MC 6.018 H. influenzae and H. parainfluenzae Susceptibility Reporting

Version 1

Effective Date: 4/8/2025

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Purpose

This procedure provides instruction and guidance for routine testing and selective and cascade susceptibility reporting on *Haemophilus influenzae* and *Haemophilus parainfluenzae*.

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. Antibiotics appropriate for routine testing and reporting for *H. influenzae* and *H. parainfluenzae* include:
 - Ampicillin
 - Ceftriaxone
 - Ceftazidime
 - Cefotaxime
 - Ampicillin Sulbactam
 - Ciprofloxacin
 - Levofloxacin
 - Trimethoprim Sulfamethoxazole
 - Meropenem
 - Imipenem
- 2. Susceptibility are sent to the U of M for H. influenzae and H. parainfluenzae.
- 3. MIC 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 blood/CSF or not blood or CSF.
- 3. For **blood and CSF** these 2 antibiotics will be reported routinely, in this order.
 - 1. Ampicillin
 - 2. Ceftriaxone

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Figure 1 Blood isolate, only Ampicillin and Ceftriaxone reported

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Organism #1 - (C)HAEMOPHILUS INFLUENZAE

- MMIC -
SS AM(1),CAX(2)
HIDE MERO(0.5-SS),CP(1-SS),LEVO(2-SS),TS(0.5-SS)
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- For non-blood and non-CSF, these 3 antibiotics will be reported routinely, in this
 order.
 - 1. Ampicillin
 - Ceftriaxone
 - 3. Ciprofloxacin

Figure 2 Tissue isolate, only Ampicillin, Ceftriaxone and Ciprofloxacin are reported.

Cascade Reporting- MIC method

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

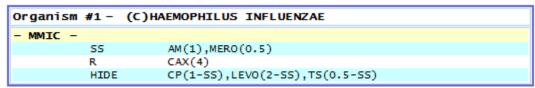
For the MIC method, hidden antibiotics will be released when File is clicked.
 The released Results will be visible in Results Summary.

2. Enter **all** results manually under the **MMIC** keyboard. Antibiotics will be released following the cascade rules.

Method: MIC - blood/CSF

o If Ceftriaxone is R → report Meropenem

Figure 4 Blood isolate with resistant Ceftriaxone, Meropenem is reported



Method: MIC - non-blood/CSF

o If Ampicillin is R → report Ampicillin Sulbactam

Figure 5 Tissue isolate with resistant Ampicillin, Ampicillin Sulbactam is reported

Organism #1 -	(A)HAEMOPHILUS PARAINFLUENZAE
- MMIC -	
SS	CAX(2),CP(1),AS(2)
R	AM(4)
HIDE	MERO(0.5-SS),LEVO(2-SS),TS(0.5-SS)

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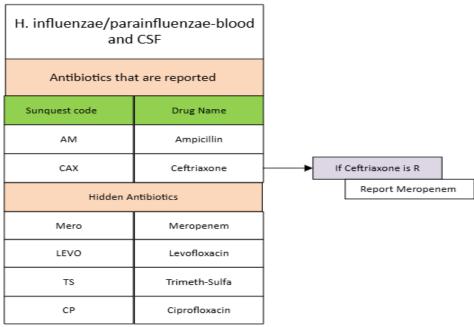
- 1. All other antibiotics are not part of the cascade are hidden. Do not release and report. Hidden antibiotics include:
 - o Levofloxacin
 - o Trimethoprim Sulfamethoxazole
- 2. Requested antibiotics may be released with a provider request.

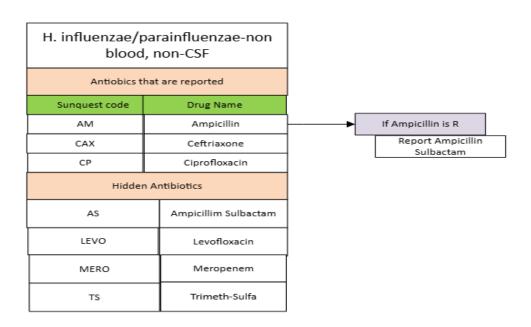
Method Performance Specifications

- 1. Excluded from this group are *Haemophilus* species, other than *H. influenzae* and *H. parainfluenzae*.
- 2. Susceptibilities are sent to the U of M for MIC testing.

Appendix

Flowsheets







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References

1. CLSI M100 edition 35 Performance Standards for Antimicrobial Susceptibility Testing 2025

Training Plan/ Competency Assessment

Training Plan	Initial Competency Assessment	
Employee must read the procedure.	Direct observation.	
Employee will observe trainer performing the procedure.		
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	4/8/2025	Initial version