II Jornada del Comité Español del Antibiograma (CoEsAnt)

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EUCAST Today: Recent Changes and Current Challenges

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The European Committee on Antimicrobial Susceptibility Testing - EUCAST

EUCAST is a scientific committee formed in 1997 and is jointly organized by ESCMID, ECDC and European national breakpoint committees. EUCAST develops antimicrobial susceptibility testing methodology, interpretative criteria and guidance documents to aid clinical decision making when treating infectious diseases.

Further details about EUCAST and its subcommittees can be found in the sections at the top of the webpage.

Most accessed links

Bacteria:
Breakpoint tables
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Fungi:
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Mycobacteria:
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Bacteria:
Expected phenotypes
List of agents which are expected S or R for certain species
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Bacteria:
Guidance Documents
Further information to aid testing and reporting
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Bacteria:
Expert rules
Interpretative rules to improve AST reporting
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MIC and zone distributions, ECOFFs
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Public Consultations
A chance to review proposed EUCAST changes
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Warnings
Concerning antimicrobial susceptibility testing product
Discover More

New breakpoints for co-trimoxazol

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	V 15.0		V 16.0	
	S ≤	R >	S ≤	R >
Enterobacterales	2	4	0.5	0.5
Serratia	2	4	0.001	2
Acinetobacter	2	4	0.5	0.5
Staphylococcus	2	4	0.5	0.5
Streptococcus A-C,G	1	2	0.5	0.5
S. pneumoniae	1	2	1	1
H. influenzae	0.5	1	0.5	0.5
M. catarrhalis	0.5	1	1	1

TSU

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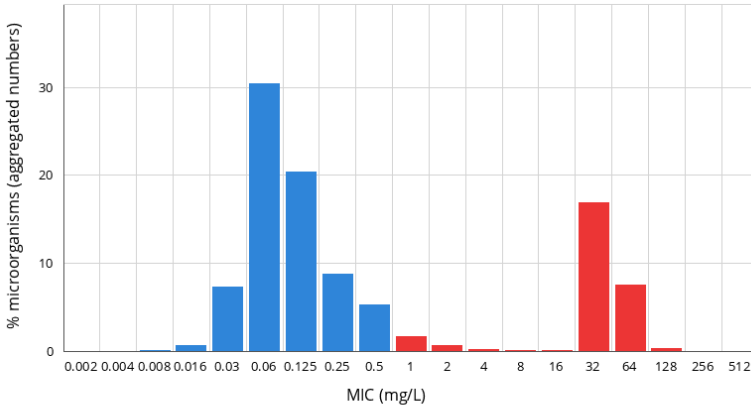
Trimethoprim-sulfamethoxazole / Escherichia coli
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

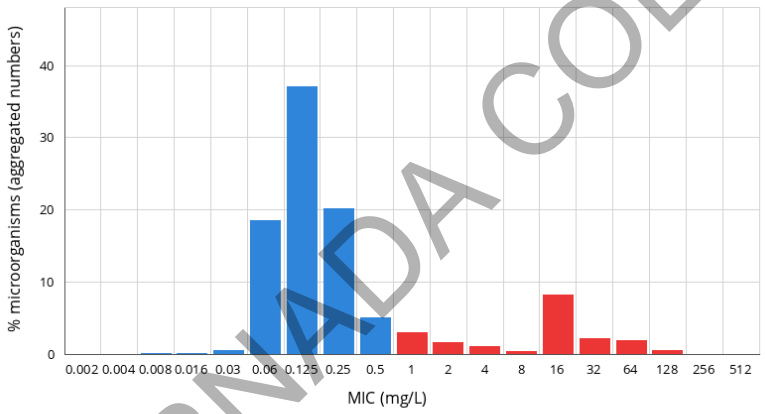


MIC
Epidemiological cut-off (ECOFF): 0.5 mg/L
Wildtype (WT) organisms: ≤ 0.5 mg/L

Confidence interval: 0.125 - 0.5
7968 observations (16 data sources)

Trimethoprim-sulfamethoxazole / Klebsiella pneumoniae
International MIC distribution - Reference database 2026-01-09
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

