Accepted Manuscript

EUCAST disk diffusion Criteria for the Detection of *mecA*-Mediated β-lactam resistance in *Staphylococcus pseudintermedius*: oxacillin versus cefoxitin

R. Skov, A. Varga, E. Matuschek, J. Åhman, D. Bemis, B. Bengtsson, M. Sunde, R. Humphries, L. Westblade, L. Guardabassi, G. Kahlmeter

PII: S1198-743X(19)30215-0

DOI: https://doi.org/10.1016/j.cmi.2019.05.002

Reference: CMI 1663

To appear in: Clinical Microbiology and Infection

Received Date: 8 March 2018

Revised Date: 24 April 2019

Accepted Date: 7 May 2019

Please cite this article as: Skov R, Varga A, Matuschek E, Åhman J, Bemis D, Bengtsson B, Sunde M, Humphries R, Westblade L, Guardabassi L, Kahlmeter G, EUCAST disk diffusion Criteria for the Detection of *mecA*-Mediated β-lactam resistance in *Staphylococcus pseudintermedius*: oxacillin versus cefoxitin, *Clinical Microbiology and Infection*, https://doi.org/10.1016/j.cmi.2019.05.002.

This is a PDF file of an unedited manuscript that has been accepted for publication. As a service to our customers we are providing this early version of the manuscript. The manuscript will undergo copyediting, typesetting, and review of the resulting proof before it is published in its final form. Please note that during the production process errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.



- 1 EUCAST Disk Diffusion Criteria for the Detection of *mecA*-Mediated β -Lactam
- 2 Resistance in *Staphylococcus pseudintermedius*: Oxacillin Versus Cefoxitin
- 3
- 4 Skov R^{*1}, Varga A², Matuschek E², Åhman J², Bemis D³, Bengtsson B⁴, Sunde M⁵,
- 5 Humphries R⁶, Westblade L⁷, Guardabassi L⁸, Kahlmeter G²
- 6 ¹ Statens Serum Institut, Copenhagen, Denmark
- 7 ² EUCAST Development Laboratory, Växjö, Sweden
- ⁸ ³ University of Tennessee, Knoxville, TN, USA
- 9 ⁴ National Veterinary Institute, Uppsala, Sweden
- 10 ⁵ Norwegian Veterinary Institute, Oslo, Norway
- ⁶ Accelerate Diagnostics, Tucson AZ, USA and, University of California, Los Angeles, CA,

12 USA

- ⁷ Weill Cornell Medicine, New York, NY, USA
- ⁸ Department of Veterinary and Animal Sciences, Faculty of Health and Medical Sciences,
- 15 University of Copenhagen, Denmark
- 16
- ^{*} Corresponding author: Phone: +45 20723291; E-mail: rsk@ssi.dk

18

- 19 Keywords: Staphylococcus pseudintermedius, susceptibility testing, oxacillin, cefoxitin,
- 20 methicillin resistance, MRSP

21

- 22
- 23
- 24

25	Objectives: Until recently, the European Committee on Antimicrobial Susceptibility Testing
26	(EUCAST) recommended the cefoxitin disk to screen for mecA-mediated betalactam resistance in
27	Staphylococcus pseudintermedius. A recent study indicated that cefoxitin was inferior to oxacillin
28	in this respect. We have re-evaluated cefoxitin and oxacillin disks for screening for methicillin
29	resistance in <i>S. pseudintermedius</i> . Methods: We included 224 animal and human <i>S</i> .
30	pseudintermedius isolates from Europe (n=108) and North America (n=116), of which 109 were
31	mecA-positive. Disk diffusion was performed per EUCAST recommendations using 30 μ g cefoxitin
32	and 1 μg oxacillin disks from three manufacturers and Mueller-Hinton agar from two
33	manufacturers. Results: Cefoxitin inhibition zones ranged from 6-33 mm for mecA-positive S.
34	pseudintermedius (MRSP) and from 29-41 mm for mecA-negative S. pseudintermedius (MSSP). The
35	corresponding oxacillin zone intervals were 6-20 mm and 19 – 30 mm. For cefoxitin 16% (14.8%-
36	18.0%, 95% CI) of the isolates were in the area where positive and negative results overlapped. For
37	oxacillin the corresponding number was 2% (1.6%-2.9%). For oxacillin a breakpoint of S, ≥20 mm
38	and R,<20 mm resulted in only 0.4% and 1.1% VME and ME rates respectively.
39	Conclusions: This investigation confirms that the 1 μ g oxacillin disk predicts <i>mecA</i> -mediated
40	methicillin resistance in S. pseudintermedius better than the 30 μg cefoxitin disk. For a 1 μg
41	oxacillin disk we propose that 20 mm should be used as cut off for resistance i.e. isolates with a
42	zone diameter <20 mm are resistant to all beta- lactam antibiotics except those with effect against
43	methicillin resistant staphylococci.
44	
45	Introduction

46 Staphylococcus pseudintermedius is a coagulase-positive Staphylococcus species adapted
47 to Canidae and one of the most important bacterial pathogens in dogs but also causes
48 infections in humans including serious infections (1-4). The introduction of matrix-assisted
49 laser desorption/ionization time-of-flight mass spectrometry (MALDI-TOF MS) for bacterial

