

STANDARD LISTS OF ANTIMICROBIAL AGENTS TO BE TESTED IN VITRO AND SUGGESTIONS FOR REPORTING BY GROUP OF ORGANISMS

INTRODUCTION

The national antibiogram committee (NAC) has committed to provide standard lists of antimicrobial agents to be tested in vitro and to be reported to the clinicians. There were several elements underlying this initiative: first it was considered necessary (besides the methodology used for in vitro testing) to harmonize the choice of agents by group of organisms in order to improve the consistency and the comparability of data obtained in different laboratories for epidemiological surveys of bacterial resistance at a national level. It was also considered that recommendations (or consensus) for a more rational and limited reporting of agents on the antibiogram would contribute to the improvement of antibiotic prescription.

It should be however emphasized that the proposals made by the NAC are neither intangible (several alternatives may be acceptable) nor exhaustive since they only address the most common groups of bacterial pathogens causing infections in human medicine. Different suggestions are also made here for reporting in a standard context (i.e.: in a non highly resistant or MDRO context) or in the context of MDRO. Obviously, the choice of agents that should be tested and reported to the clinicians may also depend both on the site of infection as well as on the setting (community versus hospital acquired infection) and of the epidemiology of resistance to antimicrobial agents which may differ locally and over time. The aim of the NAC antibiogram lists is to **encourage the selective reporting** of agents (with masking of some antibiotics) in order to limit the excessive usage of broad spectrum drugs. Again, different strategies may be considered and these should be discussed locally and integrated in antimicrobial stewardship programs involving the active participation of multidisciplinary groups (microbiologists, infectious disease physicians, clinical pharmacists, ...).

Another part of the document summarizes the natural/intrinsic resistances by groups (genus/species) of bacteria. Most of this information stems from recommendations of EUCAST and has been adapted when necessary taking into account the antibiotics commercialized (or not on the market) in Belgium. This list will have to be revised periodically along with the evolution of the epidemiology of resistance (including the emergence of new resistance mechanisms) as well as the possible introduction of new antimicrobial drugs in clinical medicine.

Finally, it should be stressed that the present document does not aim to address extensively the laboratory methods for screening and detection of specific resistance mechanisms which will be developed in a separate guidelines document under the auspices of the Superior Health Council (CSS-HGR) (working group to be started in Q4/2019).

On behalf of the NAC committee,
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