

NAK-Symposium 2023

Tagesordnung

EUCAST / NAK

- Grenzwerttabelle 13.0
- Grenzwerte Aminopenicilline
- Testungen Cefiderocol
- Was ist ein ECOFF?

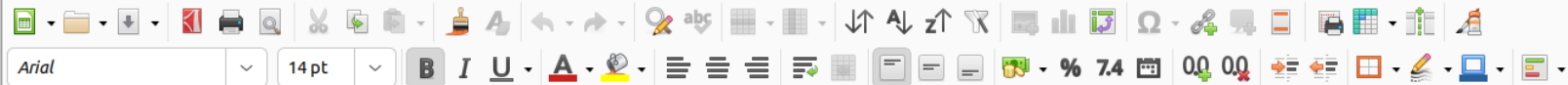
Bitte Mikrophone stummschalten

Fragen in den Chat eingeben

N | A | K
Nationales Antibiotika-
Sensitivitätstest-Komitee

Breakpoint-Table 13.0

File Edit View Insert Format Styles Sheet Data Tools Window Help

Dosages (Dosages) Σ = Dosages

Automatic update of external links has been disabled.

Allow updating

	A	B	C	D	E	F	G
19	Temocillin	2 g x 2 iy	2 g x 3 iy		The 2 g x 2 iy dose has been used in the treatment of uncomplicated UTI caused by bacteria with beta-lactam resistance mechanisms.		
20	Phenoxyethylpenicillin	0.5-2 g x 3-4 oral depending on species and/or infection type	None				
21	Oxacillin	1 g x 4 iy	Dosages vary by indication				
22	Cloxacillin	0.5 g x 4 oral or 1 g x 4 iy	Dosages vary by indication		Meningitis: 2 g x 6 iv		
23	Dicloxacillin	0.5-1 g x 4 oral or 1 g x 4 iy	Dosages vary by indication				
24	Flucloxacillin	1 g x 3 oral or 2 g x 4 iv (or 1 g x 6 iv)	Dosages vary by indication		Meningitis: 2 g x 6 iv		
25	Mecillinam oral (pivmecillinam)	None	None	0.2-0.4 g x 3 oral			
26							
27							
28	Cephalosporins	Standard dosage	High dosage	Uncomplicated UTI	Special situations		
29	Cefaclor	0.25-0.5 g x 3 oral depending on species and/or infection type	1 g x 3 oral		<i>Staphylococcus</i> spp.: Minimum dose 0.5 g x 3 oral		
30	Cefadroxil	0.5-1 g x 2 oral	None	0.5-1 g x 2 oral			
31	Cefalexin	0.25-1 g x 2-3 oral	None	0.25-1 g x 2-3 oral			
32	Cefazolin	1 g x 3 iy	2 g x 3 iy				
33	Cefepime	1 g x 3 iy or 2 g x 2 iy	2 g x 3 iy		Severe <i>P. aeruginosa</i> infections: 2 g x 3 with extended 4-hour infusion		
34	Cefiderocol	2 g x 3 iy over 3 hours	None				
35	Cefixime	0.2-0.4 g x 2 oral	None	0.2-0.4 g x 2 oral	Uncomplicated gonorrhoea: 0.4 g oral as a single dose		
36	Cefotaxime	1 g x 3 iy	2 g x 3 iy		Meningitis: 2 g x 4 iv		

Content Notes Changes Guidance Dosages Technical uncertainty Enterobacteriales Pseudomonas S.maltophilia Acinetobacter Staphylococcus E.faecalis_E.faecium Stre

Find Find All Formatted Display Match Case

Sheet 5 of 39

PageStyle_Dosages

German (Germany)

Average: ; Sum: 0

120%

Änderungen

- Aminopenicilline und Enterobacterales
- *Corynebacterium diphtheriae* und *C. ulcerans*
- Meningitis-Breakpoints
 - Ciprofloxacin Enterobacterales 0,125 und Testung von Pefloxacin empfohlen
 - ansonsten wesentlich auf ECOFF angepasst
- einige unsinnige I-Kategorien entfernt
- Breakpoints Enterokokken spezifisch für
 - *E. faecalis*
 - *E. faecium*

Chloramphenicol

Proposal

Chloramphenicol	Current MIC Breakpoint (mg/L)		Proposed MIC Breakpoint (mg/L)		Notes
	S ≤	R >	S ≤	R >	
<i>Enterobacterales</i> ¹	8	8	Note ^{1,2}	Note ^{1,2}	<p>Note 1: Efficacy for this species is uncertain. Breakpoints for this species are ECOFFs to distinguish the wild type from strains with acquired resistance</p> <p>Note 2: For <i>Enterobacterales</i> the ECOFF is 16 mg/L</p> <p>Note 3: For <i>S. pneumoniae</i> the ECOFF is 8 mg/L</p>
<i>Staphylococcus</i> spp.	8	8	IE	IE	
<i>Streptococcus</i> groups A, B, C, G			IE	IE	
<i>S. pneumoniae</i> ¹	8	8	Note ^{1,3}	Note ^{1,3}	
<i>H. influenzae</i>	2	2	2	2	
<i>N. meningitidis</i>	2	2	2	2	
<i>B. pseudomallei</i>	0.001	8	0.001	8	
PK/PD	IE	IE			

