Community Acquired MRSA

Explanation of the choice of antimicrobial agents tested and reported for Community Acquired MRSA

Question:

When testing a community-associated methicillin resistant Staphylococcus aureus (CA-MRSA) strain that is resistant to penicillin and oxacillin, which of the following antimicrobials should be reported as resistant?

<table>
<thead>
<tr>
<th>Ampicillin-sulbactam</th>
<th>Erythromycin</th>
<th>Vancomycin</th>
<th>Imipenem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amoxicillin-clavulanic Acid</td>
<td>Cefazolin</td>
<td>Ceftriaxone</td>
<td>Tetracycline</td>
</tr>
</tbody>
</table>

Discussion:

The following specific information for staphylococcus spp. is provided in the Clinical and Laboratory Standards Institute (CLSI) guidelines:

Oxacillin-resistant staphylococci are resistant to all currently available B-Lactam antimicrobial agents.¹

B-Lactams include the Penicillins, Cephems, Penems, Monobactams, & B-Lactam/B-lactamase Inhibitor combos

Answer:

When reporting an Oxacillin-resistant staphylococci, report as resistant:

Ampicillin-sulbactam, Amoxicillin-clavulanic Acid, Cefazolin, Ceftriaxone, and Imipenem

¹ CLSI M100-S19 Pg 29, Footnote (k), Footnotes to Table 1