50	identification has shown that the incidence of <i>S. pseudintermedius</i> infections in humans is
51	probably underestimated due to mis-identification as Staphylococcus aureus (4-6).
52	Methicillin (β -lactam)-resistant <i>S. pseudintermedius</i> (MRSP) was first reported in 1999 in
53	North America (7) and in 2006 in Europe (8). Since then, five MRSP lineages (CC45, 68, 71,
54	112, 258) with specific traits regarding antimicrobial resistance, genetic diversity and
55	geographical distribution have spread globally (1, 9). Hitherto, according to our
56	knowledge, only mecA-based resistance have been reported in S. pseudintermedius.
57	Variable MRSP prevalence among clinical isolates (1-33%) has been reported by recent
58	studies from different geographical areas and study populations (2, 10-15). A study in the
59	United States (US) showed that the prevalence of methicillin resistance in canine clinical
60	isolates increased from <5% in 2001 to nearly 30% in 2007 . Some MRSP clones such as
61	sequence type (ST) 71 display resistance to virtually all antimicrobial agents licensed for
62	veterinary use, posing one of the most challenging problems so far encountered in the
63	antimicrobial management of veterinary infectious diseases. According to a recent review,
64	approximately two thirds of MRSP isolates submitted to the multilocus sequence typing
65	(MLST) database originate from skin samples associated with pyoderma, surgical site and
66	wound infections (1).

Cefoxitin is endorsed by both the European Committee on Antimicrobial Susceptibility
Testing (EUCAST) and the Clinical and Laboratory Standards Institute (CLSI) as the
preferred agent for detecting methicillin-resistant *Staphylococcus aureus* (MRSA) and
methicillin-resistant coagulase-negative *Staphylococcus* (MRCoNS) isolates by disk
diffusion (16-18). In contrast, there has been divergence between EUCAST and CLSI on the
antimicrobial agent to use for the detection of MRSP by disk diffusion. EUCAST has

73	advocated for the use of cefoxitin, whereas CLSI recommends oxacillin for detection of
74	MRSP (17, 18). Previous studies have shown that cefoxitin growth inhibition zone
75	diameter breakpoints recommended for detection of MRSA (susceptible, \geq 22 mm;
76	resistant, <22 mm) and MRCoNS (S, \geq 25 mm; R, <25 mm) are not reliable for MRSP (19). In
77	2012, based on a study of 1,146 S. pseudintermedius isolates originating from different
78	regions in the US, Bemis et al. proposed an epidemiological cut-off value for non-wildtype
79	of ≤30 mm to maximize sensitivity (97%) and specificity (92%) for predicting methicillin
80	resistance by cefoxitin disk diffusion (20). Our group further investigated 243 S.
81	pseudintermedius isolates to identify the most suitable cefoxitin breakpoint to distinguish
82	between MSSP and MRSP. The isolates were predominantly of European origin and the
83	results indicated a breakpoint of S, \geq 35 mm and R, <35 mm with only two (0.4%) major
84	errors (ME) and one (0.2%) very major error (VME) (unpublished own data). On the basis
85	of these data, these breakpoints were added to the EUCAST breakpoint table 4.0
86	published January 2014 (21).However, in a subsequent study Wu et al. showed that the
87	EUCAST breakpoint produced a significant number of major errors (ME) in a study using
88	115 human and veterinary "Staphylococcus intermedius group" isolates (111 S.
89	pseudintermedius and four Staphylococcus delphini isolates) from the US. The authors
90	concluded that cefoxitin disk diffusion is not reliable for MRSP detection and that
91	laboratories should perform oxacillin disk diffusion or broth-based minimum inhibitory
92	concentration tests (22). This was confirmed by Yarbrough <i>et al</i> . who found that none of
93	12 MRSP isolates were detected by cefoxitin disk diffusion whereas all 12 were detected
94	using oxacillin disk diffusion (4).

95	The current study was conducted to re-evaluate disk diffusion breakpoints using cefoxitin
96	(30 µg disk) and oxacillin (1 µg disk) disk diffusion to detect <code>mecA-mediated</code> β -lactam
97	resistance in S. pseudintermedius using disks from three manufacturers and Mueller-
98	Hinton agar (MHA) from two manufacturers. For the present evaluation, our strain
99	collection included strains from both Europe and North America to take the marked
100	differences in the distribution of clonal lineages existing between these two geographical
101	regions into account (1).
102	

103 Materials and Methods

104 Bacterial isolates

105 A total of 224 clinical S. pseudintermedius isolates were tested, including 115 mecA-106 negative (MSSP) isolates and 109 mecA-positive (MRSP) isolates. The isolates were 107 obtained from colleagues in Europe and North America representing a convenience sampling and included the 111 S. pseudintermedius isolates described by Wu and 108 109 colleagues. Sixty-seven isolates from dogs and six from cats isolated between 2006 and 110 2011 were from a strain collection at the National Veterinary Institute in Sweden (SVA). 111 Forty-nine of these isolates were from different European countries, three from Canada 112 and two from the US (23). Forty canine isolates isolated between 2008 and 2011 were 113 from the Norwegian Veterinary Institute (NVI). The remaining 111 isolates described by 114 Wu et al. were obtained and included in this present study (the four S. delphini isolates were not included) (22) to investigate if the difference between the data published by Wu 115 116 et al. and those obtained in our previous investigation were explained by differences 117 between isolates from Europe and isolates from North America. The isolates originated

