

6. ENTEROCOCCI

MH agar, McFarland 0.5, incubation air 35°C ± 1°C, incubation time 18h ± 2 h (24 h for glycopeptides).
 QC strain: *Enterococcus faecalis* ATCC 29212.

• STANDARD PANEL (all specimen types)

MDRO setting: vancomycin resistant *Enterococcus faecium* or *Enterococcus faecalis* (vanA/vanB).

PRIMARY TESTING	SUGGESTED REPORTING (NON MDRO SETTING)	SUGGESTED REPORTING (MDRO SETTING)
Ampicillin or amoxicillin.	+	+
Vancomycin ¹ .	+ (<i>Enterococcus faecium</i>)	+

SUPPLEMENTAL TESTING	SUGGESTED REPORTING (NON MDRO SETTING)	SUGGESTED REPORTING (MDRO SETTING)
Teicoplanin ¹ .		+
Gentamicin high level ² .	+	+
Ciprofloxacin ^{3,4} or levofloxacin ^{3,4} .	+	+
Nitrofurantoin ^{3,5} .	+	+
Fosfomycin ³ .	+	+
Rifampicin.		+
Linezolid.		+
Tigecycline.		+
Daptomycin.		+

1. Glycopeptides preferably tested by a MIC method although they may be tested by disk diffusion (see EUCAST guidelines for the detection of VRE). Do not report before incubation for full 24 hours. Uncertain results should be confirmed with a molecular test for vanA and vanB.
2. High level resistance indicates loss of synergy with penicillins or glycopeptides. Testing and reporting may be limited to a restricted number of invasive infections (e.g. bacteremia, endocarditis).
3. Report for urinary tract infections only.
4. Susceptibility to ciprofloxacin and to levofloxacin may be inferred by screening with a norfloxacin disk.
5. Report for *Enterococcus faecalis* only.