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H52-A2-Red Blood  
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susceptibility at a University  
teaching hospital in Nairobi,  
Kenya: a cross-sectional study  
Effect of the 2014 Clinical and  
Laboratory Standards ...

This study compared the MIC  
results in a population of

*Klebsiella pneumoniae* obtained  
from a regional microbiology  
laboratory using the S19 (2009)  
and the S22 (2012) CLSI  
standards . As indicated  
previously, the S22 carbapenem  
MICs remain unchanged in the  
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Shop for Microbiology Standards & AST Guidelines - CLSI  
Guideline—Third Edition. CLSI document EP05-A3. Wayne, PA: Clinical and Laboratory Standards Institute; 2014. Proposed Guideline December 1981 Tentative Guideline December 1982 Approved Guideline February 1999 Approved Guideline—Second Edition August 2004 Approved Guideline—Third Edition October 2014\* ISBN 1-56238-967-X (Print)  
**(PDF) Clinical and laboratory standards**

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Laboratory Standards Institute antimicrobial susceptibility testing standards M02, M07, and M11. A CLSI supplement for global application. 28th Edition CLSI eCLIPSE - Edward Bazemore - Centers for Disease Control and Prevention - 01/24/2018. Unauthorized

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**Performance Standards for Antimicrobial Susceptibility Testing**

Below are the CLSI breakpoints for selected bacteria. Please use your clinical judgement when assessing breakpoints. The lowest number does NOT equal most potent antimicrobial. Contact Antimicrobial Stewardship ... Table 2: 2014 MIC Interpretive Standards for *Pseudomonas aeruginosa* and *Acinetobacter* spp.

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The 2014 CLSI guidelines retained the current MICs for cefazolin against enterobacteriaceae, but specified that susceptible results were based on a dosing regimen of 2 grams intravenously every 8 h and is specific for non-urine isolates . One of the major changes included in these guidelines involves the reporting of a urine-specific cefazolin MIC for enterobacteriaceae (susceptible ?16 mcg/mL).

**M100-S25: Performance**

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