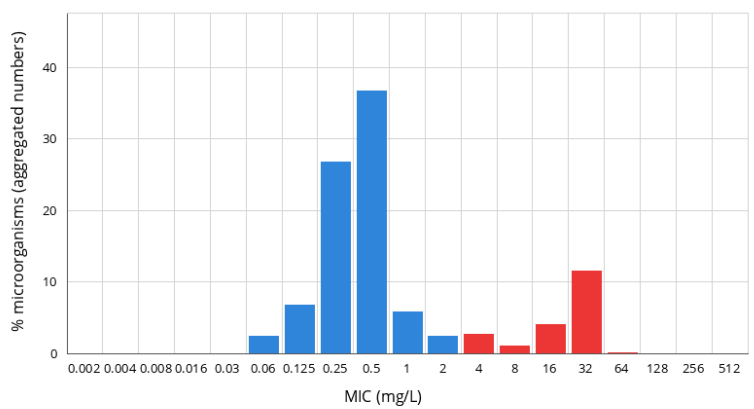


MIC
Epidemiological cut-off (ECOFF): 0.5 mg/L
Wildtype (WT) organisms: ≤ 0.5 mg/L

Confidence interval: 0.25 - 1
4958 observations (10 data sources)

Trimethoprim-sulfamethoxazole / Serratia marcescens
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



MIC
Epidemiological cut-off (ECOFF): 2 mg/L
Wildtype (WT) organisms: ≤ 2 mg/L

Confidence interval: 0.5 - 4
1406 observations (6 data sources)

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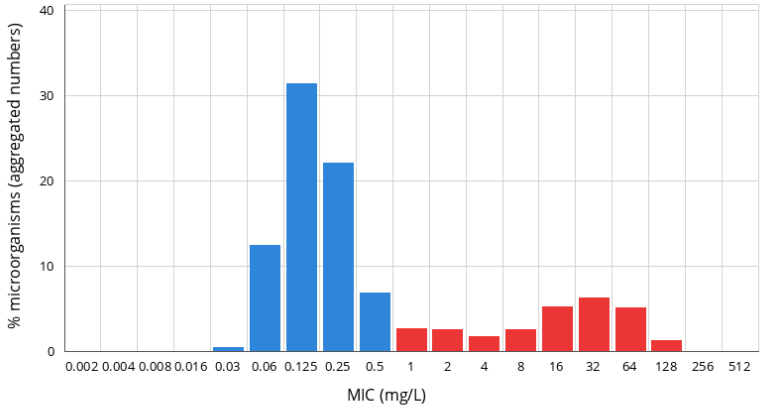
Trimethoprim-sulfamethoxazole / Acinetobacter baumannii
International MIC distribution - Reference database 2026-01-09
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

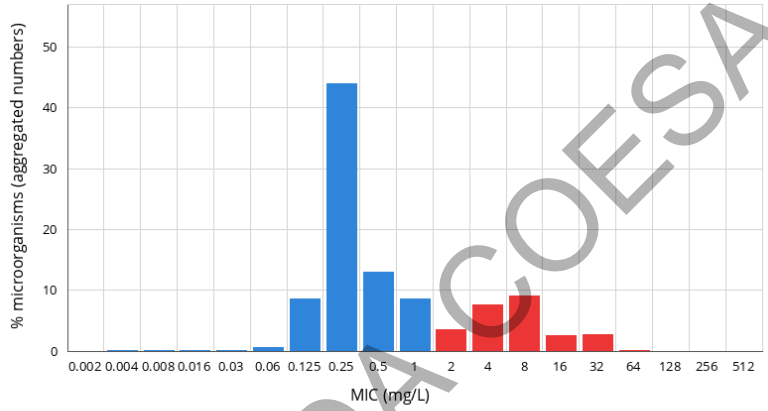


MIC
Epidemiological cut-off (ECOFF): 0.5 mg/L
Wildtype (WT) organisms: ≤ 0.5 mg/L

Confidence interval: 0.25 - 4
1117 observations (6 data sources)

Trimethoprim-sulfamethoxazole / Streptococcus pneumoniae
International MIC distribution - Reference database 2026-01-09
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