118	from humans (n=45) and animals (n=66), including dogs, cats, birds and pigs. MLST data
119	were available for 76 of the 78 MRSP isolates from the SVA and NVI collections using the
120	MLST_5 scheme for 52 isolates (SVA) and the MLST_7 scheme for 24 isolates (NVI) (24,
121	25). A total of 18 different MLST types including world epidemic lineages such as ST68,
122	ST71 and ST258 were represented in the study. While no MLST data were available for the
123	isolates described by Wu and co-workers, repetitive-sequence PCR (rep-PCR)
124	demonstrated the collection was composed of six different rep-PCR clonal lineages
125	(designated A to F) (22). No correlation between rep-PCR clonal type and antimicrobial
126	susceptibility data was encountered, implying results were not due to a specific S.
127	pseudintermedius lineage. All isolates were identified in the laboratory at Växjö to the
128	species level with MALDI-TOF MS using the Microflex system with the MALDI Biotyper 3.1
129	software and MBT 6903 Library (Bruker Daltonics, Bremen, Germany) per the
130	manufacturer's instructions. mec status was determined by the contributing laboratories:
131	SVA (mecA) (26) and NVI (mecA) (27), or as described in Wu et al. (mecA and mecC) (22).
132	In case of discrepancy between the mec status and the phenotypic results obtained in this
133	study, the mec status were confirmed by a real-time PCR assay that tested for both mecA
134	and mecC (28). The study did not require patient consent or ethical approval since isolates
135	were not associated with any identifiable patient information.
126	

136

137 Antimicrobial susceptibility testing

Disk diffusion was performed according to EUCAST recommendations (29) using 30 µg
cefoxitin and 1 µg oxacillin disks from Oxoid/ThermoFisher Scientific (Basingstoke, UK),
Mast Diagnostics (Bootle, UK) and Becton Dickinson (Heidelberg, Germany). All isolates

- were tested in parallel from the same inoculum on in-house prepared MHA plates using
 pre-formulated powder from ThermoFisher Scientific (Oxoid agar) and Becton Dickinson
 (BBL agar), and commercial plates from Becton Dickinson (BBL agar). *Staphylococcus aureus* ATCC[®] 29213 was used as quality control.
- 145

146 Data analysis

147 The ability of cefoxitin (30 μ g) and oxacillin (1 μ g) disks to predict the presence of *mecA*mediated β -lactam resistance in *S. pseudintermedius* was evaluated by 1) comparing the 148 149 degree of measurements placed in the interval where both mecA-negative and mecA-150 positive isolates presented values (disregarding the measurements of the aberrant strain, 151 and 2) the number of major Errors (ME) and very major errors (VME) for the present 152 EUCAST breakpoint for cefoxitin (S, \geq 35 mm and R, <35 mm) and for oxacillin using the CLSI breakpoint (S, \geq 18 mm and R, \leq 17 mm) as well as an alternative breakpoint (S, \geq 20 153 154 mm and R, <20 mm) based on the present study (total isolate set). ME and VME were calculated based on the number of susceptible and the number of resistant tests, 155 156 respectively. Analyses on performance were done disregarding the clearly aberrant *mecA*-negative 157 158 isolate (see results) for a) the total aggregated set of measurements:2,007 data points (223 isolates × 3 different disk manufacturers × 3 different MHAs), b) for isolates from 159 160 Europe vs isolates from North America and c) for each of the individual combinations of 161 MHAs and disk brands. Comparison of the distributions of zone diameters were

- 162 performed using the Mann-Whitney U test, p>0.05 were used as significance level
- 163

164 **Results**

165 The results for the cefoxitin 30 μ g and oxacillin 1 μ g disk screening tests are shown in 166 Table 1/Figure 1 and Table 2/Figure 2, respectively. One mecA- (and mecC) negative 167 isolate was clearly aberrant by oxacillin testing with an inhibition zone size between 14-16 168 mm for oxacillin and 28-29 mm for cefoxitin. This isolate was also clearly resistant in the 169 investigation by Wu et al. (22), the mechanism of resistance for this has not been 170 elucidated. Disregarding this isolate, the inhibition zone sizes of isolates from Europe and 171 North America spanned over similar ranges; *i.e.*, a maximum difference of 2 mm for both 172 cefoxitin and oxacillin except for mecA-positive isolates tested against cefoxitin where 173 isolates from Europe ranged from 6-33 mm versus 21-32 mm for isolates from North America (Tables 1 and 2). Nevertheless, comparison of isolates from Europe and North 174 175 America for each of the four distributions; cefoxitin mecA-negative, cefoxitin mecApositive, oxacillin mecA-negative and oxacillin mecA-positive were significantly different 176 177 (p<0.0001, p<0.01, p<0.002 and, p<0.0001). Measurements from the individual disk and MHA combinations only showed minor differences (*i.e.*, maximum difference in minimum 178 179 or maximum values of 1-2 mm [Tables 1 and 2]). 180 For the aggregated dataset for the 30 µg cefoxitin disks, 16% (14.8%-18.0%, 95% CI) of the 181 zone size measurements were in the region (29 -33 mm) where both mecA-negative and

mecA-positive isolates tested (Table 1). For the 1 μg oxacillin disks, only 2% (1.6%-2.9%,

