

Package ‘AMR’

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R topics documented:

ab_from_text	3
ab_property	5
add_custom_antimicrobials	9
add_custom_microorganisms	11
age	14
age_groups	15
antibiogram	17
antibiotics	23
antibiotic_class_selectors	26
as.ab	36
as.av	39
as.disk	41
as.mic	42
as.mo	45
as.sir	52
atc_online_property	58
availability	60
av_from_text	61
av_property	63
bug_drug_combinations	65
clinical_breakpoints	67
count	68
custom_eucast_rules	73
dosage	78
eucast_rules	80
example_isolates	85
example_isolates_unclean	86
first_isolate	87
g.test	92
get_episode	95
ggplot_pca	99

ggplot_sir	102
guess_ab_col	107
intrinsic_resistant	108
italicise_taxonomy	109
join	110
key_antimicrobials	111
kurtosis	114
like	115
mdro	117
mean_amr_distance	123
microorganisms	125
microorganisms.codes	129
mo_matching_score	129
mo_property	132
mo_source	142
pca	144
plot	146
proportion	150
random	156
resistance_predict	157
skewness	161
translate	162
WHOCC	164
WHONET	165

Index**167**

ab_from_text*Retrieve Antimicrobial Drug Names and Doses from Clinical Text*

Description

Use this function on e.g. clinical texts from health care records. It returns a [list](#) with all antimicrobial drugs, doses and forms of administration found in the texts.

Usage

```
ab_from_text(
  text,
  type = c("drug", "dose", "administration"),
  collapse = NULL,
  translate_ab = FALSE,
  thorough_search = NULL,
  info = interactive(),
  ...
)
```

Arguments

text	text to analyse
type	type of property to search for, either "drug", "dose" or "administration", see <i>Examples</i>
collapse	a character to pass on to <code>paste(, collapse = ...)</code> to only return one character per element of text, see <i>Examples</i>
translate_ab	if type = "drug": a column name of the antibiotics data set to translate the antibiotic abbreviations to, using <code>ab_property()</code> . The default is FALSE. Using TRUE is equal to using "name".
thorough_search	a logical to indicate whether the input must be extensively searched for misspelling and other faulty input values. Setting this to TRUE will take considerably more time than when using FALSE. At default, it will turn TRUE when all input elements contain a maximum of three words.
info	a logical to indicate whether a progress bar should be printed - the default is TRUE only in interactive mode
...	arguments passed on to <code>as.ab()</code>

Details

This function is also internally used by `as.ab()`, although it then only searches for the first drug name and will throw a note if more drug names could have been returned. Note: the `as.ab()` function may use very long regular expression to match brand names of antimicrobial drugs. This may fail on some systems.

Argument type:

At default, the function will search for antimicrobial drug names. All text elements will be searched for official names, ATC codes and brand names. As it uses `as.ab()` internally, it will correct for misspelling.

With type = "dose" (or similar, like "dosing", "doses"), all text elements will be searched for [numeric](#) values that are higher than 100 and do not resemble years. The output will be [numeric](#). It supports any unit (g, mg, IE, etc.) and multiple values in one clinical text, see *Examples*.

With type = "administration" (or abbreviations, like "admin", "adm"), all text elements will be searched for a form of drug administration. It supports the following forms (including common abbreviations): buccal, implant, inhalation, instillation, intravenous, nasal, oral, parenteral, rectal, sublingual, transdermal and vaginal. Abbreviations for oral (such as 'po', 'per os') will become "oral", all values for intravenous (such as 'iv', 'intraven') will become "iv". It supports multiple values in one clinical text, see *Examples*.

Argument collapse:

Without using collapse, this function will return a [list](#). This can be convenient to use e.g. inside a `mutate()`:

```
df %>% mutate(abx = ab_from_text(clinical_text))
```

The returned AB codes can be transformed to official names, groups, etc. with all `ab_*` functions such as `ab_name()` and `ab_group()`, or by using the `translate_ab` argument.

