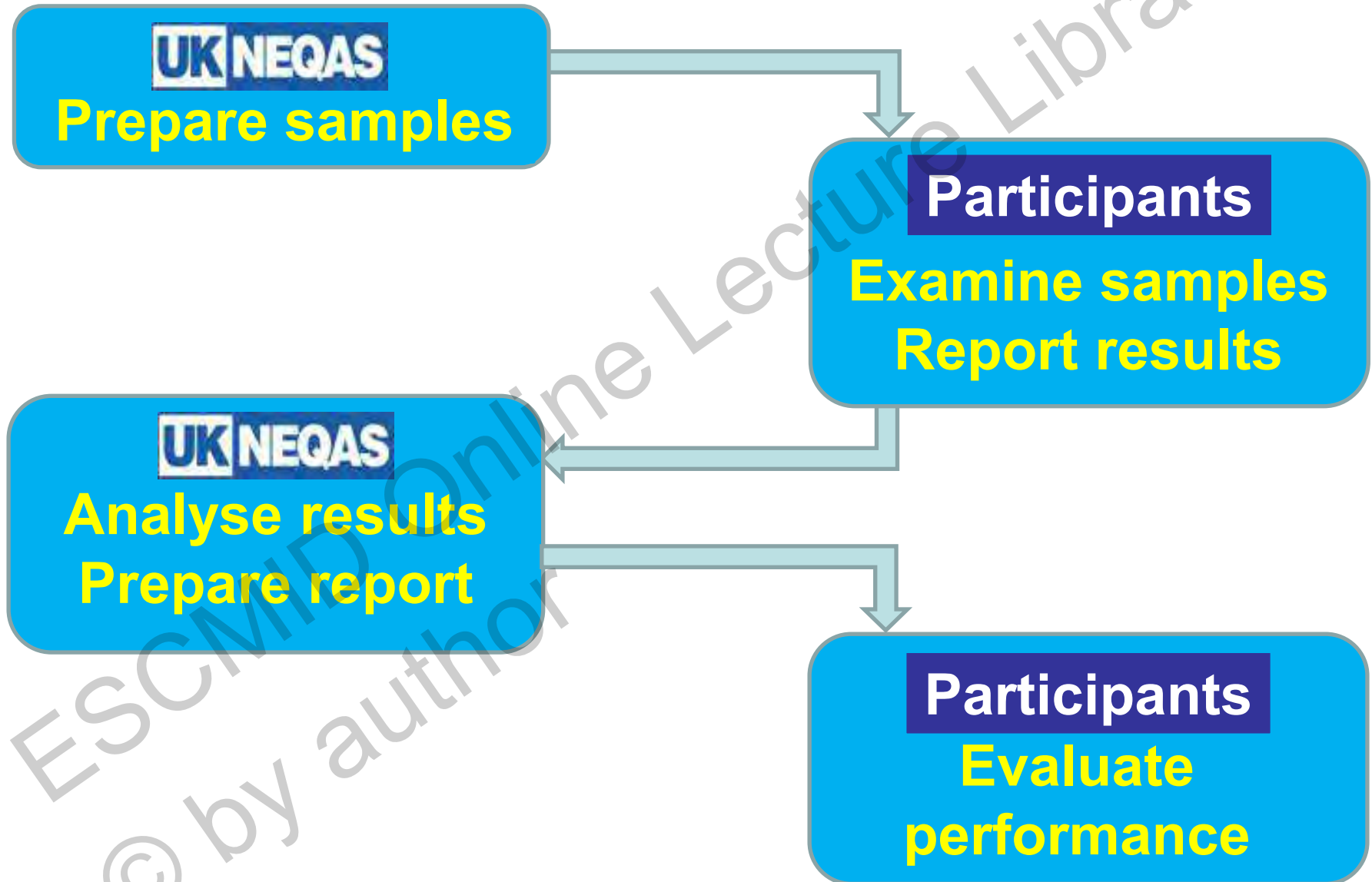
EUCAST Scientific Secretary

Chairman, UK NEQAS Specialist Advisory Group on AST

External Quality Assessment (EQA, proficiency testing)

**The challenge of laboratory
procedures with specimens of
known but undisclosed content**

The EQA process (UK NEQAS)



Benefits of EQA in antimicrobial susceptibility testing

For the individual laboratory:

- Independent assessment of performance
- Assessment of performance over time
- Comparison with other laboratories
- Highlights problem areas
- Gives practical experience of difficult tests and uncommon resistances
- Performance indicator for accreditation

Benefits of EQA in antimicrobial susceptibility testing

Wider benefits:

