Lampiran 1 Tabel CLSI tahun 2018

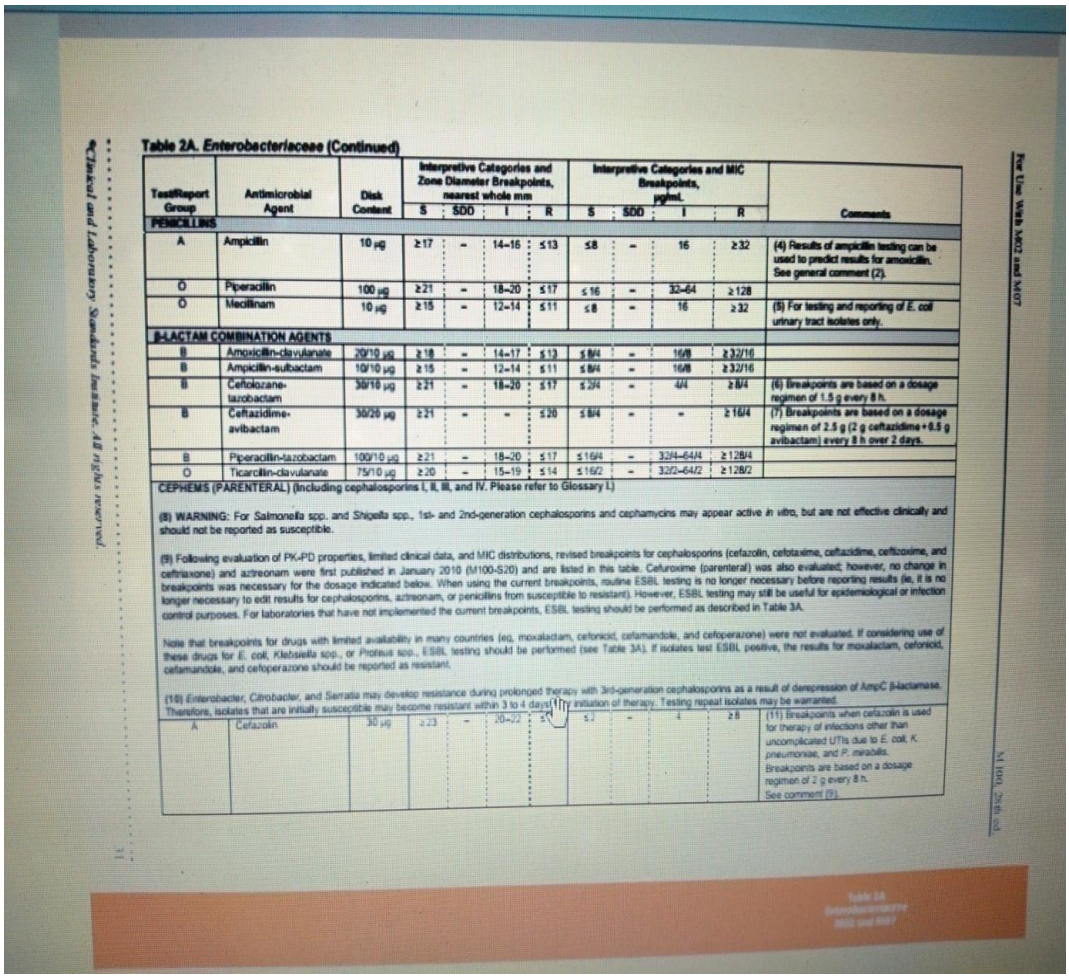


Table 2A. *Enterobacteriaceae* (Continued)

