



STANTON TERRITORIAL HEALTH AUTHORITY

Yellowknife, Northwest Territories

TITLE: Beta Hemolytic Streptococci Reporting Chart	Revision Date: 31-March-2017	Issue Date: 31-March-2015
Document Number: MIC40100	Status: Approved	
Distribution: Organism ID Section Microbiology Manual	Page: 1 of 5	
Approved by: Gloria Badari, Director, Corporate Services and Chief Financial Officer	Signed by: <i>Gloria Badari</i> Mar 6/2015	

PURPOSE:

To streamline the Antimicrobial Susceptibility Testing (AST) reporting by replacing Kirby Bauer testing with canned text comments for Beta (β) hemolytic Streptococci isolates (A, B, C and G) from sterile sites, urines, deep & superficial wounds, throats, sputum, and other non-sterile sites. This document supersedes the Dynalife AST Manual and should be consulted 1st for the possible use of canned text Isolate Comments to replace AST.

INTRODUCTION:

CLSI document M02-A11 recommends AST on "any organism that contributes to an infectious process warranting antimicrobial chemotherapy if its susceptibility cannot be reliably predicted from knowledge of the organism's identity." (CLSI, 2012). Some organism groups, such as beta hemolytic streptococci, have predictable susceptibility to effective antimicrobials. In this case, β hemolytic streps have continued susceptibility to the β lactam group of antibiotics (ie. penicillin). Therefore, empiric antimicrobial treatment is acceptable and the need for AST is generally not recommended. Exceptions that warrant AST are instances of the following: 1) the isolate is from a specific site requiring AST; 2) the patient has a known penicillin allergy; 3) is undergoing current therapy with macrolides; 4) in epidemiology cases of resistance; 5) in studies of new antimicrobial agents.

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STREPTOCOCCI COMMENTS CHART – Strep A, B, C & G:

- Organized by site and if history of cellulitis/fasciitis (wound site information)
- Chart written and approved of for STHA use by consulting microbiologist at Dynalife Dx.

SITE	Group A	Group B	Group C & G
Sterile Body Sites/ Cellulitis / Fasciitis /	<u>Perform susceptibility testing according to Reporting Chart.</u>	<u>Perform susceptibility testing according to reporting chart.</u>	<u>Perform susceptibility testing according to reporting chart.</u>
Deep Wounds / Sputum	<u>Perform susceptibility testing according to Reporting Chart.</u>	<u>Perform susceptibility testing if :</u> <ul style="list-style-type: none"> isolate is pure history of beta lactam allergy co-isolation of MRSA treatment failure erythromycin/clindamycin therapy indicated requested by physician <p>Otherwise, add comment: "This organism is generally susceptible to beta lactam antibiotics. Susceptibility to clindamycin is variable"</p>	<u>Perform susceptibility testing if:</u> <ul style="list-style-type: none"> isolate is pure history of beta lactam allergy co-isolation of MRSA treatment failure erythromycin/clindamycin therapy indicated requested by physician <p>Otherwise, add comment: "This organism is generally susceptible to beta lactam antibiotics. Susceptibility to clindamycin is variable."</p>
Throat specimens	<u>Perform susceptibility testing if:</u> <ul style="list-style-type: none"> history of penicillin allergy, recurrent pharyngitis/tonsillitis, treatment failure current therapy with erythromycin/clarithromycin/azithromycin or clindamycin requested by physician <p>If susceptibility testing not performed, add comment: "This organism is predictably susceptible to penicillin and resistant to TMP-SMX. Susceptibility to erythromycin and clindamycin is variable."</p>	<p>Group B strep is not considered clinically relevant in Throats</p>	<u>Perform susceptibility testing if:</u> <ul style="list-style-type: none"> history of penicillin allergy recurrent pharyngitis/tonsillitis treatment failure current therapy with erythromycin/clarithromycin/azithromycin or clindamycin requested by physician <p>Otherwise, add comment: "This organism is predictably susceptible to penicillin. Susceptibility to erythromycin and clindamycin is variable".</p>
Urine specimens	<u>Add comments:</u> "This organism is generally susceptible to beta lactam antibiotics." "This organism is resistant to TMP-SMX".	<u>Urine (non-pregnant): Perform and report susceptibility testing if:</u> <ul style="list-style-type: none"> neonate history of beta-lactam allergy 	<p>Group C & G strep is not considered clinically relevant in Urines</p>