With using collapse, this function will return a [character](#):

```
df %>% mutate(abx = ab_from_text(clinical_text, collapse = "|"))
```

Value

A [list](#), or a [character](#) if collapse is not NULL

Examples

```
# mind the bad spelling of amoxicillin in this line,
# straight from a true health care record:
ab_from_text("28/03/2020 regular amoxicilliin 500mg po tid")

ab_from_text("500 mg amoxi po and 400mg cipro iv")
ab_from_text("500 mg amoxi po and 400mg cipro iv", type = "dose")
ab_from_text("500 mg amoxi po and 400mg cipro iv", type = "admin")

ab_from_text("500 mg amoxi po and 400mg cipro iv", collapse = ", ")

# if you want to know which antibiotic groups were administered, do e.g.:
abx <- ab_from_text("500 mg amoxi po and 400mg cipro iv")
ab_group(abx[[1]])

if (require("dplyr")) {
  tibble(clinical_text = c(
    "given 400mg cipro and 500 mg amox",
    "started on doxy iv today"
  )) %>%
  mutate(
    abx_codes = ab_from_text(clinical_text),
    abx_doses = ab_from_text(clinical_text, type = "doses"),
    abx_admin = ab_from_text(clinical_text, type = "admin"),
    abx_coll = ab_from_text(clinical_text, collapse = "|"),
    abx_coll_names = ab_from_text(clinical_text,
      collapse = "|",
      translate_ab = "name"
    ),
    abx_coll_doses = ab_from_text(clinical_text,
      type = "doses",
      collapse = "|"
    ),
    abx_coll_admin = ab_from_text(clinical_text,
      type = "admin",
      collapse = "|"
    )
  )
}
```

Description

Use these functions to return a specific property of an antibiotic from the [antibiotics](#) data set. All input values will be evaluated internally with [as.ab\(\)](#).

Usage

```
ab_name(x, language = get_AMR_locale(), tolower = FALSE, ...)  
  
ab_cid(x, ...)  
  
ab_synonyms(x, ...)  
  
ab_tradenames(x, ...)  
  
ab_group(x, language = get_AMR_locale(), ...)  
  
ab_atc(x, only_first = FALSE, ...)  
  
ab_atc_group1(x, language = get_AMR_locale(), ...)  
  
ab_atc_group2(x, language = get_AMR_locale(), ...)  
  
ab_loinc(x, ...)  
  
ab_ddd(x, administration = "oral", ...)  
  
ab_ddd_units(x, administration = "oral", ...)  
  
ab_info(x, language = get_AMR_locale(), ...)  
  
ab_url(x, open = FALSE, ...)  
  
ab_property(x, property = "name", language = get_AMR_locale(), ...)  
  
set_ab_names(  
  data,  
  ...,  
  property = "name",  
  language = get_AMR_locale(),  
  snake_case = NULL  
)
```

Arguments

x	any (vector of) text that can be coerced to a valid antibiotic drug code with as.ab()
language	language of the returned text - the default is the current system language (see get_AMR_locale()) and can also be set with the package option AMR_locale .

	Use language = NULL or language = "" to prevent translation.
tolower	a logical to indicate whether the first character of every output should be transformed to a lower case character . This will lead to e.g. "polymyxin B" and not "polymyxin b".
...	in case of <code>set_ab_names()</code> and data is a data.frame : columns to select (supports tidy selection such as <code>column1:column4</code>), otherwise other arguments passed on to <code>as.ab()</code>
only_first	a logical to indicate whether only the first ATC code must be returned, with giving preference to J0-codes (i.e., the antimicrobial drug group)
administration	way of administration, either "oral" or "iv"
open	browse the URL using <code>utils::browseURL()</code>
property	one of the column names of one of the antibiotics data set: <code>vector_or(colnames(antibiotics), sort = FALSE)</code> .
data	a data.frame of which the columns need to be renamed, or a character vector of column names
snake_case	a logical to indicate whether the names should be in so-called snake case : in lower case and all spaces/slashes replaced with an underscore (<code>_</code>)

Details

All output **will be translated** where possible.

The function `ab_url()` will return the direct URL to the official WHO website. A warning will be returned if the required ATC code is not available.

The function `set_ab_names()` is a special column renaming function for **data.frames**. It renames columns names that resemble antimicrobial drugs. It always makes sure that the new column names are unique. If `property = "atc"` is set, preference is given to ATC codes from the J-group.

