

## 8. GROUP A, B, C AND G STREPTOCOCCI

MH-F agar (MH agar +5% defibrinated horse blood + 20 mg/l beta-ND), McFarland 0.5, incubation 5% CO<sub>2</sub> at 35°C ± 1°C, incubation time 18h ± 2 h.

QC strain: *Streptococcus pneumoniae* ATCC 49619.

### • STANDARD PANEL (all specimen types)

PRIMARY TESTING	SUGGESTED REPORTING <sup>1</sup>
Penicillin G <sup>2</sup> .	Penicillins, cephalosporins, carbapenems.
Erythromycin.	+
Clindamycin <sup>3</sup> .	+
Tetracycline <sup>4</sup> .	+

  

SUPPLEMENTAL TESTING	SUGGESTED REPORTING
Ampicillin <sup>1</sup> or amoxicillin <sup>1</sup> .	+
Cotrimoxazole.	+
Levofloxacin <sup>5</sup> .	+
Moxifloxacin <sup>5</sup> .	+
Rifampicin.	+
Teicoplanin or vancomycin.	+
Linezolid.	+
Tigecycline.	+
Nitrofurantoin <sup>6</sup> .	+

- Reporting may depend on type of infection/site considered.
- Susceptibility of group A, B, C and G streptococci to penicillins, cephalosporins and carbapenems can be inferred from susceptibility to penicillin G (routine testing not required). In case of non susceptibility (rare), MIC of the drug to be used should be performed and isolate should be sent for confirmation to a reference laboratory.
- Inducible clindamycin resistance can be detected by antagonism of clindamycin activity by a macrolide agent.
- Higher intrinsic activity of minocycline and doxycycline versus tetracycline (minocycline may be the preferred tetracycline drug for testing against streptococci).
- Susceptibility to levofloxacin and moxifloxacin may be inferred by screening with a norfloxacin 10 µg disk. Isolates categorized as norfloxacin non susceptible should be tested for susceptibility to individual agents.
- Report only for urinary tract infections by *Streptococcus agalactiae*.