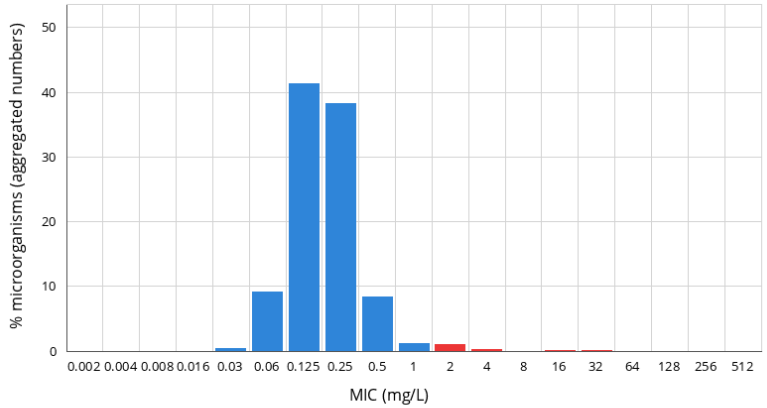


MIC
Epidemiological cut-off (ECOFF): 1 mg/L
Wildtype (WT) organisms: ≤ 1 mg/L

Confidence interval: 0.25 - 1
32052 observations (12 data sources)

Trimethoprim-sulfamethoxazole / Moraxella catarrhalis
International MIC distribution - Reference database 2026-01-09
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

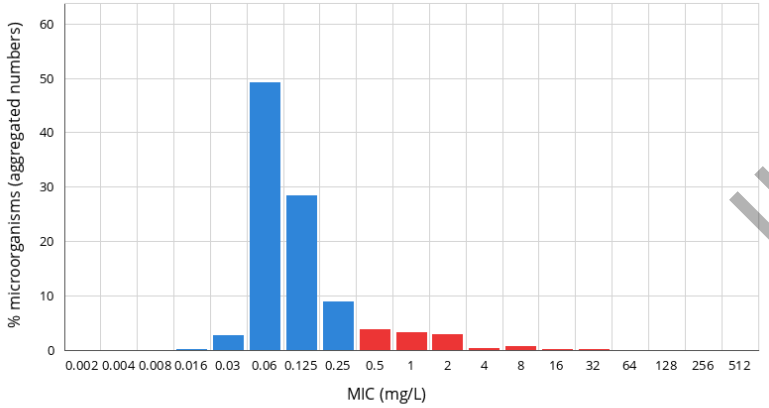


MIC
Epidemiological cut-off (ECOFF): (1) mg/L
Wildtype (WT) organisms: ≤ 1 mg/L

Confidence interval: 0.25 - 2
4502 observations (3 data sources)

Trimethoprim-sulfamethoxazole / Staphylococcus aureus
International MIC distribution - Reference database 2026-01-09
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



MIC
Epidemiological cut-off (ECOFF): (0.25) mg/L
Wildtype (WT) organisms: ≤ 0.25 mg/L

Confidence interval: 0.03 - 1
3232 observations (3 data sources)

New breakpoints trimethoprim

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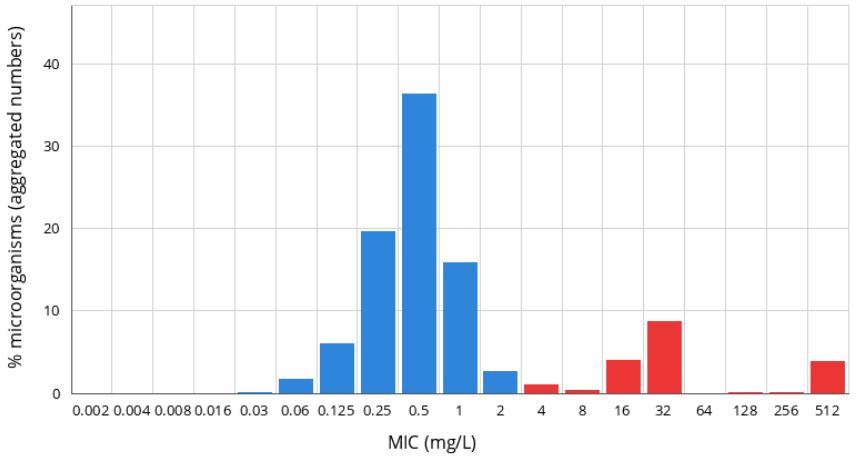
	V 15.0		V 16.0	
	S ≤	R >	S ≤	R >
Enterobacterales	4	4		
E. coli, Klebsiella spp. (except *K. aerogenes*)			2	2
Proteus spp.	4	4	Note	Note
Staphylococcus	4	4	2	2

uncomplicated UTI only

Trimethoprim / Escherichia coli
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

