

Evaluation of an Automated System for Reading and Interpreting Disk Diffusion Antimicrobial Susceptibility Testing of

Fastidious Bacteria

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S1 Table. Susceptibility of isolates determined by manual reading (standard method) and performance of automated reading of disk diffusion antimicrobial susceptibility testing (**without visual adjustment**) for fastidious bacteria, compared to manual reading as standard method, n=144

Antimicrobial agent	No. of isolate- antibiotic combinations	No. of resistant isolates ^a	No. of susceptible isolates	No. (%) of very major errors ^b	No. (%) of major errors ^b	No. (%) of minor errors ^b	Categorical agreement, %
<i>S. agalactiae</i>, n=29	348	31	314	3 (9.7)	54 (17.2)	3 (0.9)	82.8
Penicillin G	29	0	29				
Levofloxacin	29	0	29		4		
Moxifloxacin	29	0	29		8		
Norfloxacin	29	0	29		8		
Teicoplanin	29	0	29		3		

Vancomycin	29	0	29				
Erythromycin	29	7	20	1		2	
Clindamycin	29	4	25	2	6		
Tetracycline	29	20	8		7	1	
Tigecycline	29	0	29		17		
Linezolid	29	0	29		1		
Trimethoprim/ sulfamethoxazole	29	0	29				
<i>S. dysgalactiae</i>, n=14	168	12	152	1 (8.3)	32 (21.1)	4 (2.4)	78.0
Penicillin G	14	0	14				
Levofloxacin	14	2	12		2		
Moxifloxacin	14	0	14		6		
Norfloxacin	14	1	13		5		
Teicoplanin	14	0	14		3		
Vancomycin	14	0	14				
Erythromycin	14	2	12	1			

Clindamycin	14	1	13		1		
Tetracycline	14	6	6		5	2	
Tigecycline	14	0	13		8	1	
Linezolid	14	0	14		2		
Trimethoprim/ sulfamethoxazole	14	0	13			1	
<i>S. pyogenes, n=25</i>	300	6	293	0 (0)	69 (23.5)	1 (0.3)	76.7
Penicillin G	25	0	25				
Levofloxacin	25	0	25		5		
Moxifloxacin	25	0	25		10		
Norfloxacin	25	2	23		9		
Teicoplanin	25	0	25		8		
Vancomycin	25	0	25				
Erythromycin	25	0	24			1	
Clindamycin	25	0	25		6		
Tetracycline	25	4	21		14		

Tigecycline	25	0	25		16		
Linezolid	25	0	25				
Trimethoprim/ sulfamethoxazole	25	0	25		1		
<i>S. pneumoniae</i>, n=28	336	29	301	3 (10.3)	50 (16.6)	5 (1.5)	82.7
Levofloxacin	28	0	28		10		
Moxifloxacin	28	0	28		9		
Norfloxacin	28	1	27	1			
Teicoplanin	28	0	28		6		
Vancomycin	28	0	28		7		
Erythromycin	28	7	21		3		
Clindamycin	28	5	23	1	5		
Tetracycline	28	5	23	1	5		
Linezolid	28	0	28		2		
Trimethoprim/ sulfamethoxazole	28	4	24		2		

Oxacillin	28	7	21				
Cefaclor	28	0	22		1	5	
Viridans group streptococci, n=18	126	3	123	0 (0)	1 (0.8)	0 (0)	99.2
Penicillin G	18	0	18				
Teicoplanin	18	0	18				
Vancomycin	18	0	18				
Ampicillin	18	0	18				
Cefotaxime	18	0	18				
Cefuroxime iv ^c	18	2	16				
Cefepime	18	1	17		1		
<i>H. influenzae</i>, n=13	156	8	134	7 (87.5)	19 (14.2)	9 (5.8)	77.6
Penicillin G	13	2	11	2			
Levofloxacin	13	0	13		5		
Erythromycin	13	0	0			8	

Tetracycline	13	0	13				
Trimethoprim/ sulfamethoxazole	13	1	11	1		1	
Ampicillin	13	1	12				
Amoxicillin/clavulanic acid	13	1	12	1	1		
Cefotaxime	13	0	13			1	
Cefuroxime iv ^c	13	3	10	3	2		
Meropenem	13	0	13				
Ciprofloxacin	13	0	13			2	
Nalidixic acid	13	0	13			8	
<i>M. catarrhalis</i>, n=7	84	1	82	0 (0)	16 (19.5)	1 (1.2)	79.8
Levofloxacin	7	0	7				
Moxifloxacin	7	0	7			2	
Erythromycin	7	0	7				
Tetracycline	7	0	7			1	

Trimethoprim/ sulfamethoxazole	7	0	7				
Amoxicillin/clavulanic acid	7	0	7				
Cefotaxime	7	0	7		3		
Cefuroxime iv ^c	7	0	7		2		
Meropenem	7	0	7		5		
Ciprofloxacin	7	0	7				
Nalidixic acid	7	1	6		2		
Cefixime	7	0	6		1	1	
<i>C. jejuni</i>, n=10	30	5	25	0 (0)	10 (40)	0 (0)	66.7
Erythromycin	10	0	10		4		
Tetracycline	10	2	8		6		
Ciprofloxacin	10	3	7				
TOTAL, n=144	1548	95	1424	14 (14.7)	251 (17.6)	23 (1.5)	81.4

^a Number of results within intermediate category can be calculated by subtracting resistant and susceptible results from the number of isolate-antibiotic combinations tested

^b Error rates are reported as required by the ISO 20776-2 guideline: VME (%), number of VMEs (i.e. false susceptible results) divided by the number of isolates determined resistant by the standard method; ME (%), number of MEs (i.e. false resistant results) divided by the number of isolates determined susceptible by the standard method); mE (%), number of mEs (i.e. false categorization involving intermediate result) divided by the total number of tested isolates; Categorical agreement (i.e. results within the same interpretative category)

^c iv, interpretation according to breakpoints for intravenous use