Value

- An **integer** in case of `ab_cid()`
- A named **list** in case of `ab_info()` and multiple `ab_atc()/ab_synonyms()/ab_tradenames()`
- A **double** in case of `ab_ddd()`
- A **data.frame** in case of `set_ab_names()`
- A **character** in all other cases

Source

World Health Organization (WHO) Collaborating Centre for Drug Statistics Methodology: https://www.whocc.no/atc_ddd_index/

European Commission Public Health PHARMACEUTICALS - COMMUNITY REGISTER: https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

[antibiotics](#)

Examples

```
# all properties:
ab_name("AMX")
ab_atc("AMX")
ab_cid("AMX")
ab_synonyms("AMX")
ab_tradenames("AMX")
ab_group("AMX")
ab_atc_group1("AMX")
ab_atc_group2("AMX")
ab_url("AMX")

# smart lowercase transformation
ab_name(x = c("AMC", "PLB"))
ab_name(x = c("AMC", "PLB"), tolower = TRUE)

# defined daily doses (DDD)
ab_ddd("AMX", "oral")
ab_ddd_units("AMX", "oral")
ab_ddd("AMX", "iv")
ab_ddd_units("AMX", "iv")

ab_info("AMX") # all properties as a list

# all ab_* functions use as.ab() internally, so you can go from 'any' to 'any':
ab_atc("AMP")
ab_group("J01CA01")
ab_loinc("ampicillin")
ab_name("21066-6")
ab_name(6249)
ab_name("J01CA01")

# spelling from different languages and dyslexia are no problem
ab_atc("ceftriaxon")
ab_atc("cephtriaxone")
ab_atc("cephthriaxone")
ab_atc("seephthriaaksone")
```



```
# use set_ab_names() for renaming columns
colnames(example_isolates)
colnames(set_ab_names(example_isolates))
colnames(set_ab_names(example_isolates, NIT:VAN))

if (require("dplyr")) {
  example_isolates %>%
    set_ab_names()

  # this does the same:
  example_isolates %>%
    rename_with(set_ab_names)

  # set_ab_names() works with any AB property:
  example_isolates %>%
    set_ab_names(property = "atc")

  example_isolates %>%
    set_ab_names(where(is.sir)) %>%
    colnames()

  example_isolates %>%
    set_ab_names(NIT:VAN) %>%
    colnames()
}
```

add_custom_antimicrobials

Add Custom Antimicrobials

Description

With `add_custom_antimicrobials()` you can add your own custom antimicrobial drug names and codes.

Usage

```
add_custom_antimicrobials(x)
```

```
clear_custom_antimicrobials()
```

Arguments

x a [data.frame](#) resembling the [antibiotics](#) data set, at least containing columns "ab" and "name"

Details

Important: Due to how R works, the `add_custom_antimicrobials()` function has to be run in every R session - added antimicrobials are not stored between sessions and are thus lost when R is exited.

There are two ways to circumvent this and automate the process of adding antimicrobials:

Method 1: Using the [package option](#) `AMR_custom_ab`, which is the preferred method. To use this method:

1. Create a data set in the structure of the [antibiotics](#) data set (containing at the very least columns "ab" and "name") and save it with `saveRDS()` to a location of choice, e.g. `"~/my_custom_ab.rds"`, or any remote location.
2. Set the file location to the [package option](#) `AMR_custom_ab`: `options(AMR_custom_ab = "~/my_custom_ab.rds")`. This can even be a remote file location, such as an https URL. Since options are not saved between R sessions, it is best to save this option to the `.Rprofile` file so that it will be loaded on start-up of R. To do this, open the `.Rprofile` file using e.g. `utils::file.edit("~/Rprofile")`, add this text and save the file:

```
# Add custom antimicrobial codes:
options(AMR_custom_ab = "~/my_custom_ab.rds")
```

Upon package load, this file will be loaded and run through the `add_custom_antimicrobials()` function.

Method 2: Loading the antimicrobial additions directly from your `.Rprofile` file. Note that the definitions will be stored in a user-specific R file, which is a suboptimal workflow. To use this method:

1. Edit the `.Rprofile` file using e.g. `utils::file.edit("~/Rprofile")`.
2. Add a text like below and save the file:

```
# Add custom antibiotic drug codes:
AMR::add_custom_antimicrobials(
  data.frame(ab = "TESTAB",
            name = "Test Antibiotic",
            group = "Test Group")
)
```

Use `clear_custom_antimicrobials()` to clear the previously added antimicrobials.

