

## 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?*

*Ampicillin-sulbactam*

*Erythromycin*

*Vancomycin*

*Imipenem*

*Amoxicillin-clavulanic Acid*

*Cefazolin*

*Ceftriaxone*

*Tetracycline*

#### 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  $\beta$ -Lactam antimicrobial agents.<sup>1</sup>*

*$\beta$ -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*

<sup>1</sup> CLSI M100-S19 Pg 29, Footnote (k), Footnotes to Table 1