183 95% CI) of the measurements were in the region (19-20 mm) where both *mecA*-negative

- and *mecA*-positive isolates tested (Table 2). Furthermore, the vast majority of the *mecA*-
- positive isolates displayed no zone of inhibition with the 1 µg oxacillin disk which provides

186	much better separation between the <i>mecA</i> -negative and the <i>mecA</i> -positive populations
187	compared to the 30 μg cefoxitin disk (Figure 1 and Figure 2).
188	For the 1 ug oxacillin disk the number of MEs and VMEs using both the CLSI breakpoint (S,
189	\geq 18 mm and R, \leq 17 mm) and the breakpoint suggested on the data in this publication (S,
190	≥20 mm and R,<20 mm) are shown in Table 1 and 2 both for the total dataset as well as
191	for the individual datasets (excluding the aberrant mecA-negative isolate). The CLSI
192	breakpoint resulted in a total of nine mecA-positive isolates (six European and three North
193	American isolates, 40 data points) being reported as susceptible resulting in a VME rate of
194	4.1%, and one mecA-negative isolate (one North American isolate, 9 data points) would be
195	reported as resistant; <i>i.e.</i> , 0.9% ME. In contrast, changing the breakpoint to S, \geq 20 mm and
196	R,<20 mm the corresponding VME and ME rates were 0.4% (one European isolate, 4 data
197	points) and 1.1% (2 North American isolates, 11 data points), respectively.

198

199 **Discussion**

200 Detection of mecA-based methicillin resistance using cefoxitin or oxacillin disks is in fact a dichotomous screening test where the ideal substance has a cutoff that clearly 201 202 distinguishes between mecA-positive and mecA-negative isolates with no or very little overlap. In this study, where S. pseudintermedius isolates from Europe and North America 203 204 were tested by using disks from three different manufacturers and MHA from two 205 different manufacturers, oxacillin was markedly better than cefoxitin in separating mecA-206 negative from-positive isolates. By the 1 µg oxacillin disk, only 2% of the total number of 207 data points were in the interval where zone sizes for mecA-negative and mecA-positive isolates overlapped (it was not possible to classify an isolate as either susceptible or 208

209 resistant) in comparison to 16% of the data points for the 30 μ g cefoxitin disk diffusion. 210 Thus, our previous finding that cefoxitin disk diffusion can reliably differentiate between 211 mecA-negative and mecA-positive isolates of S. pseudintermedius has been modified 212 based upon our current data where a greater variety of strains, disks and media were 213 assayed. Furthermore, the oxacillin disk had the advantage that the majority of mecA-214 positive isolates did not exhibit any zone of growth inhibition (they grew up to the edge of 215 the disk), permitting good separation of MSSP and MRSP. 216 Our data confirm the recommendation made by Wu et al. in favour of using oxacillin disk 217 diffusion for detection of methicillin resistance in S. pseudintermedius (22). However, using the breakpoint suggested by Wu et al (the breakpoint adopted by CLSI) nine (8%) of 218 the mecA-positive isolates, would be classified as false susceptible in comparison to one 219 220 isolate (0.9%) using a breakpoint of S, ≥20 mm and R, <20 mm. In a previous study, Bemis 221 et al. also found two PBP2a-positive isolates that displayed zone sizes greater than 17 mm 222 (18 mm and 23 mm) (19), (Bemis personal communication). 223 Interestingly six of the nine isolates were of European origin and none of the three North American isolates were false susceptible in all tested variants, providing a possible 224 225 explanation for the difference found in this evaluation compared to the evaluation by Wu 226 et al (22). Accordingly, for both cefoxitin and oxacillin the zone size distribution of isolates 227 from Europe were significantly different from the North American isolates possibly 228 reflecting differences in clonal distribution between Europe and North America. 229 The findings in this study stresses the need for testing isolates from different clonotypes 230 and to use disks and media from more manufacturers when setting breakpoints. Thus, for the 1 µg oxacillin disks, we propose that 20 mm is a more appropriate breakpoint to 231

232	distinguish between <i>mecA</i> -negative (zone diameter ≥20 mm) and <i>mecA</i> -positive (zone
233	diameter <20 mm) isolates. This new breakpoint should reduce the frequency of VME
234	(resistant isolates that test as susceptible) compared to the current CLSI breakpoint. The
235	breakpoints generated by this study are now accepted by the EUCAST (EUCAST breakpoint
236	table v 7.1, 2017 (30).
237	The inclusion of media and disks from different manufacturers which is an integrated part
238	of EUCAST method development is a strength and demonstrates study originality since it
239	incorporates the unavoidable variation in materials between manufacturers. An important
240	limitation of the study is that the strain collection does not include isolates from Africa,
241	Asia, or Australia which potentially could affect the proposed breakpoints. We did not test
242	all isolates for mecC, however, isolates resistant for cefoxitin or oxacillin by disk diffusion,
243	but negative for mecA were tested for mecC. Nevertheless, we cannot exclude that among
244	the phenotypically susceptible isolates there were mecC-positive isolates, why our findings
245	only apply for <i>mec</i> A-mediated β -lactam resistance (as reflected in the title).
246	
247	In conclusion, the present investigation confirms the findings from previous studies that
248	oxacillin is better than cefoxitin for detection of mecA-mediated β -lactam resistance in S.
249	pseudintermedius. As a result of this study, oxacillin is now recommended by CLSI and
250	EUCAST for detecting mecA-mediated β -lactam resistance in S. pseudintermedius. This
251	outcome contributes to optimize MRSP detection in both veterinary and human diagnostic
252	laboratories and has therefore important implications for antimicrobial treatment in both
253	populations.