See Also

[add_custom_microorganisms\(\)](#) to add custom microorganisms.

Examples

```
# returns NA and throws a warning (which is suppressed here):
suppressWarnings(
  as.ab("testab")
)
```

```
)

# now add a custom entry - it will be considered by as.ab() and
# all ab_*( ) functions
add_custom_antimicrobials(
  data.frame(
    ab = "TESTAB",
    name = "Test Antibiotic",
    # you can add any property present in the
    # 'antibiotics' data set, such as 'group':
    group = "Test Group"
  )
)

# "testab" is now a new antibiotic:
as.ab("testab")
ab_name("testab")
ab_group("testab")

ab_info("testab")

# Add Co-fluampicil, which is one of the many J01CR50 codes, see
# https://www.whocc.no/ddd/list\_of\_ddd\_combined\_products/
add_custom_antimicrobials(
  data.frame(
    ab = "COFLU",
    name = "Co-fluampicil",
    atc = "J01CR50",
    group = "Beta-lactams/penicillins"
  )
)
ab_atc("Co-fluampicil")
ab_name("J01CR50")

# even antibiotic selectors work
x <- data.frame(
  random_column = "some value",
  coflu = as.sir("S"),
  ampicillin = as.sir("R")
)
x
x[, betalactams()]
```

Description

With `add_custom_microorganisms()` you can add your own custom microorganisms, such the non-taxonomic outcome of laboratory analysis.

Usage

```
add_custom_microorganisms(x)
```

```
clear_custom_microorganisms()
```

Arguments

`x` a `data.frame` resembling the `microorganisms` data set, at least containing column "genus" (case-insensitive)

Details

This function will fill in missing taxonomy for you, if specific taxonomic columns are missing, see *Examples*.

Important: Due to how R works, the `add_custom_microorganisms()` function has to be run in every R session - added microorganisms are not stored between sessions and are thus lost when R is exited.

There are two ways to circumvent this and automate the process of adding microorganisms:

Method 1: Using the `package option` `AMR_custom_mo`, which is the preferred method. To use this method:

1. Create a data set in the structure of the `microorganisms` data set (containing at the very least column "genus") and save it with `saveRDS()` to a location of choice, e.g. `"~/my_custom_mo.rds"`, or any remote location.
2. Set the file location to the `package option` `AMR_custom_mo`: `options(AMR_custom_mo = "~/my_custom_mo.rds")`. This can even be a remote file location, such as an https URL. Since options are not saved between R sessions, it is best to save this option to the `.Rprofile` file so that it will be loaded on start-up of R. To do this, open the `.Rprofile` file using e.g. `utils::file.edit("~/Rprofile")`, add this text and save the file:

```
# Add custom microorganism codes:
options(AMR_custom_mo = "~/my_custom_mo.rds")
```

Upon package load, this file will be loaded and run through the `add_custom_microorganisms()` function.

Method 2: Loading the microorganism directly from your `.Rprofile` file. Note that the definitions will be stored in a user-specific R file, which is a suboptimal workflow. To use this method:

1. Edit the `.Rprofile` file using e.g. `utils::file.edit("~/Rprofile")`.
2. Add a text like below and save the file:

```

# Add custom antibiotic drug codes:
AMR::add_custom_microorganisms(
  data.frame(genus = "Enterobacter",
             species = "asburiae/cloacae")
)

```

Use `clear_custom_microorganisms()` to clear the previously added microorganisms.

See Also

`add_custom_antimicrobials()` to add custom antimicrobials.

Examples

```

# a combination of species is not formal taxonomy, so
# this will result in only "Enterobacter asburiae":
mo_name("Enterobacter asburiae/cloacae")

# now add a custom entry - it will be considered by as.mo() and
# all mo_*() functions
add_custom_microorganisms(
  data.frame(
    genus = "Enterobacter",
    species = "asburiae/cloacae"
  )
)

# E. asburiae/cloacae is now a new microorganism:
mo_name("Enterobacter asburiae/cloacae")

# its code:
as.mo("Enterobacter asburiae/cloacae")

# all internal algorithms will work as well:
mo_name("Ent asburia cloacae")

# and even the taxonomy was added based on the genus!
mo_family("E. asburiae/cloacae")
mo_gramstain("Enterobacter asburiae/cloacae")

mo_info("Enterobacter asburiae/cloacae")

# the function tries to be forgiving:
add_custom_microorganisms(
  data.frame(
    GENUS = "BACTEROIDES / PARABACTEROIDES SLASHLINE",
    SPECIES = "SPECIES"
  )
)
mo_name("BACTEROIDES / PARABACTEROIDES")
mo_rank("BACTEROIDES / PARABACTEROIDES")

