

Neues vom EUCAST

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N | A | K
Nationales Antibiotika-
Sensitivitätstest-Komitee

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The European Committee on Antimicrobial Susceptibility Testing - EUCAST

EUCAST is a scientific committee formed in 1997 and is jointly organized by [ESCMID](#), [ECDC](#) and European national breakpoint committees. EUCAST develops antimicrobial susceptibility testing methodology, interpretative criteria and guidance documents to aid clinical decision making when treating infectious diseases.

Further details about EUCAST and its subcommittees can be found in the sections at the top of the webpage.

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Definition Harnwegsinfektionen

19. Definitions of "uncomplicated UTI" (localised) and "infections originating from the urinary tract" (systemic UTI) used with EUCAST breakpoints take into consideration the definitions from European Association of Urology (EAU) and Infectious Diseases Society of America (IDSA):

Uncomplicated UTI (infection localised to the bladder without risk factors): Acute, sporadic or recurrent lower urinary tract infections (uncomplicated cystitis) in patients with no signs/symptoms of systemic infection and no known relevant anatomical or functional abnormalities within the urinary tract or comorbidities.

Infections originating from the urinary tract: Infections originating from, but not confined to, the urinary tract, including acute pyelonephritis and bloodstream infections, except severe sepsis. For oral agents, the breakpoints apply to non-severe infections and oral step-down therapy.

Definition Harnwegsinfektionen

19. Die Definitionen von „unkomplizierter Harnwegsinfektion“ (lokalisierte HWI) und „Infektionen, die ihren Ursprung im Harntrakt haben“ (systemische Harnwegsinfektion), die in den EUCAST-Grenzwerttabellen verwendet werden, berücksichtigen die Definitionen der European Association of Urology (EAU) und der Infectious Diseases Society of America (IDSA):

Unkomplizierte Harnwegsinfektion (lokalisierte Infektion der Blase ohne Risikofaktoren):

Akute, sporadische oder rezidivierende Infektionen der unteren Harnwege (unkomplizierte Zystitis) bei Patienten ohne Anzeichen/Symptome einer systemischen Infektion und ohne bekannte relevante anatomische oder funktionelle Anomalien innerhalb der Harnwege oder Begleiterkrankungen.

Infektionen, die ihren Ursprung im Harntrakt haben: Infektionen, die ihren Ursprung im Harntrakt haben, aber nicht auf diesen beschränkt sind, einschließlich akuter Pyelonephritis und Blutbahninfektionen, mit Ausnahme schwerer Sepsis. Bei oralen Wirkstoffen gelten die Grenzwerte für nicht schwere Infektionen und die orale Step-down-Therapie.

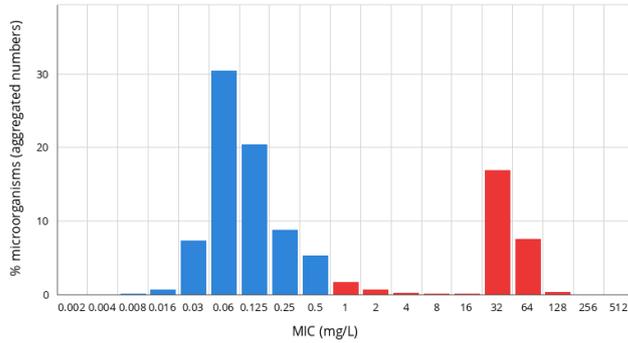
Co-Trimoxazol

	V 15.0		V 16.0	
	S ≤	R >	S ≤	R >
Enterobacterales	2	4	0.5	0.5
Serratia	2	4	0.001	2
Acinetobacter	2	4	0.5	0.5
Staphylococcus	2	4	0.5	0.5
Streptococcus A-C,G	1	2	0.5	0.5
<i>S. pneumoniae</i>	1	2	1	1
<i>H. influenzae</i>	0.5	1	0.5	0.5
<i>M. catarrhalis</i>	0.5	1	1	1