254

255	Acknowledgement: we thank the "MRSP enthusiasts" consortium from a previous
256	publication (Perreten et al., <u>J Antimicrob Chemother.</u> 2010, 65: 1145-54.) for contributing
257	to the strain collection at SVA.
258	
259	Funding: this study was performed without external funding.
260	
261	Conflicts of Interest: Drs. Skov, Varga, Matuschek, Åhman, Bemis, Bengtsson, Sunde,
262	Westblade, Guardabassi and Kahlmeter report nothing to disclose. Dr. Humphries reports
263	employment by Accelerate Diagnostics, Inc. and stocks with Accelerate Diagnostics.
264	

und stocks wit

Table 1. Cefoxitin 30 µg disk inhibition zone sizes (mm), Major errors (ME) and Very Major errors (VME) using a breakpoint for S, ≥34 mm and R, <35

266 mm for *S. pseudintermedius* isolates (n=223*) obtained from Europe and North America for the total number measurements and for individual

subgroups.

		Number of measurrements		liameter, mm	Interval (mm) with measurements from both	Number (%) of ME	Number (2%)8 VME	
MHA Manufacturer	Disk Manufacturer		mecA-	mecA-	mecA negative and mecA positive isolates	(Breakpoint R<35 mm)	(Breakpojgt) S≥34 mm)	
Manufacturer	Wallulacturei			negative*	(% of total values)		270 Sz34	
All	All	2007 (223x3x3)	6-33	29-41	29-33 (16.3)**	376 (36.3%)	0 (0%)	*
Europe	All	972 (108 x3x3)	6-33	31-40	31-33 (6.9%)	68 (18.4%)	0 (0%) ²⁷¹	•
North America	All	1035 (115 x3x3)	14-32	29-41	29-32 (12.2%)	308 (46.2%)	0 (0%) ₂₇₂	D
	BD	223 (223x1x1)	10-31	29-40	29-31 (8.0%)	64 (55.7%)	0 (0%)	_
BBL commercial	Mast	223 (223x1x1)	12-32	29-40	29-32 (9.8%)	59 (51.3%)	0 (0%) ₂₇₃	at
	Oxoid	223 (223x1x1)	9-32	30-40	30-32 (6.7%)	45 (39.1%)	0 (0%) ²⁷³	aı
	BD	223 (223x1x1)	9-32	31-40	31-32 (6.3%)	34 (29.6%)	0 (0%) ₂₇₄	а
BBL prepared in- house	Mast	223 (223x1x1)	10-32	31-41	31-32 (5.8%)	26 (22.6%)	0 (0%)274	a
nouse	Oxoid	223 (223x1x1)	6-33	31-41	31-33 (7.1%)	24 (20.9%)	0 (0%) ₂₇₅	fo
Ovoid propored	BD	223 (223x1x1)	6-32	30-40	31-32 (6.3%)	51 (44.3%)	0 (0%) ²⁷³	-
Oxoid prepared in-house	Mast	223 (223x1x1)	6-33	30-40	30-33 (14.7%)	41 (35.7%)	0 (0%) 2 (0%)276	r
	Oxoid	223 (223x1x1)	6-33	31-41	31-33 (9.4%)	32 (27.8%)	0 (0%)270	-

the aberrant *mecA/C*-negative strain with cefoxitin readings of 28-29 mm and oxacillin readings of 14-16 mm are omitted.

²⁷⁸ ** Percentage of measurements that overlap between the zone sizes for *mecA*-negative and *mecA*-positive isolates. The interval is greater for all

279 media/disks combined than for each individual media as the overlapping zones differ for the individual media/disks

280

A CORTER MANUSCRAFT

Table 2. Oxacillin 1 µg disk inhibition zone sizes (mm), Major errors (ME) and Very Major errors (VME) using breakpoint for S, ≥20 mm and R, <20 mm

and S, \geq 18 mm and R, \leq 17 mm for S. pseudintermedius isolates (n=223*) obtained from Europe and North America for the total number measurements

and for individual subgroups.