```

```
# taxonomy still works, although a slashline genus was given as input:
mo_family("Bacteroides/Parabacteroides")

# for groups and complexes, set them as species or subspecies:
add_custom_microorganisms(
  data.frame(
    genus = "Citrobacter",
    species = c("freundii", "braakii complex"),
    subspecies = c("complex", "")
  )
)
mo_name(c("C. freundii complex", "C. braakii complex"))
mo_species(c("C. freundii complex", "C. braakii complex"))
mo_gramstain(c("C. freundii complex", "C. braakii complex"))
```

age	<i>Age in Years of Individuals</i>
-----	------------------------------------

Description

Calculates age in years based on a reference date, which is the system date at default.

Usage

```
age(x, reference = Sys.Date(), exact = FALSE, na.rm = FALSE, ...)
```

Arguments

x	date(s), character (vectors) will be coerced with as.POSIXlt()
reference	reference date(s) (default is today), character (vectors) will be coerced with as.POSIXlt()
exact	a logical to indicate whether age calculation should be exact, i.e. with decimals. It divides the number of days of year-to-date (YTD) of x by the number of days in the year of reference (either 365 or 366).
na.rm	a logical to indicate whether missing values should be removed
...	arguments passed on to as.POSIXlt() , such as origin

Details

Ages below 0 will be returned as NA with a warning. Ages above 120 will only give a warning.

This function vectorises over both x and reference, meaning that either can have a length of 1 while the other argument has a larger length.

Value

An [integer](#) (no decimals) if `exact = FALSE`, a [double](#) (with decimals) otherwise

See Also

To split ages into groups, use the [age_groups\(\)](#) function.

Examples

```
# 10 random pre-Y2K birth dates
df <- data.frame(birth_date = as.Date("2000-01-01") - runif(10) * 25000)

# add ages
df$age <- age(df$birth_date)

# add exact ages
df$age_exact <- age(df$birth_date, exact = TRUE)

# add age at millenium switch
df$age_at_y2k <- age(df$birth_date, "2000-01-01")

df
```

age_groups

Split Ages into Age Groups

Description

Split ages into age groups defined by the `split` argument. This allows for easier demographic (antimicrobial resistance) analysis.

Usage

```
age_groups(x, split_at = c(12, 25, 55, 75), na.rm = FALSE)
```

Arguments

<code>x</code>	age, e.g. calculated with age()
<code>split_at</code>	values to split <code>x</code> at - the default is age groups 0-11, 12-24, 25-54, 55-74 and 75+. See <i>Details</i> .
<code>na.rm</code>	a logical to indicate whether missing values should be removed

Details

To split ages, the input for the `split_at` argument can be:

- A **numeric** vector. A value of e.g. `c(10, 20)` will split `x` on 0-9, 10-19 and 20+. A value of only 50 will split `x` on 0-49 and 50+. The default is to split on young children (0-11), youth (12-24), young adults (25-54), middle-aged adults (55-74) and elderly (75+).
- A character:
 - "children" or "kids", equivalent of: `c(0, 1, 2, 4, 6, 13, 18)`. This will split on 0, 1, 2-3, 4-5, 6-12, 13-17 and 18+.
 - "elderly" or "seniors", equivalent of: `c(65, 75, 85)`. This will split on 0-64, 65-74, 75-84, 85+.
 - "fives", equivalent of: `1:20 * 5`. This will split on 0-4, 5-9, ..., 95-99, 100+.
 - "tens", equivalent of: `1:10 * 10`. This will split on 0-9, 10-19, ..., 90-99, 100+.

Value

Ordered **factor**

See Also

To determine ages, based on one or more reference dates, use the `age()` function.

