

Change in Susceptibility Reporting and Treatment Recommendations

Beginning the week of May 16, 2022, the UVMHC Microbiology Laboratory will implement a change in susceptibility reporting. The Infectious Disease Society of America (IDSA) has been working to improve recommendations for optimizing antibiotic therapy for difficult to treat organisms. In December 2021, the IDSA published updated guidance for therapy for organisms that have the potential for *ampC* B-lactamase production. In this document, the IDSA divides the previously known organisms of the MYSAPCE/SPICE acronym into moderate-high risk and low risk for *ampC* B-lactamase production.

Moderate-high risk <i>ampC</i> B-lactamase induction	Low risk <i>ampC</i> B-lactamase induction (<5%)
<i>Enterobacter cloacae</i> complex	<i>Serratia marcescens</i>
<i>Klebsiella (Enterobacter) aerogenes</i>	<i>Morganella morganii</i>
<i>Citrobacter freundii</i>	<i>Providencia sp.</i>

It is recommended to avoid penicillins (including piperacillin-tazobactam) and 1st – 3rd generation cephalosporins for treatment of *Enterobacter cloacae*, *Klebsiella aerogenes*, and *Citrobacter freundii*.

Treatment for infections caused by *Serratia marcescens*, *Morganella morganii*, and *Providencia sp.* can be guided by our local antibiogram and individual culture susceptibility data, unless the patient has an infection where source control is difficult (ie, endocarditis or ventriculitis), then therapy with cefepime is recommended. *Proteus vulgaris* and *Proteus penneri* (indole-positive *Proteus sp.*) can also be treated based on antibiogram and individual culture susceptibility data as these organisms do not contain chromosomal *ampC* genes.

For questions or concerns, please contact the Clinical Director of Microbiology, Dr. Wojewoda, at Christina.Wojewoda@uvmhealth.org or (802)847-5140.

Tamma PD, Aitken SL, Bonomo R, Mathers AJ, van Duin D, Clancy CJ. Infectious Diseases Society of America Guidance on the Treatment of AmpC β -lactamase-Producing Enterobacterales, Carbapenem-Resistant Acinetobacter baumannii, and Stenotrophomonas maltophilia infections. Clin Infect Dis. 2021

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