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### MC 6.032 Beta-Hemolytic Streptococcus Susceptibility Reporting

### **Purpose**

This procedure provides instruction and guidance for routine testing and selective and cascade susceptibility reporting on Beta-Hemolytic Streptococcus species.

# Principal and Clinical Significance

The decisions for the most appropriate antimicrobial agents to test and report are made with input from Pharmacy, Infectious Disease and the Clinical Laboratory. The goal is to provide clinically relevant information that will decrease the chance of developing antibiotic resistance, harmful effects of inappropriate antimicrobial use and avoid reporting results that could adversely affect patient care using selective and cascade reporting rules.

### Policy Statements

This procedure applies to Microbiologists who perform susceptibility testing.

### Special Safety Precautions

Microbiologists are subject to occupational risks associated with specimen handling.

- Biohazard Containment
- Biohazardous Spills
- Safety in the Microbiology Laboratory

### **Procedure**

- 1. List of organisms in the Beta-Hemolytic Streptococcus group include:
  - Streptococcus pyogenes
  - Streptococcus agalactiae
  - Beta Hemolytic Streptococcus, group G
  - Beta Hemolytic Streptococcus, group F
  - Beta Hemolytic Streptococcus, group C
  - Streptococcus dysgalactiae spp. dysgalactiae
  - Streptococcus dysgalactiae spp. equisimilis
  - Streptococcus equi spp. equ
  - Streptococcus equi spp. zooepidemicus
  - Streptococcus equinus
  - Streptococcus equi/equisimilis group C
- 2. Antibiotics appropriate for routine testing and reporting for Beta Hemolytic Streptococcus group include:
  - Erythromycin
  - Clindamycin
  - Penicillin
  - Ampicillin
  - Tetracycline
  - Ceftriaxone
  - Cefotaxime
  - Vancomycin
  - Cefepime
  - Daptomycin
  - Linezolid
  - Ceftaroline
  - Levofloxacin
- 3. Perform susceptibilities using Vitek cards AST-ST02 or Kirby Bauer Method.

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- Vitek AST-ST02 will be the primary method of testing.
- Kirby Bauer are back up if testing fails.
- Do not perform testing on multiple methods to cover all the antibiotics. It is acceptable if cascaded antibiotics are not reported.
- 4. Vitek results will be accepted under the Online Results tab. Modifications will be under the **VITMIC** keyboard under the Susceptibility tab.
- 5. Kirby Bauer results will be entered manually under the **KB** keyboards under the Susceptibility tab.
- 6. ETEST or send out results will be entered manually under the **MMIC** keyboards under the Susceptibility tab.

### Selective Reporting

- Antibiotics will be reported in a specific order indicating the first and subsequent preferences of the Antimicrobial Stewardship Committee and Infectious Disease physicians
- Antibiotics will be reported depending on the source, if the sample is a urine, non-urine or CSF source.
- 3. There will be exceptions based on the method used for testing.
- 4. For **urine sources**, 1 antibiotic will be reported routinely.
  - 1. Penicillin

Figure 1 -Only Pen is reported. All other antibiotics are in HIDE

Organism #1 -	STREPTOCOCCUS AGALACTIAE, GROUP B
- VITMIC -	
SS	P(0.06)
HIDE	AM(0.06-SS),VA(1-SS),TE(2-SS),CAX(0.5-SS),LEV0(2- SS),LZD(2-SS)

- 5. For **non-urine sources**, including blood, 2 antibiotics will be reported routinely, in this order.
  - 1. Penicillin
  - 2. Clindamycin

Figure 2-Only Pen and CD are reported. All other antibiotics are in HIDE.

```
Org #1. STREPTOCOCCUS AGALACTIAE, GROUP B
- VITMIC -

SS P(0.12),CD(0.25)
HIDE E(0.25-SS),AM(0.12-SS),TE(2-SS),VA(1-SS),CAX(0.5-SS),LEVO(2-SS),LZD(2-SS),ICR(NEG)
```

- 6. For **CSF** sources, only 1 antibiotic will be reported routinely.
  - 1. Penicillin

Figure 3-Only Pen is reported. All other antibiotics are in HIDE.

```
Organism - STREPTOCOCCUS AGALACTIAE, GROUP B

- VITMIC -
SS P(0.12)
HIDE AM(0.25-SS),VA(1-SS),CAX(0.5-SS),LZD(2-SS)
```



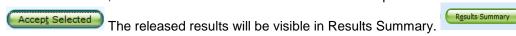
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Cascade Reporting-**Vitek Method** 

If resistance is encountered, additional antibiotics will automatically be released.

1. For Vitek method, hidden antibiotics will be released when Accept Selected is clicked.



Results can be edited under the VITMIC keyboard but is not needed to report the cascaded antibiotics.