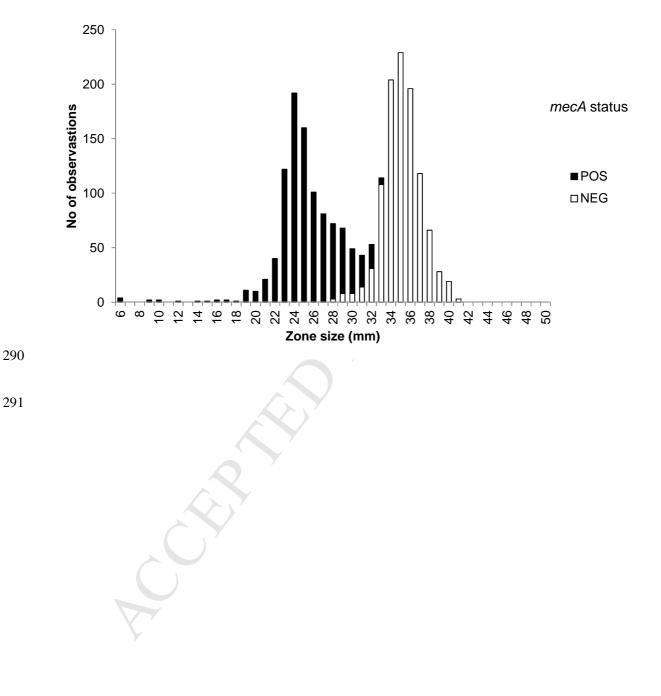
MH Agar Manufacturer	Disk Manufacturer	Number of measurrements	r <i>mecA</i> -	liameter, nm <i>mecA</i> - negative*	Interval (mm) with measurements from both <i>mecA</i> negative and <i>mecA</i> positive isolates (Pct of total values)	Number (%) of ME (Breakpoint R≤17 mm)	Number (%) VME (Breakpoint S≥18 mm)	Number (%) of ME (Breakpoint R<20mm)	Number (%) VME (Breakpoint S≥20 mm)
All	All	2007 (223x3x3)	. 6-20	19-30	19-20 (2.2%)**	9 (0.9%)	40 (4.1%)	11 (1.1%)	4 (0.4%)
Europe	All	972 (108 x3x3)	6-20	20-29	20 (0.9%)	0 (0.0%)	32 (4.9%)	0 (0.0%)	4 (0.6%)
North America	All	1035 (115 x3x3)	6-19	19-30	19 (0.2%)	9 (1.4%)	8 (2.4%)	11 (1.7%)	0 (0.0%)
	BD	223 (223x1x1)	6-19	19-28	19 (1.3%)	1 (0.9%)	4 (3.7%)	2 (1.8%)	0 (0.0%)
BBL commercial	Mast	223 (223x1x1)	6-18	19-28	<u> </u>	1 (0.9%)	3 (2.8%)	2 (1.8%)	0 (0.0%)
	Oxoid	223 (223x1x1)	6-20	20-29	20 (1.3%)	1 (0.9%)	4 (3.7%)	1 (0.9%)	1 (0.9%)
	BD	223 (223x1x1)	6-19	20-28	_	1 (0.9%)	5 (4.6%)	1 (0.9%)	0 (0.0%)
BBL prepared in- house	Mast	223 (223x1x1)	6-19	20-29	-	1 (0.9%)	5 (4.6%)	1 (0.9%)	0 (0.0%)
nouse	Oxoid	223 (223x1x1)	6-19	20-28	-	1 (0.9%)	4 (3.7%)	1 (0.9%)	0 (0.0%)
Overid an energy and	BD	223 (223x1x1)	6-20	20-29	20 (0.9%)	1 (0.9%)	4 (3.7%)	1 (0.9%)	1 (0.9%)
Oxoid prepared in-house	Mast	223 (223x1x1)	6-20	20-29	20 (1.8%)	1 (0.9%)	6 (5.5%)	1 (0.9%)	1 (0.9%)
	Oxoid	223 (223x1x1)	6-20	21-30	-	1 (0.9%)	5 (4.6%)	1 (0.9%)	1 (0.9%)

*Data for the aberrant mecA/C-negative strain with cefoxitin readings of 28-29 mm and oxacillin readings of 14-16 mm are omitted

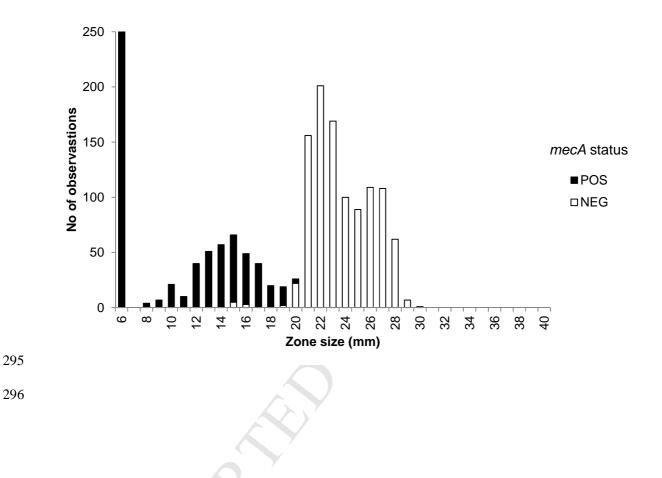
285 ** Percentage of measurements that overlap between the zone sizes for mecA-negative and mecA-positive isolates. The interval is greater for all

286 media/disks combined than for each individual media as the overlapping zones differ for the individual media/disks

- 287 **Figure 1.** Cefoxitin 30 μg disk inhibition zone sizes versus *mecA* status for the 224 *S*.
- 288 pseudintermedius isolates from Europe and North America (2,016 data points, each isolate
- tested using disk and media from three manufacturers [3 ×3 ×224 = 2,016]).