Test/Report Group	Antimicrobial Agent	Disk Content	Interpretive Categories and Zone Diameter Breakpoints, nearest whole mm				Interpretive Categories and MIC Breakpoints, µg/mL				Comments
			S	SDD	I	R	S	SDD	I	R	
PENICILLINS											
A	Ampicillin	10 µg	≥17	–	14–16	≤13	≤8	–	16	≥32	(4) Results of ampicillin testing can be used to predict results for amoxicillin. See general comment (2).
O	Piperacillin	100 µg	≥21	–	18–20	≤17	≤16	–	32–64	≥128	
O	Mecillinam	10 µg	≥15	–	12–14	≤11	≤8	–	16	≥32	(5) For testing and reporting of *E. coli* urinary tract isolates only.
β-LACTAM COMBINATION AGENTS											
B	Amoxicillin-clavulanate	20/10 µg	≥18	–	14–17	≤13	≤8/4	–	16/8	≥32/16	
B	Ampicillin-sulbactam	10/10 µg	≥15	–	12–14	≤11	≤8/4	–	16/8	≥32/16	
B	Ceftolozane-tazobactam	30/10 µg	≥21	–	18–20	≤17	≤2/4	–	4/4	≥8/4	(6) Breakpoints are based on a dosage regimen of 1.5 g every 8 h.
B	Ceftazidime-avibactam	30/20 µg	≥21	–	–	≤20	≤8/4	–	–	≥16/4	(7) Breakpoints are based on a dosage regimen of 2.5 g (2 g ceftazidime+0.5 g avibactam) every 8 h over 2 days.
B	Piperacillin-tazobactam	100/10 µg	≥21	–	18–20	≤17	≤16/4	–	32/4–64/4	≥128/4	
O	Ticarcillin-clavulanate	75/10 µg	≥20	–	15–19	≤14	≤16/2	–	32/2–64/2	≥128/2	

CEPHEMS (PARENTERAL) (Including cephalosporins I, II, III, and IV. Please refer to Glossary I.)

(8) **WARNING:** For *Salmonella* spp. and *Shigella* spp., 1st- and 2nd-generation cephalosporins and cephamycins may appear active *in vitro*, but are not effective clinically and should not be reported as susceptible.

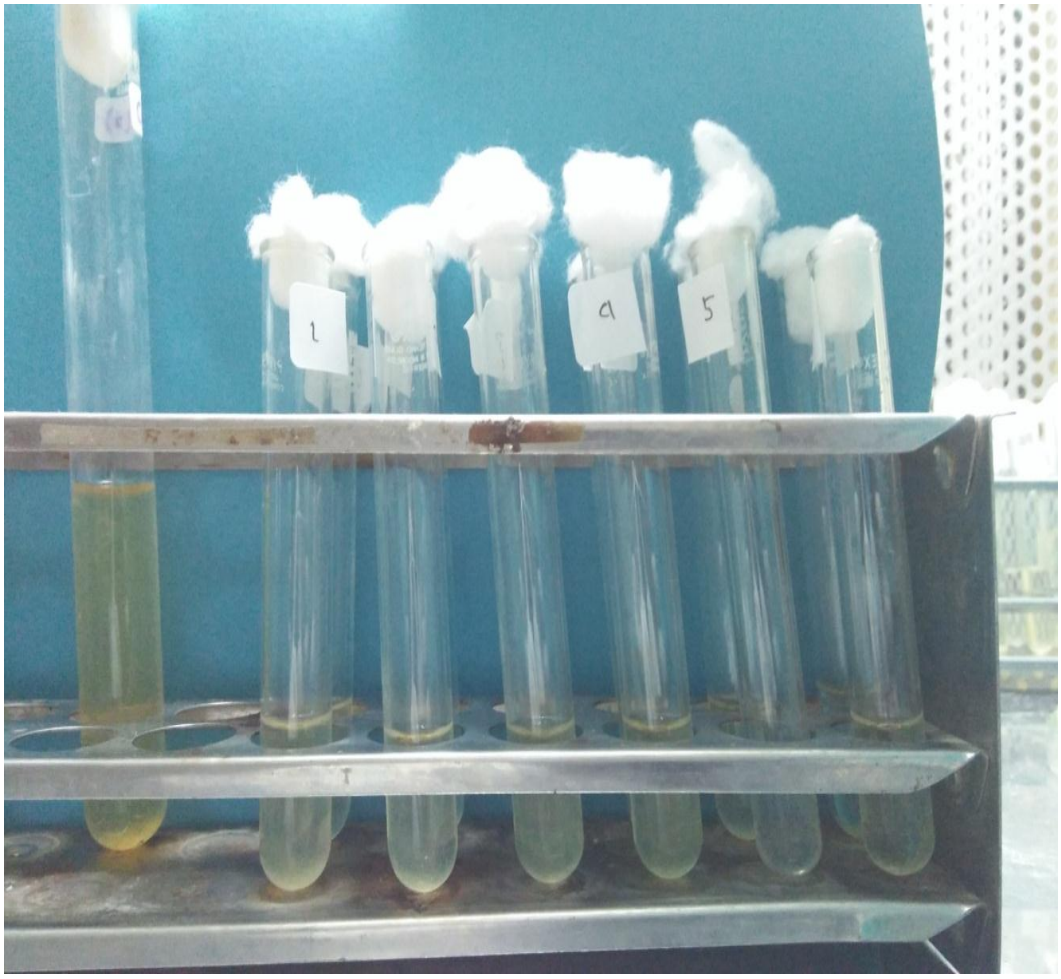
(9) Following evaluation of PK-PD properties, limited clinical data, and MIC distributions, revised breakpoints for cephalosporins (cefazolin, cefotaxime, ceftazidime, ceftizoxime, and ceftriaxone) and aztreonam were first published in January 2010 (M100-S20) and are listed in this table. Cefuroxime (parenteral) was also evaluated; however, no change in breakpoints was necessary for the dosage indicated below. When using the current breakpoints, routine ESBL testing is no longer necessary before reporting results (ie, it is no longer necessary to edit results for cephalosporins, aztreonam, or penicillins from susceptible to resistant). However, ESBL testing may still be useful for epidemiological or infection control purposes. For laboratories that have not implemented the current breakpoints, ESBL testing should be performed as described in Table 3A.