- Provides background information and discussion of problem tests
- Performance related to guidelines and methods
- (International differences highlighted)

“Limitations” of EQA in antimicrobial susceptibility testing

- Number of specimens distributed is small
- May be considered inappropriate to send some organisms
- Specimens do not reflect routine isolates
- Laboratories may not treat specimens as routine

**Results may be affected by
breakpoint guidelines used**

E. faecalis specimen 0138 vancomycin MIC 8-16 mg/L (VanB)

Guideline	Breakpoints (mg/L)		Percent reporting		
	S ≤	R >	S	I	R
EUCAST (n=316)	4	4	5.1	1.9	93.0
CLSI (n=314)	4	16	10.2	35.0	54.8

Enterobacter cloacae 1797

piperacillin-tazobactam MIC 64 mg/L

Guideline	Breakpoints (mg/L)		Percent reporting		
	S ≤	R >	S	I	R
EUCAST (n=502)	8	16	1.0	5.4	93.6
CLSI (n=115)	16	64	9.5	30.0	63.5

Guidelines are not always followed

S. aureus specimen 0185

mupirocin MIC 4-16 mg/L

Guideline	Breakpoints (mg/L)		Percent reporting		
	S \leq	R $>$	S	I	R
EUCAST (n=248)	1	256	13.3	34.3	52.4
CLSI (n=208)	256	256	19.2	11.1	69.7

- 75% of 93 labs reporting R and using CLSI breakpoints with automated systems reported MICs >8 or ≥ 8 mg/L and therefore cannot distinguish high and low-level resistance
- CLSI disk diffusion method requires 200 μ g disk
22 used 5 μ g disk and 20 reported R
- BSAC disk diffusion method requires MIC if resistant with 5 μ g disk
56/69 using 5 μ g disk reported R, suggesting MIC was not tested

S. aureus specimen 1495 fusidic acid MIC 16 mg/L

Guideline	Breakpoints (mg/L)		Percent reporting		
	S \leq	R $>$	S	I	R
EUCAST (n=459)	1	1	0.7	0.8	98.5
CLSI (n=119)	-	-	4.2	53.8	42.0

**Performance may be affected
by the method used**

E. faecalis specimen 0138 vancomycin MIC 8-16 mg/L (VanB)

EUCAST resistant, CLSI intermediate

Method	Percent reporting		
	S	I	R
Automated (n=333)	3.9	6.2	89.9
MIC (n=71)	2.8	13.9	83.3
Disk diffusion (n=262)	15.5	11.6	72.9

E. coli specimen 1842

piperacillin-tazobactam MIC 32-≥128 mg/L

EUCAST resistant, CLSI intermediate-resistant

Method	Percent reporting		
	S	I	R
Automated (n=283)	74.6	8.1	17.3
MIC (n=44)	63.6	18.2	18.2
Disk diffusion (n=211)	28.0	33.2	38.8

Borderline susceptibility reduces the reliability of results

E. coli specimen 1842 amikacin MIC 8-16 mg/L

Guideline	Breakpoints (mg/L)		Percent reporting		
	S ≤	R >	S	I	R
EUCAST (n=356)	8	16	39.8	56.8	3.4
CLSI (n=100)	16	64	69.0	20.0	11.0

Uncertainty in guidelines leads to variable reporting

Uncertainty in reporting *S. pneumoniae* specimen 1887 benzylpenicillin MIC 0.25-0.5 mg/L

“Intermediate” to penicillin
Resistant if from meningitis
Susceptible if from pneumonia



Reporting	Percent reporting		
	S	I	R
Pneumonia (n=531)	46.3	49.7	4.0
Meningitis (n=525)	3.1	4.0	92.9

Uncertainty in reporting dissociated (MLS_B-inducible) resistance to clindamycin in *S. aureus*

Clindamycin MIC 0.12-0.5 mg/L (S)
Resistance induced by erythromycin



Year	Specimen	Percent reporting		
		S	I	R
2008	8983 (n=606)	30.5	1.2	68.3
2013	1495 (n=601)	8.7	0	91.3