Fosfomycin Consultation

Organism	Current MIC-Breakpoint (mg/L)		Organism	Proposed MIC-Breakpoint (mg/L)	
	Current	Proposed		Current	Proposed
<i>Enterobacterales</i>	32	32	<i>E. coli</i>	8	8
			<i>K. pneumoniae</i>	Note ¹	Note ¹
			<i>Enterobacterales</i> other than <i>E. coli</i> and <i>K. pneumoniae</i>	1E ²	1E
			<i>Enterococcus</i>	-	-
			<i>P. aeruginosa</i>	-	-
			<i>A. baumannii</i>	-	-
<i>S. aureus</i>	32	32	<i>S. aureus</i>	(32)	(32)

(-) indicate that for systemic infections, fosfomycin IV should be used in combination with other active therapy. In this circumstance, the value in brackets can be used to distinguish between wild-type organisms and organisms with acquired resistance mechanisms

¹For *K. pneumoniae* there is clinical experience with use in combination therapy and to a limited extent use in treatment of pyelonephritis in monotherapy.

There is however insufficient data to define an ECOFF.

²For other *Enterobacterales* there is both insufficient clinical data and MIC data to define either a clinical breakpoint or an ECOFF.

Es wird eine weitere Wide-Consultation in 2023 geben, dann ein Addendum zur Tabelle. Es wird Übereinkunft mit EMA gesucht.

Cephalosporine bei Staphylokokken

- Ergebnis wird von Cefoxitin abgeleitet
- Laut Pk-Pd ok für Cefazolin, Cefepime, Cefotaxim, Cefuroxim bei hoher Dosis
- für Ceftriaxon ist der Breakpoint bei 2 mg/L bei 2 x 2g, der ECOFF allerdings 8 mg/L
 - einige Studien sagen aber, dass es geht

Weiteres

- neue europäische Endokarditis-Leitlinie wird auf EUCAST-Grenzwerte verweisen
- neues Format für die Rationale Documents
- nicht mehr „intrinsic resistance“ sondern „expected phenotype“



CMI 28:764;2022

Commentary

Expected phenotypes and expert rules are important complements to antimicrobial susceptibility testing

Sören Gatermann ^{1,*}, Shampa Das ², Luc Dubreuil ³, Christian G. Giske ⁴,
Gunnar Kahlmeter ⁵, Gerard Lina ⁶, Christoffer Lindemann ⁷, Alasdair MacGowan ⁸,
Joseph Meletiadis ⁹, Gian-Maria Rossolini ¹⁰, John Turnidge ¹¹, Rafael Cantón ¹²

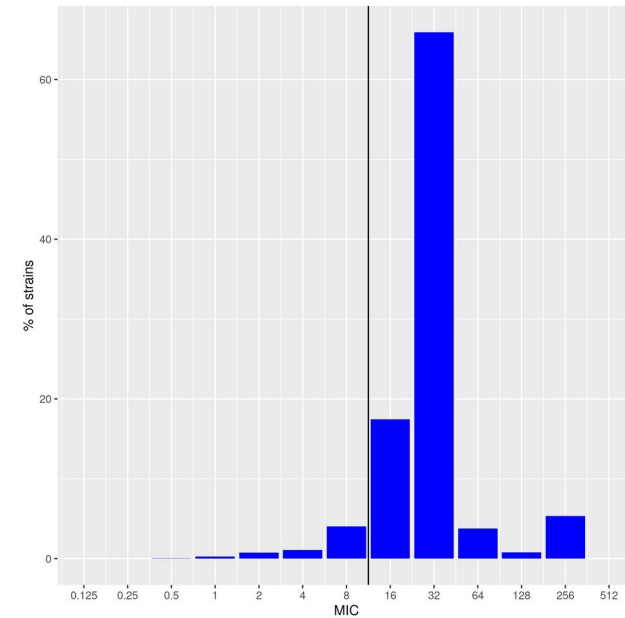
Expected phenotypes

- was ist „intrinsische Resistenz“?
 - immer resistent?
 - „normalerweise“ resistent?