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Urine specimens (continued)	<p> <ul style="list-style-type: none"> • physician request Add comment: "This organism is resistant to TMP-SMX". </p> <p> For all other significant urine isolates, add comments: "This organism is generally susceptible to beta lactam antibiotics." (A111A) "This organism is resistant to TMP-SMX". </p> <p> Urine (pregnant with UTI): <u>Perform susceptibility testing for significant isolates if:</u> <ul style="list-style-type: none"> • history of beta-lactam allergy • physician request Add comment: "This organism is resistant to TMP-SMX". </p> <p> All other significant urine isolates: Add comments: "This organism is generally susceptible to beta lactam antibiotics." "This organism is resistant to TMP-SMX". </p> <p> "If patient has severe beta-lactam allergy (anaphylaxis, angioedema, respiratory distress or urticaria) and antimicrobial susceptibility testing to other agents is needed for the treatment of UTI and for intrapartum antibiotic prophylaxis, please contact the laboratory IMMEDIATELY (within 5 days) for susceptibility testing." </p> <p> Urine (pregnant ,intrapartum antimicrobial prophylaxis only) <u>Test IAP antimicrobials only:</u> <ul style="list-style-type: none"> • at physician request • history indicates beta-lactam allergy Otherwise, add comment: "If patient has severe beta-lactam allergy (anaphylaxis, angioedema, respiratory distress or urticaria) and antimicrobial susceptibility testing to clindamycin is needed for intrapartum antibiotic prophylaxis, please contact the laboratory IMMEDIATELY (within 5 days) for susceptibility testing." </p>	
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Superficial Skin/Wound AND other specimens	<p><u>Perform susceptibility testing if:</u></p> <ul style="list-style-type: none"> • history of beta lactam allergy • co-isolation of MRSA • treatment failure erythromycin/clarithromycin/azithromycin or clindamycin therapy indicated • requested by physician <p>Otherwise, add comment: "This organism is generally susceptible to beta lactam antibiotics. Susceptibility to clindamycin is variable."</p>	<p><u>Perform susceptibility testing if :</u></p> <ul style="list-style-type: none"> • history of beta lactam allergy • co-isolation of MRSA • treatment failure erythromycin/clindamycin therapy indicated • requested by physician <p>Otherwise, add comment: "This organism is generally susceptible to beta lactam antibiotics. Susceptibility to clindamycin is variable."</p>	<p><u>Perform susceptibility testing if :</u></p> <ul style="list-style-type: none"> • history of beta lactam allergy co-isolation of MRSA • treatment failure erythromycin/clindamycin therapy indicated • requested by physician <p>Otherwise, add comment: "This organism is generally susceptible to beta lactam antibiotics. Susceptibility to clindamycin is variable."</p>	
	All isolates:	<p>If co-isolated with organisms where TMP-SMX routinely reported, add comment: "TMP-SMX is not effective against Group A Streptococci".</p>	<p>If co-isolated with organisms where TMP-SMX is routinely reported, add comment: "TMP-SMX is not effective against Group B Streptococcus."</p>	
	All Non Sterile Body Site specimens	<p>If co-isolated with MRSA, add comment: "This organism is predictably susceptible to vancomycin."</p>	<p>If co-isolated with MRSA, add comment: "This organism is predictably susceptible to vancomycin."</p>	<p>If co-isolated with MRSA, add comment: "This organism is predictably susceptible to vancomycin."</p>

RELATED DOCUMENTS:

- Wound Bench – Streptococcus spp flow chart, Document #: MIC40200
- Urine Bench – Streptococcus spp flow chart, Document #: MIC40800
- Dynalife Dx AST Manual 4th Edition, 2009.

REFERENCES:

- CLSI. (2012). Performance Standards for Antimicrobial Disk Susceptibility Tests; Approved Standard - 11th Edition. *Clinical and Laboratory Standards Institute*, 20.

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REVISION HISTORY:

REVISION	DATE	Description of Change	REQUESTED BY
1.0	19-JAN-2015	Initial Release. Approval: Dr. Solomon (2014) Medical Microbiologist Dynalife Dx	L-Driedger

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