Examples

```
ages <- c(3, 8, 16, 54, 31, 76, 101, 43, 21)

# split into 0-49 and 50+
age_groups(ages, 50)

# split into 0-19, 20-49 and 50+
age_groups(ages, c(20, 50))

# split into groups of ten years
age_groups(ages, 1:10 * 10)
age_groups(ages, split_at = "tens")

# split into groups of five years
age_groups(ages, 1:20 * 5)
age_groups(ages, split_at = "fives")

# split specifically for children
age_groups(ages, c(1, 2, 4, 6, 13, 18))
age_groups(ages, "children")

# resistance of ciprofloxacin per age group
if (require("dplyr") && require("ggplot2")) {
  example_isolates %>%
    filter_first_isolate() %>%
    filter(mo == as.mo("Escherichia coli")) %>%
```



```

group_by(age_group = age_groups(age)) %>%
select(age_group, CIP) %>%
ggplot_sir(
  x = "age_group",
  minimum = 0,
  x.title = "Age Group",
  title = "Ciprofloxacin resistance per age group"
)
}

```

antibiogram	<i>Generate Antibiogram: Traditional, Combined, Syndromic, or Weighted-Incidence Syndromic Combination (WISCA)</i>
-------------	--

Description

Generate an antibiogram, and communicate the results in plots or tables. These functions follow the logic of Klinker *et al.* and Barbieri *et al.* (see *Source*), and allow reporting in e.g. R Markdown and Quarto as well.

Usage

```

antibiogram(
  x,
  antibiotics = where(is.sir),
  mo_transform = "shortname",
  ab_transform = NULL,
  syndromic_group = NULL,
  add_total_n = TRUE,
  only_all_tested = FALSE,
  digits = 0,
  col_mo = NULL,
  language = get_AMR_locale(),
  minimum = 30,
  combine_SI = TRUE,
  sep = " + ",
  info = interactive()
)

## S3 method for class 'antibiogram'
plot(x, ...)

## S3 method for class 'antibiogram'
autoplot(object, ...)

## S3 method for class 'antibiogram'
knit_print(

```

```

x,
italicise = TRUE,
na = getOption("knitr.kable.NA", default = ""),
...
)

```

Arguments

x	a data.frame containing at least a column with microorganisms and columns with antibiotic results (class 'sir', see as.sir())
antibiotics	vector of any antibiotic name or code (will be evaluated with as.ab() , column name of x, or (any combinations of) antibiotic selectors such as aminoglycosides() or carbapenems() . For combination antibiograms, this can also be set to values separated with "+", such as "TZP+TOB" or "cipro + genta", given that columns resembling such antibiotics exist in x. See <i>Examples</i> .
mo_transform	a character to transform microorganism input - must be "name", "shortname", "gramstain", or one of the column names of the microorganisms data set: "mo", "fullname", "status", "kingdom", "phylum", "class", "order", "family", "genus", "species", "subspecies", "rank", "ref", "source", "lpsn", "lpsn_parent", "lpsn_renamed_to", "gbif", "gbif_parent", "gbif_renamed_to", "prevalence", or "snomed". Can also be NULL to not transform the input.
ab_transform	a character to transform antibiotic input - must be one of the column names of the antibiotics data set: "ab", "cid", "name", "group", "atc", "atc_group1", "atc_group2", "abbreviations", "synonyms", "oral_ddd", "oral_units", "iv_ddd", "iv_units", or "loinc". Can also be NULL to not transform the input.
syndromic_group	a column name of x, or values calculated to split rows of x, e.g. by using ifelse() or case_when() . See <i>Examples</i> .
add_total_n	a logical to indicate whether total available numbers per pathogen should be added to the table (default is TRUE). This will add the lowest and highest number of available isolate per antibiotic (e.g. if for <i>E. coli</i> 200 isolates are available for ciprofloxacin and 150 for amoxicillin, the returned number will be "150-200").
only_all_tested	(for combination antibiograms): a logical to indicate that isolates must be tested for all antibiotics, see <i>Details</i>
digits	number of digits to use for rounding
col_mo	column name of the names or codes of the microorganisms (see as.mo()) - the default is the first column of class mo . Values will be coerced using as.mo() .
language	language to translate text, which defaults to the system language (see get_AMR_locale())
minimum	the minimum allowed number of available (tested) isolates. Any isolate count lower than minimum will return NA with a warning. The default number of 30 isolates is advised by the Clinical and Laboratory Standards Institute (CLSI) as best practice, see <i>Source</i> .
combine_SI	a logical to indicate whether all susceptibility should be determined by results of either S or I, instead of only S (default is TRUE)