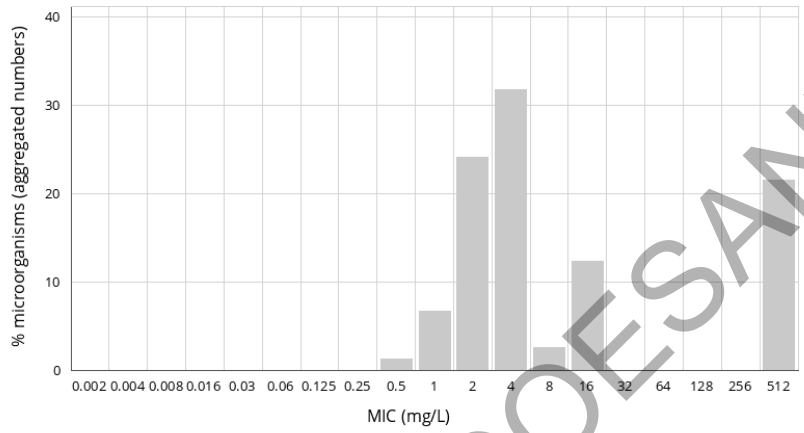


MIC
Epidemiological cut-off (ECOFF): 2 mg/L
Wildtype (WT) organisms: ≤ 2 mg/L

Confidence interval: 1 - 2
5458 observations (19 data sources)

Trimethoprim / Morganella morganii
International MIC distribution - Reference database 2025-12-02
Based on single distribution

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

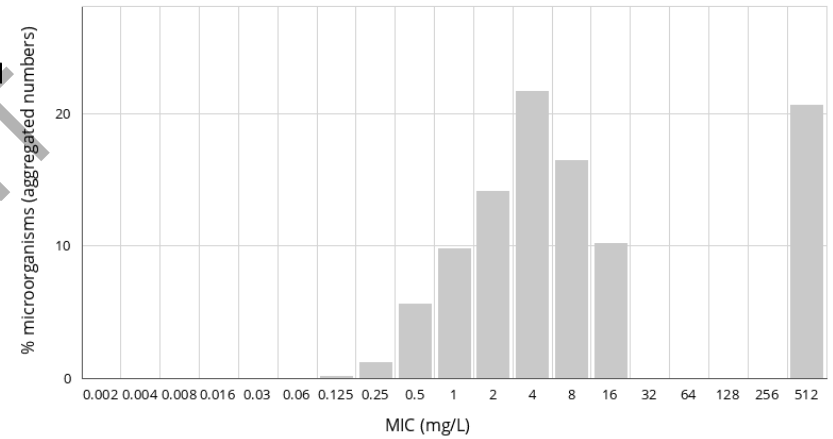


MIC
Epidemiological cut-off (ECOFF): ID
Wildtype (WT) organisms: -

Confidence interval: -
470 observations

Trimethoprim / Serratia marcescens
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance

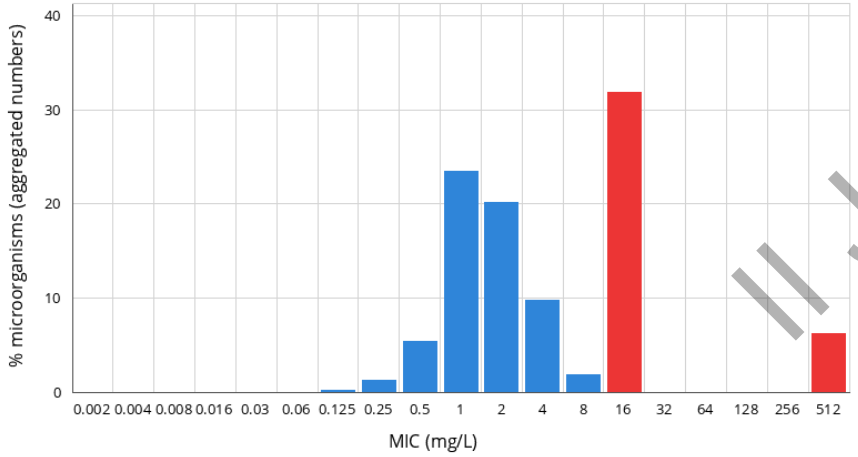


MIC
Epidemiological cut-off (ECOFF): ID
Wildtype (WT) organisms: -

Confidence interval: -
783 observations (3 data sources)