292 Figure 2. Oxacillin 1 µg disk inhibition zone sizes versus mecA status for 224 S. pseudintermedius isolates obtained from Europe and North America (2,016 data points, 293 each isolate tested using disk and media from three manufacturers [3 ×3 ×224 = 2,016]). 294



295

297 References

Pires Dos Santos T, Damborg P, Moodley A, Guardabassi L. Systematic Review on Global
 Epidemiology of Methicillin-Resistant Staphylococcus pseudintermedius: Inference of Population
 Structure from Multilocus Sequence Typing Data. Front Microbiol. 2016;7:1599.

Couto N, Monchique C, Belas A, Marques C, Gama LT, Pomba C. Trends and molecular
 mechanisms of antimicrobial resistance in clinical staphylococci isolated from companion animals
 over a 16 year period. J Antimicrob Chemother. 2016;71(6):1479-87.

Pomba C, Rantala M, Greko C, Baptiste K, Catry B, van Duijkeren E, et al. Public health risk
 of antimicrobial resistance transfer from companion animals. J Antimicrob Chemother.
 2017;72(4):957-68.

Yarbrough ML, Lainhart W, Burnham CA. Epidemiology, Clinical Characteristics, and
 Antimicrobial Susceptibility Profiles of Human Clinical Isolates of Staphylococcus intermedius
 Group. J Clin Microbiol. 2018;56(3).

5. Börjesson S, Gómez-Sanz E, Ekström K, Torres C, Grönlund U. Staphylococcus pseudintermedius can be misdiagnosed as Staphylococcus aureus in humans with dog bite wounds. Eur J Clin Microbiol Infect Dis. 2015;34(4):839-44.

6. Lee J, Murray A, Bendall R, Gaze W, Zhang L, Vos M. Improved detection of Staphylococcus
intermedius group in a routine diagnostic laboratory. J Clin Microbiol. 2015;53(3):961-3.

315 7. Gortel K, Campbell KL, Kakoma I, Whittem T, Schaeffer DJ, Weisiger RM. Methicillin
316 resistance among staphylococci isolated from dogs. Am J Vet Res. 1999;60(12):1526-30.

Loeffler A, Linek M, Moodley A, Guardabassi L, Sung JM, Winkler M, et al. First report of
 multiresistant, mecA-positive Staphylococcus intermedius in Europe: 12 cases from a veterinary
 dermatology referral clinic in Germany. Vet Dermatol. 2007;18(6):412-21.

9. Videla R, Solyman SM, Brahmbhatt A, Sadeghi L, Bemis DA, Kania SA. Clonal Complexes
and Antimicrobial Susceptibility Profiles of Staphylococcus pseudintermedius Isolates from Dogs in
the United States. Microb Drug Resist. 2018;24(1):83-8.

Worthing KA, Abraham S, Coombs GW, Pang S, Saputra S, Jordan D, et al. Clonal diversity
and geographic distribution of methicillin-resistant Staphylococcus pseudintermedius from
Australian animals: Discovery of novel sequence types. Vet Microbiol. 2018;213:58-65.

11. Ventrella G, Moodley A, Grandolfo E, Parisi A, Corrente M, Buonavoglia D, et al.
Frequency, antimicrobial susceptibility and clonal distribution of methicillin-resistant
Staphylococcus pseudintermedius in canine clinical samples submitted to a veterinary diagnostic
laboratory in Italy: A 3-year retrospective investigation. Vet Microbiol. 2017;211:103-6.

Gronthal T, Eklund M, Thomson K, Piiparinen H, Sironen T, Rantala M. Antimicrobial
 resistance in Staphylococcus pseudintermedius and the molecular epidemiology of methicillin resistant S. pseudintermedius in small animals in Finland. J Antimicrob Chemother.
 2017;72(4):1021-30.

Marques C, Gama LT, Belas A, Bergstrom K, Beurlet S, Briend-Marchal A, et al. European
 multicenter study on antimicrobial resistance in bacteria isolated from companion animal urinary
 tract infections. BMC Vet Res. 2016;12(1):213.

14. Duim B, Verstappen KM, Broens EM, Laarhoven LM, van Duijkeren E, Hordijk J, et al.
Changes in the Population of Methicillin-Resistant Staphylococcus pseudintermedius and
Dissemination of Antimicrobial-Resistant Phenotypes in the Netherlands. J Clin Microbiol.
2016;54(2):283-8.

341 15. Feng Y, Tian W, Lin D, Luo Q, Zhou Y, Yang T, et al. Prevalence and characterization of
342 methicillin-resistant Staphylococcus pseudintermedius in pets from South China. Vet Microbiol.
343 2012;160(3-4):517-24.

Clinical and Laboratory Standards Institute. Performance standards for antimicrobial disk
and dilution susceptibility tests for bacteria isolated from animals. CLSI document VET08,4th ed,
2018. Clinical and Laboratory Standards Institute, Wayne, PA.

Clinical and Laboratory Standards Institute. 2017. Performance standards for antimicrobial
susceptibility testing; 23rd informational supplement. CLSI document M100-S27. Clinical and
Laboratory Standards Institute,

350 Wayne, PA.

18. The European Committee on Antimicrobial Susceptibility Testing. Breakpoint tables for
interpretation of MICs and zone diameters. Version 7.0, 2017.
http://wwweucastorg/ast_of_bacteria/previous_versions_of_documents/.