**.... and some resistances are
just difficult to detect**

S. aureus specimen 1699

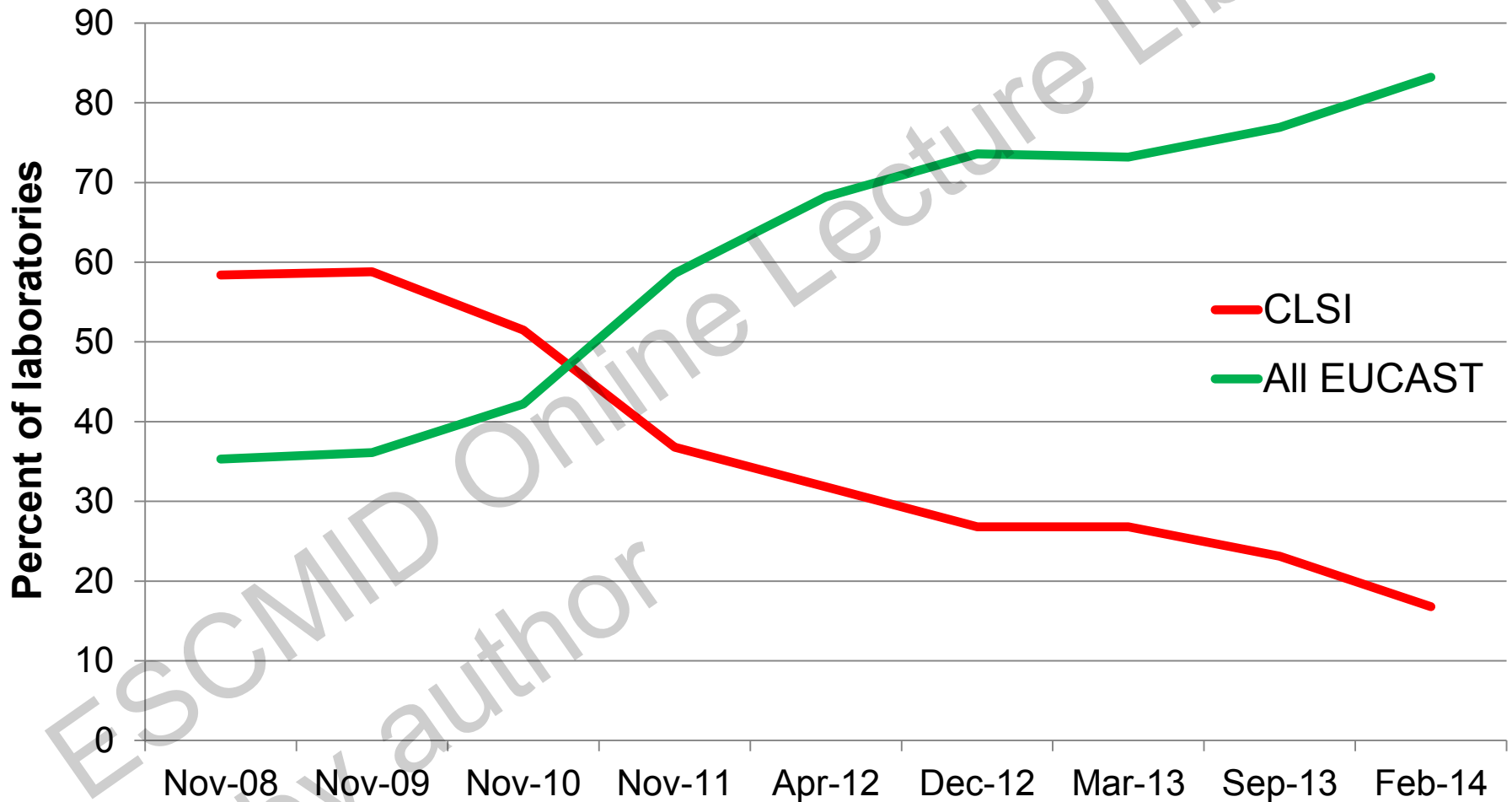
vancomycin MIC 4 mg/L

Guideline	Breakpoints (mg/L)		Percent reporting		
	S \leq	R $>$	S	I	R
EUCAST (n=356)	2	2	53.1	1.7	45.2
CLSI (n=150)	2	8	59.4	35.3	5.3

Method	Percent reporting		
	S	I	R
Automated (n=284)	65.5	7.0	27.5
MIC (n=131)	35.9	11.4	52.7
Disk diffusion (n=29)	82.8	3.4	13.8

Use of breakpoint guidelines is changing

Breakpoints used by participants in UK NEQAS



External quality assessment -summary

- EQA provides valuable data on performance for individual laboratories
- In general, performance is good for most organism-agent combinations
- Performance can be linked to guidelines and methods used for some tests
- Discrepancies more common when:
 - Differences between guidelines
 - Failure to follow guidelines
 - Susceptibility borderline
 - Confusion over reporting
 - Tests are difficult
- There is a marked trend towards use of EUCAST breakpoints