Expected phenotypes

- was ist „intrinsische Resistenz“?
 - immer resistent?
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K. pneumoniae Ampicillin



Expected phenotypes

- expected resistant phenotypes
 - $\geq 90\%$ werden „resistent“ getestet
- expected susceptible phenotypes
 - $\geq 99\%$ werden „sensibel“ getestet

Expected phenotypes

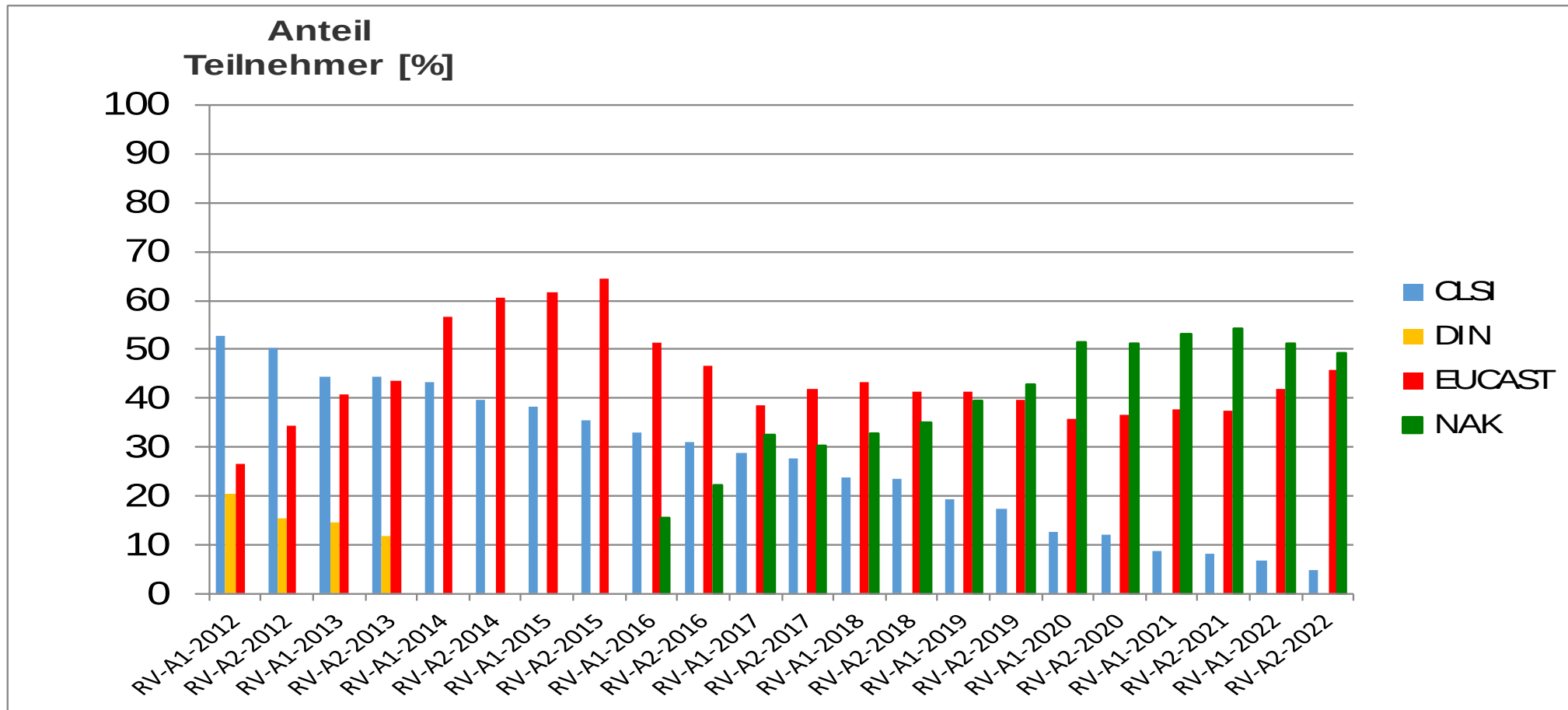
- expected resistant phenotypes
 - $\geq 90\%$ werden „resistent“ getestet
 - expected susceptible phenotypes
 - $\geq 99\%$ werden „sensibel“ getestet
- Dienen der Überprüfung der Identifizierung bzw. der Empfindlichkeitstestung

Trifft $\geq 90\%$ R nicht zu, das Antibiotikum soll aber nicht genommen werden, gibt es eine Expertenregel.

EUCAST 2023

- Fosfomycin
- Cephalosporine Staphylokokken
- *S. pneumoniae* und Penicillin
- Pädiatrische Dosierungen
- für Anaerobiertestung auch Ampicillin-Sulbactam
- zusätzliche Spezies und Antibiotika für RAST
 - *Proteus mirabilis*
 - Ampicillin, Amoxi-Clav, Imipenem

Normenverwendung im Instand Ringversuch Bakteriologie, Reihe 412 (A, 5 Proben)



Anteil CLSI: A1-2012 - 52,8% > A2-2022 - 5,0%