sep	a separating character for antibiotic columns in combination antibiograms
info	a logical to indicate info should be printed - the default is TRUE only in interactive mode
...	when used in R Markdown or Quarto : arguments passed on to <code>knitr::kable()</code> (otherwise, has no use)
object	an <code>antibiogram()</code> object
italicise	a logical to indicate whether the microorganism names in the <code>knitr</code> table should be made italic, using <code>italicise_taxonomy()</code> .
na	character to use for showing NA values

Details

This function returns a table with values between 0 and 100 for *susceptibility*, not resistance.

Remember that you should filter your data to let it contain only first isolates! This is needed to exclude duplicates and to reduce selection bias. Use `first_isolate()` to determine them in your data set with one of the four available algorithms.

All types of antibiograms as listed below can be plotted (using `ggplot2::autoplot()` or base `R plot()/barplot()`). The antibiogram object can also be used directly in R Markdown / Quarto (i.e., `knitr`) for reports. In this case, `knitr::kable()` will be applied automatically and microorganism names will even be printed in italics at default (see argument `italicise`). You can also use functions from specific 'table reporting' packages to transform the output of `antibiogram()` to your needs, e.g. with `flextable::as_flextable()` or `gt::gt()`.

Antibiogram Types:

There are four antibiogram types, as proposed by Klinker *et al.* (2021, [doi:10.1177/20499361211011373](https://doi.org/10.1177/20499361211011373)), and they are all supported by `antibiogram()`:

1. Traditional Antibiogram

Case example: Susceptibility of *Pseudomonas aeruginosa* to piperacillin/tazobactam (TZP)

Code example:

```
antibiogram(your_data,
            antibiotics = "TZP")
```

2. Combination Antibiogram

Case example: Additional susceptibility of *Pseudomonas aeruginosa* to TZP + tobramycin versus TZP alone

Code example:

```
antibiogram(your_data,
            antibiotics = c("TZP", "TZP+TOB", "TZP+GEN"))
```

3. Syndromic Antibiogram

Case example: Susceptibility of *Pseudomonas aeruginosa* to TZP among respiratory specimens (obtained among ICU patients only)

Code example:

```
antibiogram(your_data,
            antibiotics = penicillins(),
            syndromic_group = "ward")
```

4. Weighted-Incidence Syndromic Combination Antibiogram (WISCA)

Case example: Susceptibility of *Pseudomonas aeruginosa* to TZP among respiratory specimens (obtained among ICU patients only) for male patients age ≥ 65 years with heart failure
Code example:

```
library(dplyr)
your_data %>%
  filter(ward == "ICU" & specimen_type == "Respiratory") %>%
  antibiogram(antibiotics = c("TZP", "TZP+TOB", "TZP+GEN"),
             syndromic_group = ifelse(.$age >= 65 &
                                     .$gender == "Male" &
                                     .$condition == "Heart Disease",
                                     "Study Group", "Control Group"))
```

Note that for combination antibiograms, it is important to realise that susceptibility can be calculated in two ways, which can be set with the `only_all_tested` argument (default is FALSE). See this example for two antibiotics, Drug A and Drug B, about how `antibiogram()` works to calculate the %SI:

		only_all_tested = FALSE		only_all_tested = TRUE	
Drug A	Drug B	include as numerator	include as denominator	include as numerator	include as denominator
S or I	S or I	X	X	X	X
R	S or I	X	X	X	X
<NA>	S or I	X	X	-	-
S or I	R	X	X	X	X
R	R	-	X	-	X
<NA>	R	-	-	-	-
S or I	<NA>	X	X	-	-
R	<NA>	-	-	-	-
<NA>	<NA>	-	-	-	-

Source

- Klinker KP *et al.* (2021). **Antimicrobial stewardship and antibiograms: importance of moving beyond traditional antibiograms.** *Therapeutic Advances in Infectious Disease*, May 5;8:20499361211011373; doi:10.1177/20499361211011373
- Barbieri E *et al.* (2021). **Development of a Weighted-Incidence Syndromic Combination Antibiogram (WISCA) to guide the choice of the empiric antibiotic treatment for urinary tract infection in paediatric patients: a Bayesian approach** *Antimicrobial Resistance & Infection Control* May 1;10(1):74; doi:10.1186/s13756021009392
- **M39 Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data, 5th Edition, 2022, Clinical and Laboratory Standards Institute (CLSI).** <https://clsi.org/standards/products/microbiology/documents/m39/>.