TSU

Trimethoprim-sulfamethoxazole / *Escherichia coli*
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

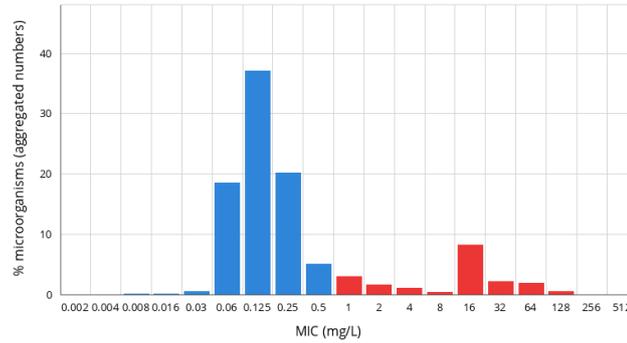


MIC
Epidemiological cut-off (ECOFF): 0.5 mg/L
Wildtype (WT) organisms: ≤ 0.5 mg/L

Confidence interval: 0.125 - 0.5
7968 observations (16 data sources)

Trimethoprim-sulfamethoxazole / *Klebsiella pneumoniae*
International MIC distribution - Reference database 2026-01-09
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

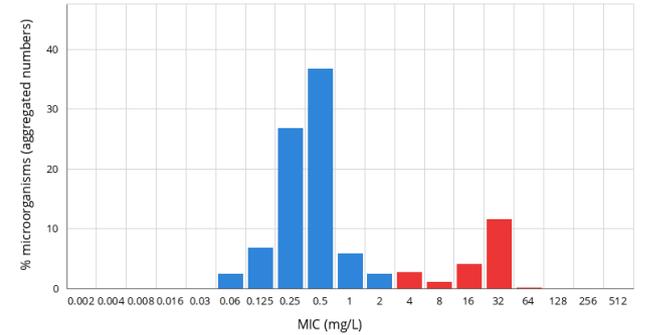


MIC
Epidemiological cut-off (ECOFF): 0.5 mg/L
Wildtype (WT) organisms: ≤ 0.5 mg/L

Confidence interval: 0.25 - 1
4958 observations (10 data sources)

Trimethoprim-sulfamethoxazole / *Serratia marcescens*
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



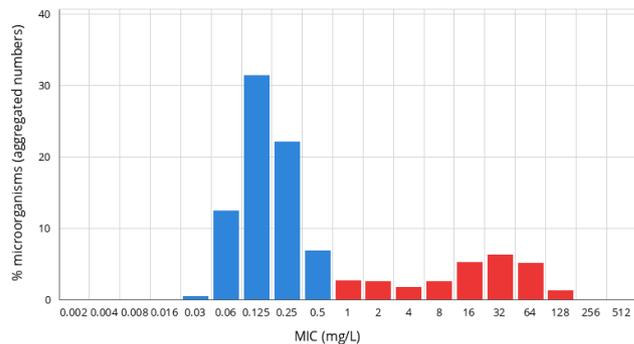
MIC
Epidemiological cut-off (ECOFF): 2 mg/L
Wildtype (WT) organisms: ≤ 2 mg/L

Confidence interval: 0.5 - 4
1406 observations (6 data sources)

Trimethoprim-sulfamethoxazole / *Acinetobacter baumannii*
International MIC distribution - Reference database 2026-01-09

Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



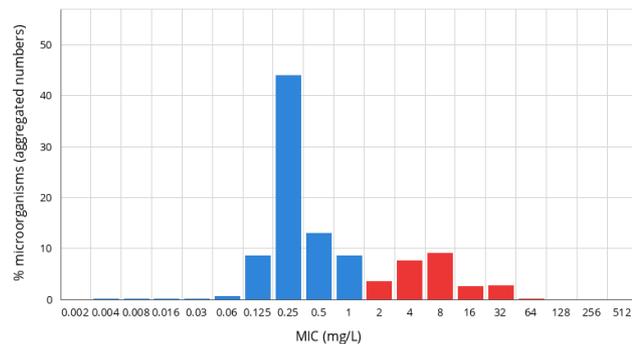
MIC
Epidemiological cut-off (ECOFF): 0.5 mg/L
Wildtype (WT) organisms: ≤ 0.5 mg/L