### Method: Vitek -Non-Urine sources

If ICR is positive → report Clindamycin as R, remove the MIC result\*\*

Figure 4- Example with ICR positive on a Blood culture

```
Org #1.
              STREPTOCOCCUS AGALACTIAE, GROUP B
 VITMIC -
               SS
                      P(0.12)
              R
                      CD(R)
                      E(1-R),AM(0.12-SS),TE(2-SS),VA(1-SS),CAX(0.5-SS),LEVO
               HIDE
                      (2-SS),LZD(2-SS),ÍCR(POS)
```

- 3. \*\* Exception: Clindamycin is not reported on CSF or urines.
- All other antibiotics on the panel that are not part of the cascade are hidden. Do not release and report. Hidden antibiotics include:
  - Erythromycin
  - Ampicillin 0
  - Tetracycline
  - Vancomycin 0
  - Ceftriaxone
  - Levofloxacin
  - Linezolid 0
  - Inducible Clindamycin Resistance
- 5. Requested antibiotics may be released with a provider request

Cascade Reporting-MicroScan **Method** 

If additional antibiotics are requested or ETEST performed, use the MMIC keyboard and release from HIDE.

- 1. Enter results manually under the **MMIC** keyboard.
- 2. Click the check mark under SUP to remove from HIDE.





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3. Click on File. Result will be un-hidden.

Figure 6- Daptomycin requested



4. Requested antibiotics may be released with a provider request.

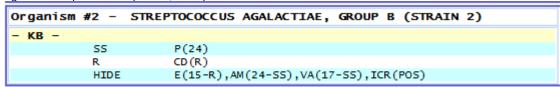
Cascade Reporting-Kirby Bauer Method If resistance is encountered, additional antibiotics will automatically be released.

 Enter all listed results manually under the KB keyboard. Antibiotics will be released following the cascade rules.

### Method: Kirby Bauer – non-urine source

If ICR is positive → report Clindamycin as R\*

Figure 7 Example with ICR positive, CD reported as R



- 2. \*Exception: Clindamycin is not reported on CSF or urines.
- 3. All other antibiotics on the panel that are not part of the cascade are hidden. Do not release and report. Hidden antibiotics include:
  - Erythromycin
  - o Ampicillin
  - Vancomycin
  - ICR
- 4. Requested antibiotics may be released with a provider request.

Method Performance Specifications

1. Usually, only the Vitek card AST-ST02 will be required for testing Beta-Hemolytic Streptococcus species.

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## Children's.

### **Appendix** Additional Tables and Flowcharts

## Vitek

Beta Strep Urine			
Antibiotics that are reported- Urine			
Sunquest code	Drug Name		
P	Penicillin		
Hidden antibiotics			
AM Ampicillin			
VA	Vancomycin		
TE	Tetracycline		
CAX Ceftriaxone			
LEVO Levofloxacin			
LZD Linezolid			

Beta Strep Non-Urine			
Antibiotics that are reported- Non-urine			
Sunquest code Drug Name			
P	Penicillin		
CD Clindamycin			
Hidden antibiotics			
E	Erythromycin		
AM	Ampicillin		
TE	Tetracycline		
VA Vancomycin			
CAX	Ceftriaxone		
LEVO	Levofloxacin		
LZD	Linezolid		
ICR Inducible Clindamycin Resistance			

Report Clindamycin as R and remove MIC value

Beta Strep CSF				
Antibiotics that are reported- CSF				
Sunquest code	Drug Name			
P	Penicillin			
Hid	Hidden antibiotics			
AM	Ampicillin			
VA	Vancomycin			
LZD	Linezolid			
CAX Ceftriaxone				

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If ICR is positive

Report Clindamycin as R

## Kirby-Bauer

Beta Strep Urine			
Antibiotics that are reported- Urine			
Disk (Abbrev.) Sunquest code		Drug Name	
РР		Penicillin	
Hidden antibiotics			
AM AM		Ampicillin	
VA VA		Vancomycin	

Beta Strep Non-Urine  Antibiotics that are reported- Non-Urine			
Disk (Abbrev.) Sunquest code		Drug Name	
P	P	Penicillin	
CD CD		Clindamycin	
Hidden antibiotics			
E E		Erythromycin	
AM	AM	Ampicillin	
VA	VA	Vancomycin	
	ICR	Inducible Clindamycin Resistance	

Antibiotics that are reported- CSF

Disk (Abbrev.) Sunquest code Drug Name
P P Penicillin

Hidden antibiotics

AM AM Ampicillin

VA VA Vancomycin

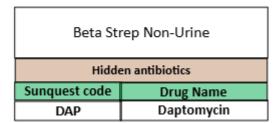


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## MicroScan



### References

- 1. bioMerieux Vitek 2 AST-ST02 Streptococcus Susceptibility Card 046685-02 2021-08
- 2. CLSI M100 edition 34 Performance Standards for Antimicrobial Susceptibility Testing 2024

### Training Plan/ Competency Assessment

Training Plan		Initial Competency Assessment		
1.	Employee must read the procedure.	1.	Direct observation.	
2.	Employee will observe trainer performing the			
	procedure.			
3.	Employee will demonstrate the ability to perform			
	procedure, record results and document			
	corrective action after instruction by the trainer.			

## Historical Record

Version	Written/Revised by:	Effective Date:	Summary of Revisions
1	Susan DeMeyere	3/19/2025	Initial version