Trimethoprim / Proteus mirabilis
International MIC distribution - Reference database 2025-12-02
Based on aggregated distributions

MIC distributions include collated data from multiple sources, geographical areas and time periods and can never be used to infer rates of resistance



MIC
Epidemiological cut-off (ECOFF): (8) mg/L
Wildtype (WT) organisms: ≤ 8 mg/L

Confidence interval: 1 - 128
2029 observations (3 data sources)

Comment Carbapenemases

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- some carbapenems may tests susceptible in presence of a carbapenemase
- some data suggests that outcome may not be favourable in such cases
- if carbapenems are used, a high dose and combination may be necessary
- several new agents are recommended in clinical guidelines

Comment

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“If a carbapenemase is detected the clinical response to treatment with carbapenems may be impaired even in the absence of clinical resistance. Other novel antimicrobials should be preferred for treatment, but if unavailable, carbapenems could be considered if high exposure is used and/or in combination with a second active agent. Consider switching therapy in complicated infections.”

Daptomycin

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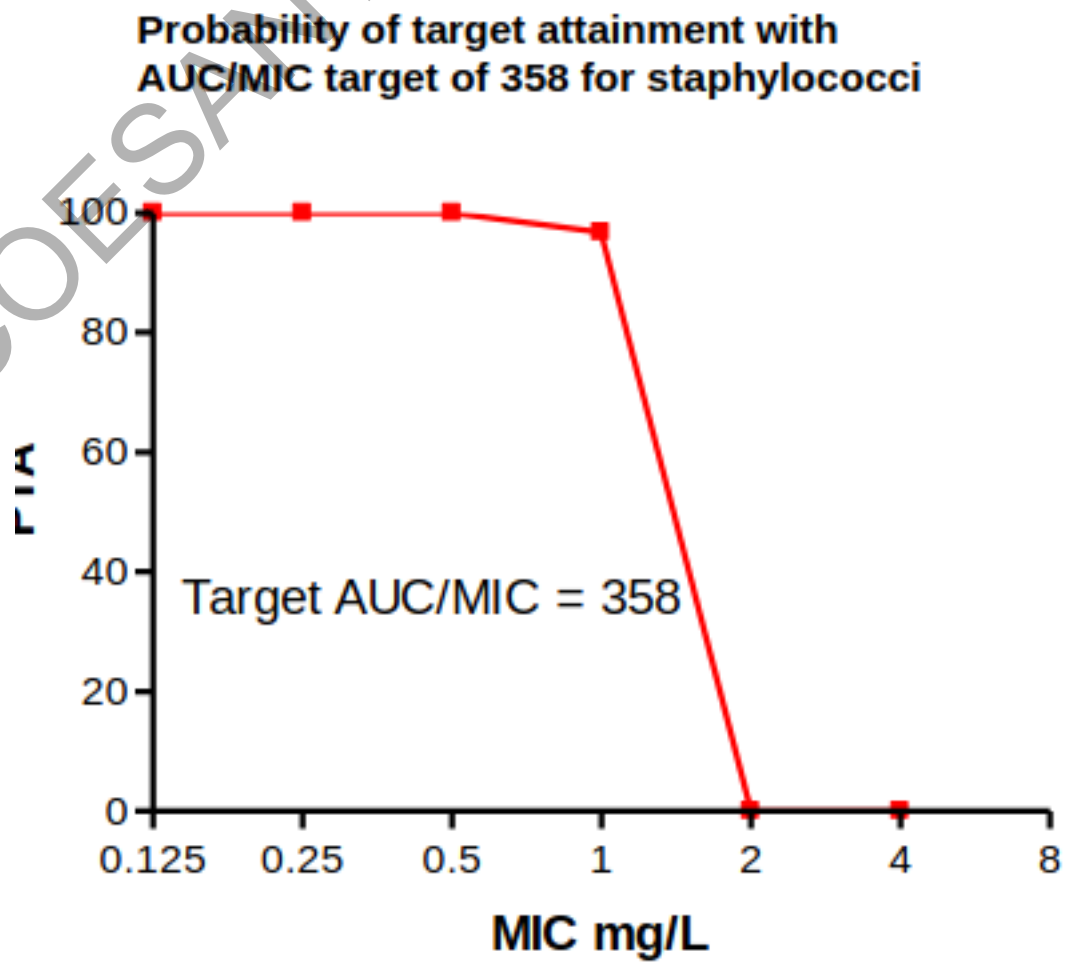
licensed for *S. aureus* only, doses 4-6 mg/kg