Confidence interval: 0.25 - 4
1117 observations (6 data sources)

Trimethoprim-sulfamethoxazole / *Streptococcus pneumoniae*
International MIC distribution - Reference database 2026-01-09

Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



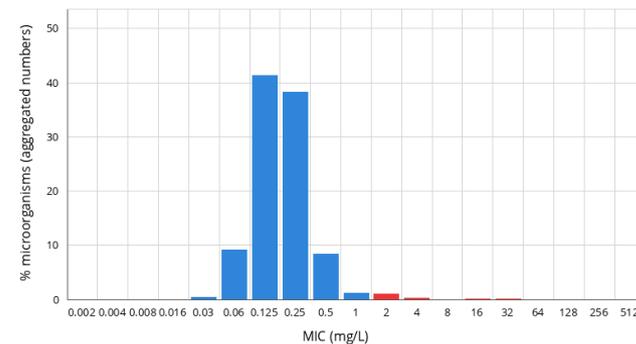
MIC
Epidemiological cut-off (ECOFF): 1 mg/L
Wildtype (WT) organisms: ≤ 1 mg/L

Confidence interval: 0.25 - 1
32052 observations (12 data sources)

Trimethoprim-sulfamethoxazole / *Moraxella catarrhalis*
International MIC distribution - Reference database 2026-01-09

Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



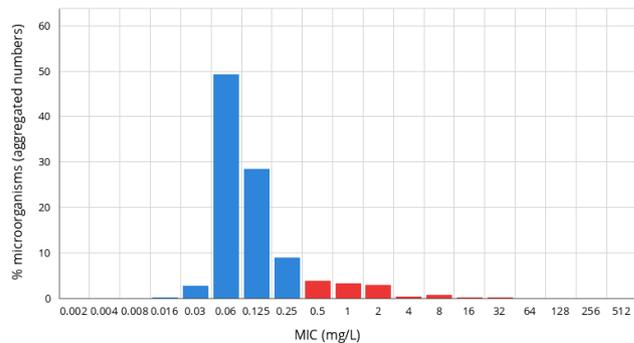
MIC
Epidemiological cut-off (ECOFF): (1) mg/L
Wildtype (WT) organisms: ≤ 1 mg/L

Confidence interval: 0.25 - 2
4502 observations (3 data sources)

Trimethoprim-sulfamethoxazole / *Staphylococcus aureus*
International MIC distribution - Reference database 2026-01-09

Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



MIC
Epidemiological cut-off (ECOFF): (0.25) mg/L
Wildtype (WT) organisms: ≤ 0.25 mg/L

Confidence interval: 0.03 - 1
3232 observations (3 data sources)

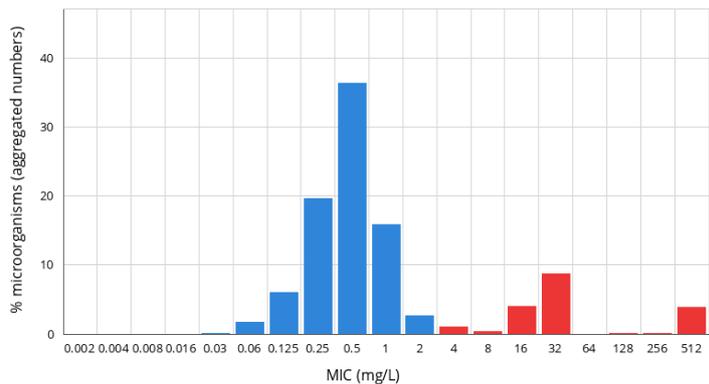
Trimethoprim

	V 15.0		V 16.0	
	S ≤	R >	S ≤	R >
Enterobacterales	4	4		
<i>E. coli</i> , <i>Klebsiella</i> spp. (nicht <i>K. aerogenes</i>)			2	2
<i>Proteus</i> spp.	4	4	Note	Note
<i>Staphylococcus</i>	4	4	2	2

jeweils nur unkomplizierte HWI

Trimethoprim / Escherichia coli
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

