The Results: agents such as T/S. β of T/S against all pathogens evaluated. R to cefdinir was rare and found only among showed inferior activity against SSAP. Cefdinir spectrum was significantly superior (+3.8 to 16.5%) to that reference broth microdilution methods comparing >35 antimicrobial agents. The applied S/resistant (R) infection is usually caused by skin and skin-structure infections in adult and pediatric patients.

The objective of the present study was to evaluate the treatment of community-acquired (CA) respiratory tract and uncomplicated skin and soft tissue infections. Cefdinir is primarily eliminated by renal clearance of unchanged drug and may prove useful for the treatment of community-acquired urinary tract infections (CA-UTI). The objective of the present study was to evaluate the activity of cefdinir against recent (2003) clinical isolates from CA-UTI. Clinical studies should be performed to evaluate the role of cefdinir in the treatment of urinary infections as an alternative to commonly prescribed first-line agents such as T/S.

**Background**

Cefdinir is an oral cephalosporin approved by the US Food and Drug Administration in 1997 for the treatment of community-acquired (CA) respiratory tract and uncomplicated skin and soft tissue infections. The objective of the present study was to evaluate the in vitro activity of cefdinir against recent clinical isolates collected from CA-urinary tract infections (UTIs), a possible expanded indication.

**Materials and Methods**

**Bacterial Strains**

A total of 456 strains from CA-UTI were collected from 23 medical centers located in the United States and five centers located in Canada. The vast majority of isolates were collected in 2003. All isolates were identified at the participant institution by routine methodologies in use at each laboratory. Upon receipt by the monitoring center (JMI Laboratories, North Liberty, IA), isolates were subcultured on blood agar to provide by cefdinir (98.5%), followed by cefprozil (94.7%) and cefpodoxime (92.3%).

**SUSCEPTIBILITY TESTING**

Antimicrobial susceptibility testing was performed using broth microdilution methods as described by the National Committee for Clinical Laboratory Standards (NCCLS). Antimicrobial agents were obtained from their respective manufacturers as reagent grade powders. Quality control measures were utilized by testing Staphylococcus aureus ATCC 29212, Enterococcus faecalis ATCC 29212, and Pseudomonas aeruginosa ATCC 27853. Breakpoint interpretive criteria used were those provided by cefdinir (98.5%), followed by cefprozil (94.7%) and cefpodoxime (92.3%).

**RESULTS**

Cefdinir was 9- to 16-fold more potent than ceftriaxone and cefotaxime against E. coli, P/KSP, and SSAP. The activity of cefdinir was most similar to that of cefotaxime against E. coli, KSP, but cephalosporin showed inferior activity against SSAP. Cefdinir spectrum was significantly superior (+8 to 16.5%) to that of 76% against all pathogens evaluated. R to cefdinir was rare and found only among E. coli (1.5%) and KSP (2.6%).

**CONCLUSIONS**

Cefdinir showed the broadest spectrum against recent (2003) clinical isolates from CA-UTI among the orally administered β-lactam antimicrobials evaluated.

Cefdinir potency was comparable or superior to other orally administered β-lactams tested against recent (2003) clinical isolates from CA-UTI. Clinical studies should be performed to evaluate the wide potential role of cefdinir in the treatment of urinary infections.