## **Breakpoints**

Table 1. Interpretive Categories Used for Susceptibility Testing of Salmonella and E. coli<sup>1</sup>

Antimicrobial Class	Antimicrobial Agent	Susceptible Breakpoints (µg/ml)	Intermediate Breakpoints (µg/ml)	Resistant Breakpoints (μg/ml)
Aminoglycosides	Gentamicin	≤ 4	8	≥ 16
	Streptomycin before 2014	≤ 32	N/A	≥ 64
	Streptomycin beginning in 2014	≤ 16	N/A	≥ 32
β-Lactam/β-Lactamase Inhibitor Combinations	Amoxicillin–Clavulanic Acid ≤ 8 / 4		16/8	≥ 32 / 16
Carbapenem	Meropenem ≤ 1 2		2	≥ 4
Cephems	Cefoxitin	≤ 8	16	≥ 32
	Ceftriaxone	≤1	2	≥ 4
Folate Pathway Inhibitors	Sulfamethoxazole/Sulfisoxazole <sup>2</sup>	≤ 256	N/A	≥ 512
	Trimethoprim–Sulfamethoxazole	≤ 2 / 38	N/A	≥ 4 / 76
Macrolides	Azithromycin	n ≤16 N		≥ 32
Penicillins	Ampicillin ≤8 16		16	≥ 32
Phenicols	Chloramphenicol	≤8	16	≥ 32
Quinolones	Ciprofloxacin <sup>3</sup>	≤ 0.06	≥0.12	≥0.12
	Nalidixic acid	≤ 16	N/A	≥ 32
Tetracyclines	Tetracycline	≤ 4	8	≥ 16

<sup>&</sup>lt;sup>1</sup> Breakpoints were adopted from CLSI (Clinical and Laboratory Standards Institute) M100-S29 document, except for streptomycin and azithromycin, which has no CLSI breakpoints.

<sup>&</sup>lt;sup>2</sup> Sulfamethoxazole was tested from 1996 through 2003 and was replaced by sulfisoxazole in 2004.

 $<sup>^3</sup>$  In 2012, the Clinical and Laboratory Standards Institute (CLSI)'s M100-S27 expanded the Minimum Inhibitory Concentration (MIC) range that defines the intermediate susceptibility category for ciprofloxacin. We now use decreased susceptibility to ciprofloxacin (DSC, MIC >= 0.12  $\mu$ g/ml) as a marker for emerging fluoroquinolone resistance (CLSI, 2017).

Table 2. Interpretive Categories Used for Susceptibility Testing of Campylobacter<sup>4</sup>

Antimicrobial Class	Antimicrobial Agent	C. jejuni Susceptible Breakpoints (µg/ml)	C. jejuni Resistant Breakpoints (μg/ml)	C. coli Susceptible Breakpoints (µg/ml)	C. coli Resistant Breakpoints (μg/ml)
Aminoglycosides	Gentamicin	≤ 2	≥ 4	≤ 2	≥ 4
Ketolides Telithromycin		≤ 4	≥ 8	≤ 4	≥ 8
Lincosamides	Clindamycin	≤ 0.5	≥1	≤1	≥ 2
Macrolides	Azithromycin	≤0.25	≥ 0.5	≤ 0.5	≥1
	Erythromycin	≤ 4	≥8	≤8	≥ 16
Phenicols	Chloramphenicol	≤ 16	≥ 32	≤ 16	≥ 32
	Florfenicol	≤ 4	≥8	≤ 4	≥8
Quinolones	Ciprofloxacin	≤ 0.5	≥1	≤ 0.5	≥1
	Nalidixic acid	≤ 16	≥ 32	≤ 16	≥ 32
Tetracyclines	Doxycycline	≤ 0.5	≥1	≤1	≥ 2
	Tetracycline	≤1	≥ 2	≤ 2	≥ 4

<sup>4</sup> Breakpoints were adopted from epidemiological cut off values

Table 3. Interpretive Categories Used for Susceptibility Testing of Enterococcus<sup>5</sup>

Antimicrobial Class	Antimicrobial Agent	Susceptible Breakpoints (µg/ml)	Intermediate Breakpoints (µg/ml)	Resistant Breakpoints (μg/ml)
Aminoglycosides	Gentamicin	≤ 500	N/A	>500
	Kanamycin <sup>6</sup>	≤ 512	N/A	≥ 1024
	Streptomycin	≤ 512	N/A	≥ 1024
Glycopeptides	Vancomycin	≤ 4	8–16	≥ 32
Glycylcyclines	Tigecycline <sup>6,7</sup>	≤ 0.25	N/A	N/A
Lincosamides	Lincomycin <sup>6</sup>	≤ 2	4	≥8
Lipopeptides	Daptomycin <sup>8</sup>	≤ 4	N/A	N/A
Macrolides	Erythromycin	≤ 0.5	1– 4	≥8
	Tylosin <sup>6</sup>	≤ 8	16	≥ 32
Nitrofurans	Nitrofurantoin	≤ 32	64	≥ 128
Oxazolidinones	Linezolid	≤ 2	4	≥8
Penicillins	Penicillin	≤ 8	N/A	≥ 16
Phenicols	Chloramphenicol	≤8	16	≥ 32
Quinolone	Ciprofloxacin	≤1	2	≥ 4
Streptogramins	Quinupristin/Dalfopristin	≤1	2	≥ 4
Tetracyclines	Tetracycline	≤ 4	8	≥ 16

<sup>&</sup>lt;sup>5</sup> Breakpoints were adopted from CLSI (Clinical and Laboratory Standards Institute) M100-S26 document, where available.

<sup>&</sup>lt;sup>6</sup> No CLSI interpretive categories for this bacterium/antimicrobial combination currently available.

 $<sup>^{7}</sup>$  Only a susceptible breakpoint (≤0.25 μg/ml) has been established. Isolates with an MIC ≥0.5 μg/ml are reported as resistant.

<sup>&</sup>lt;sup>8</sup> Only a susceptible breakpoint (≤4  $\mu$ g/ml) has been established for *E. faecalis*. Isolates with an MIC ≥8  $\mu$ g/ml are reported as resistant. There are no established CLSI breakpoints for *E. faecium* and *E. hirae*.