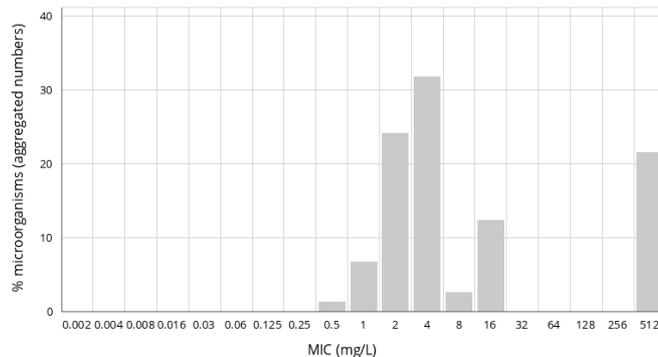


MIC Epidemiological cut-off (ECOFF): 2 mg/L
Wildtype (WT) organisms: ≤ 2 mg/L

Confidence interval: 1 - 2
5458 observations (19 data sources)

Trimethoprim / Morganella morganii
International MIC distribution - Reference database 2025-12-02
Based on single distribution

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

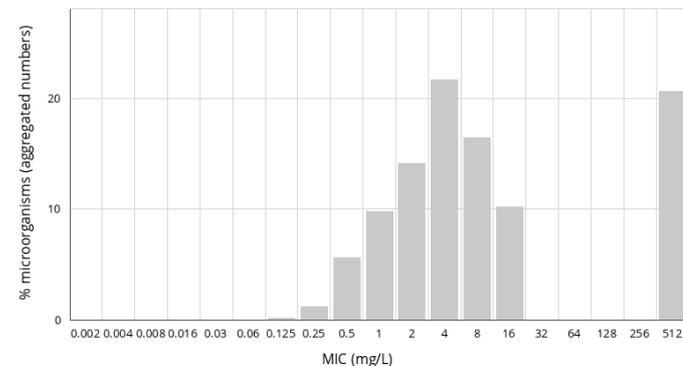


MIC Epidemiological cut-off (ECOFF): ID
Wildtype (WT) organisms: -

Confidence interval: -
470 observations

Trimethoprim / Serratia marcescens
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

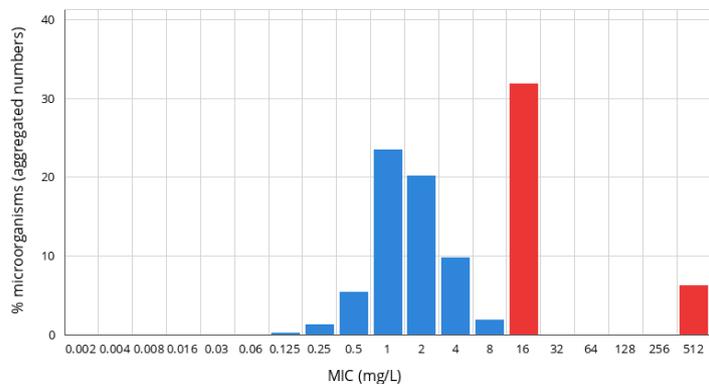


MIC Epidemiological cut-off (ECOFF): ID
Wildtype (WT) organisms: -

Confidence interval: -
783 observations (3 data sources)

Trimethoprim / Proteus mirabilis
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



MIC Epidemiological cut-off (ECOFF): (8) mg/L
Wildtype (WT) organisms: ≤ 8 mg/L

Confidence interval: 1 - 128
2029 observations (3 data sources)