Bemis DA, Jones RD, Frank LA, Kania SA. Evaluation of susceptibility test breakpoints used
to predict mecA-mediated resistance in Staphylococcus pseudintermedius isolated from dogs. J
Vet Diagn Invest. 2009;21(1):53-8.

Bemis DA, Jones RD, Videla R, Kania SA. Evaluation of cefoxitin disk diffusion breakpoint
for detection of methicillin resistance in Staphylococcus pseudintermedius isolates from dogs. J
Vet Diagn Invest. 2012;24(5):964-7.

The European Committee on Antimicrobial Susceptibility Testing. Breakpoint tables for
 interpretation of MICs and zone diameters. Version 4.0. 2014.
 http://wwweucastorg/ast_of_bacteria/previous_versions_of_documents/.

Wu MT, Burnham CA, Westblade LF, Dien Bard J, Lawhon SD, Wallace MA, et al. Evaluation
of Oxacillin and Cefoxitin Disk and MIC Breakpoints for Prediction of Methicillin Resistance in
Human and Veterinary Isolates of Staphylococcus intermedius Group. J Clin Microbiol.
2016;54(3):535-42.

367	23.	Perreten V, Kadlec K, Schwarz S, Gronlund Andersson U, Finn M, Greko C, et al. Clonal					
368	spread	of methicillin-resistant Staphylococcus pseudintermedius in Europe and North America: an					
369	interna	tional multicentre study. J Antimicrob Chemother. 2010;65(6):1145-54.					
370	24.	24. Bannoehr J, Ben Zakour NL, Waller AS, Guardabassi L, Thoday KL, van den Broek AH, et al.					
371	Popula	tion genetic structure of the Staphylococcus intermedius group: insights into agr					
372	diversi	fication and the emergence of methicillin-resistant strains. J Bacteriol. 2007;189(23):8685-					
373	92.						
374	25.	Solyman SM, Black CC, Duim B, Perreten V, van Duijkeren E, Wagenaar JA, et al. Multilocus					
375	sequer	ce typing for characterization of Staphylococcus pseudintermedius. J Clin Microbiol.					
376	2013;5	1(1):306-10.					
377	26.	Nilsson P, Alexandersson H, Ripa T. Use of broth enrichment and real-time PCR to exclude					
378	the pr	esence of methicillin-resistant Staphylococcus aureus in clinical samples: a sensitive					
379	screeni	ing approach. Clin Microbiol Infect. 2005;11(12):1027-34.					
380	27.	Predari SC, Ligozzi M, Fontana R. Genotypic identification of methicillin-resistant					
381	coagula	ase-negative staphylococci by polymerase chain reaction. Antimicrob Agents Chemother.					
382	1991;3	5(12):2568-73.					
383	28.	Pichon B, Hill R, Laurent F, Larsen AR, Skov RL, Holmes M, et al. Development of a real-					
384	time q	uadruplex PCR assay for simultaneous detection of nuc, Panton-Valentine leucocidin (PVL),					
385	mecA a	and homologue mecALGA251. J Antimicrob Chemother. 2012;67(10):2338-41.					
386	29.	The European Committee on Antimicrobial Susceptibility Testing. EUCAST Disk Diffusion					
387	Test M	anual. Version 6.0. 2017. http://wwweucastorg/.					

388

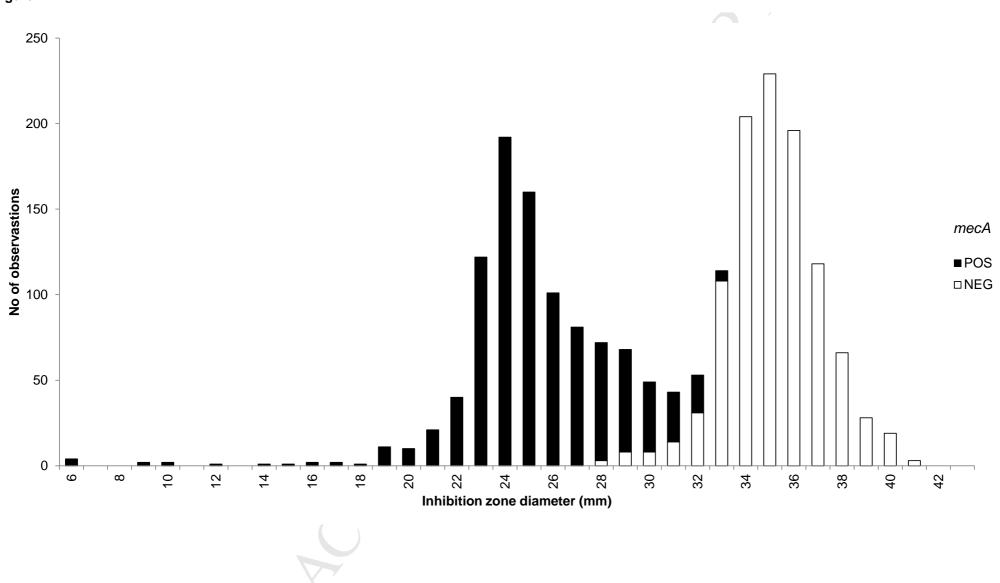


Figure 1