Note that breakpoints for drugs with limited availability in many countries (eg, moxalactam, cefonicid, cefamandole, and cefoperazone) were not evaluated. If considering use of these drugs for *E. coli*, *Klebsiella* spp., or *Proteus* spp., ESBL testing should be performed (see Table 3A). If isolates test ESBL positive, the results for moxalactam, cefonicid, cefamandole, and cefoperazone should be reported as resistant.

(10) *Enterobacter*, *Citrobacter*, and *Serratia* may develop resistance during prolonged therapy with 3rd-generation cephalosporins as a result of derepression of AmpC β-lactamase. Therefore, isolates that are initially susceptible may become resistant within 3 to 4 days of initiation of therapy. Testing repeat isolates may be warranted.

A	Cefazolin	30 µg	≥23	–	20–22	≤19	≤2	–	4	≥8	(11) Breakpoints when cefazolin is used for therapy of infections other than uncomplicated UTIs due to *E. coli*, *K. pneumoniae*, and *P. mirabilis*. Breakpoints are based on a dosage regimen of 2 g every 8 h. See comment (9).

Lampiran 2 Hasil penentuan kadar hambat minimal Amoksisilin terhadap *Escherichia coli*.



Lampiran 3 Hasil uji statistik dengan uji One Way Anova

Explore

Descriptives

			Statistic	Std. Error
Hasil	Mean		1.5966E2	43.26835
	95% Confidence Interval for Mean	Lower Bound	59.8786	
		Upper Bound	2.5943E2	
	5% Trimmed Mean		1.6005E2	
	Median		1.2500E2	
	Variance		1.685E4	
	Std. Deviation		1.29805E2	
	Minimum		12.30	
	Maximum		300.00	
	Range		287.70	
	Interquartile Range		287.70	
	Skewness		-.048	.717
	Kurtosis		-2.073	1.400

Tests of Normality

	Kolmogorov-Smirnov[a]			Shapiro-Wilk		
	Statistic	Df	Sig.	Statistic	df	Sig.
Hasil	.205	9	.200*	.816	9	.031

One way

ANOVA

Hasil

	Sum of Squares	df	Mean Square	F	Sig.
Between Groups	124378.136	2	62189.068	35.821	.000
Within Groups	10416.667	6	1736.111		
Total	134794.802	8			

Post Hoc Tests

Multiple Comparisons

Kelompok	Kelompok	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Amoksisilin	Kombinasi	154.36667*	34.02069	.009	49.9818	258.7515
	Lisozim	-133.33333*	34.02069	.018	-237.7182	-28.9485
Kombinasi	Amoksisilin	-154.36667*	34.02069	.009	-258.7515	-49.9818
	Lisozim	-287.70000*	34.02069	.000	-392.0848	-183.3152
Lisozim	Amoksisilin	133.33333*	34.02069	.018	28.9485	237.7182
	Kombinasi	287.70000*	34.02069	.000	183.3152	392.0848

Homogeneous Subsets

Kelompok	N	Subset for alpha = 0.05		
		1	2	3
Kombinasi	3	12.3000		
Amoksisiln	3		1.6667E2	
Lisozim	3			3.0000E2
Sig.		1.000	1.000	1.000