Daptomycin

- Bisher Grenzwert für Staphylokokken, Zulassung aber nur für *S. aureus*
- CoNS haben ECOFFs von 1 – 4 mg/l
S. aureus 1 mg/l
- Dosis müsste bei MHK von 2 oder 4 höher sein, diese ist aber nicht zugelassen
- Deshalb Grenzwert nur für *S. aureus*, für andere MHK-Bestimmung, Vergleich mit ECOFF und ggf. erhöhte Dosis deshalb Aufnahme in das Guidance Document zu Daptomycin

Daptomycin

-  **EUCAST** EUROPEAN COMMITTEE ON ANTIMICROBIAL SUSCEPTIBILITY TESTING
European Society of Clinical Microbiology and Infectious Diseases für S.

- **Guidance document on use of daptomycin to treat infections with enterococci or coagulase-negative staphylococci** er

- Updated December 2025
(minor revision from previous version to include Coagulase-negative staphylococci treatment)

Bestandteil Antibiogramm im das Guidance Document zu Daptomycin

Staphylokokken und Cephalosporine

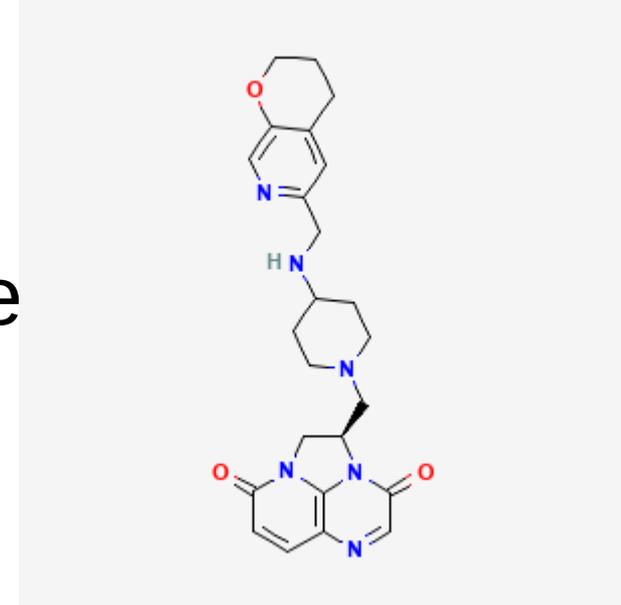
- Wenn Cefoxitin negativ („S“) dann Cefazolin, Ceftriaxon, Cefotaxim, Cefepim, Cefuroxim i.v. als „I“ (empfindlich bei erhöhter Exposition) mitteilen
- bei oraler Applikation ist besonders auf ausreichende Exposition zu achten
- Ceftazidim, Ceftazidim-Avibactam, Cefiderocol, Ceftolozan-Tazobactam nicht oder als „R“ mitteilen

S. pneumoniae

- Ampicillin-Grenzwert für Endokarditis auf den ECOFF gesenkt, weil Penicillin auch ECOFF ist.
- Cefazolin, Cefadroxil, Cefalexin „IE“

Gepotidacin

- Triazaacenaphthylen
- Hemmer von Gyrase und Topoisomerase IV allerdings andere Angriffspunkt als Fluorochinolone
- unkompl. Harnwegsinfektionen
- MHRA-Zulassung Aug. 2025



pubchem.ncbi.nlm.nih.gov

RAST

- voraussichtlich am 19.01.2026 wird es eine neue Tabelle geben.
- Änderungen
 - Co-Trimoxazol neu bei Acinetobacter
 - neu Aztreonam-Avibactam und Aztreonam

Public Consultations

- Grenzwerte für Carbapeneme
- Grenzwerte für Fluorochinolone

Version 16.1 (Mai/Juni)

- weitere Anaerobier
- möglicherweise Ableitungen für viridans Streptokokken und Pneumokokken bei Penicillinen und Cephalosporinen
- evtl. Carbapeneme und Fluorochinolone

Webseite

- <http://www.eucast.org/>