	ECOFF
S. aureus	1 mg/L
CoNS	1 – 4 mg/L

breakpoints V 16.0

	S ≤	R >
S. aureus	1	1
CoNS	Note	Note



Daptomycin

EUCAST European Committee on Antimicrobial Susceptibility Testing

licensed for *S. aureus* only, doses 4-6 mg/kg

Probability of target attainment with AUC/MIC target of 358 for staphylococci

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European Society of Clinical Microbiology and Infectious Diseases

Guidance document on use of daptomycin to treat infections with enterococci or coagulase-negative staphylococci

Updated December 2025

(minor revision from previous version to include Coagulase-negative staphylococci treatment)

Staphylococci and cephalosporins

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- if cefoxitin negative („S“) then cefazolin, ceftriaxon, cefotaxim, cefepime, cefuroxim i.v. may be reported „I“ (susceptible increased exposure)
- for oral administration attention must be paid to achieve sufficient exposure
- ceftazidime, ceftazidime-avibactam, cefiderocol, ceftolozan-tazobactam are inappropriate agents

Minor changes for *S. pneumoniae*

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- ampicillin-/amoxicillin breakpoints for endocarditis lowered to ECOFF
- cefazolin, cefadroxil, cefalexin „IE“

Breakpoints for gepotidacin

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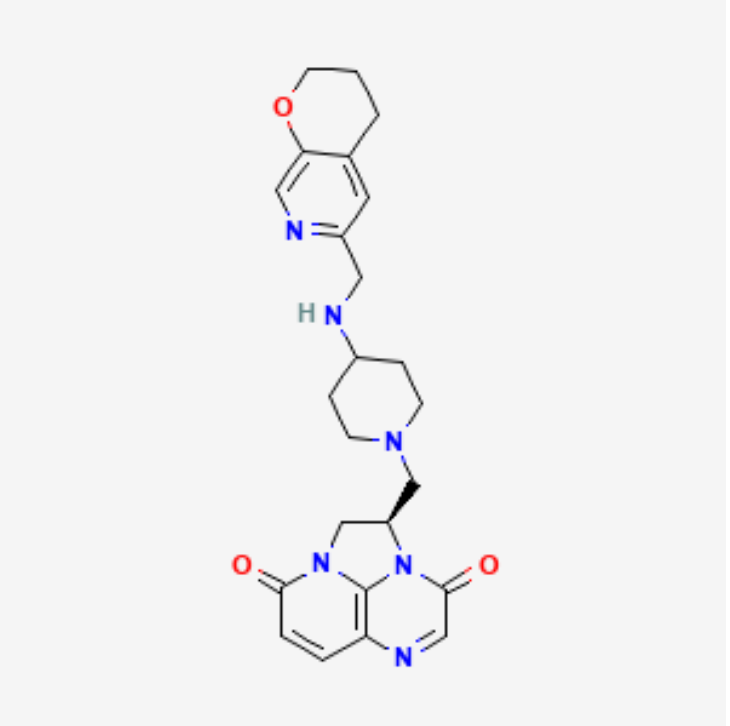
- triazaacenaphthylen
- inhibits gyrase and topoisomerase IV mechanism different from fluorochinolones
- uncomplicated UTI
- MHRA approval Aug. 2025
- dose 1500mg x 2



pubchem.ncbi.nlm.nih.gov

	S ≤	R >
E. coli	8	8
E. faecalis	8	8
S. saprophyticus	0.25	0.25

Changes to RAST

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- trimethoprim-sufamethoxazol in Acinetobacter
- new aztreonam-avibactam and aztreonam

Breakpoint table version 16.1 (May/June)

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- more anaerobic species
- derive susceptibility of viridans streptococci and pneumococci for penicillins and cephalosporins
- probably new breakpoints for carbapenems and fluoroquinolones

Upcoming public Consultations

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- breakpoints for carbapenems
- breakpoints for fluoroquinolones

Challenges for the future

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- β-lactamase inhibitors with varying intrinsic activity
  - nacubactam
  - xeruborbactam
  - zidebactam
- testing of new antibiotics
  - modification of test media

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