Examples

```
# example_isolates is a data set available in the AMR package.
# run ?example_isolates for more info.
example_isolates

# Traditional antibiogram -----

antibiogram(example_isolates,
  antibiotics = c(aminoglycosides(), carbapenems())
)

antibiogram(example_isolates,
  antibiotics = aminoglycosides(),
  ab_transform = "atc",
  mo_transform = "gramstain"
)

antibiogram(example_isolates,
  antibiotics = carbapenems(),
  ab_transform = "name",
  mo_transform = "name"
)

# Combined antibiogram -----

# combined antibiotics yield higher empiric coverage
antibiogram(example_isolates,
  antibiotics = c("TZP", "TZP+TOB", "TZP+GEN"),
  mo_transform = "gramstain"
)

# names of antibiotics do not need to resemble columns exactly:
antibiogram(example_isolates,
  antibiotics = c("Cipro", "cipro + genta"),
  mo_transform = "gramstain",
  ab_transform = "name",
  sep = " & "
)

# Syndromic antibiogram -----

# the data set could contain a filter for e.g. respiratory specimens
antibiogram(example_isolates,
  antibiotics = c(aminoglycosides(), carbapenems()),
  syndromic_group = "ward"
)

# now define a data set with only E. coli
ex1 <- example_isolates[which(mo_genus() == "Escherichia"), ]
```

```

# with a custom language, though this will be determined automatically
# (i.e., this table will be in Spanish on Spanish systems)
antibiogram(ex1,
  antibiotics = aminoglycosides(),
  ab_transform = "name",
  syndromic_group = ifelse(ex1$ward == "ICU",
    "UCI", "No UCI"
  ),
  language = "es"
)

# Weighted-incidence syndromic combination antibiogram (WISCA) -----

# the data set could contain a filter for e.g. respiratory specimens/ICU
antibiogram(example_isolates,
  antibiotics = c("AMC", "AMC+CIP", "TZP", "TZP+TOB"),
  mo_transform = "gramstain",
  minimum = 10, # this should be >=30, but now just as example
  syndromic_group = ifelse(example_isolates$age >= 65 &
    example_isolates$gender == "M",
    "WISCA Group 1", "WISCA Group 2"
  )
)

# Print the output for R Markdown / Quarto -----

ureido <- antibiogram(example_isolates,
  antibiotics = ureidopenicillins(),
  ab_transform = "name"
)

# in an Rmd file, you would just need to return `ureido` in a chunk,
# but to be explicit here:
if (requireNamespace("knitr")) {
  knitr::knit_print(ureido)
}

# Generate plots with ggplot2 or base R -----

ab1 <- antibiogram(example_isolates,
  antibiotics = c("AMC", "CIP", "TZP", "TZP+TOB"),
  mo_transform = "gramstain"
)
ab2 <- antibiogram(example_isolates,
  antibiotics = c("AMC", "CIP", "TZP", "TZP+TOB"),
  mo_transform = "gramstain",
  syndromic_group = "ward"
)

```

```
if (requireNamespace("ggplot2")) {
  ggplot2::autoplot(ab1)
}
if (requireNamespace("ggplot2")) {
  ggplot2::autoplot(ab2)
}

plot(ab1)
plot(ab2)
```

antibiotics

Data Sets with 603 Antimicrobial Drugs

Description

Two data sets containing all antibiotics/antimycotics and antivirals. Use `as.ab()` or one of the `ab_*` functions to retrieve values from the `antibiotics` data set. Three identifiers are included in this data set: an antibiotic ID (`ab`, primarily used in this package) as defined by WHONET/EARS-Net, an ATC code (`atc`) as defined by the WHO, and a Compound ID (`cid`) as found in PubChem. Other properties in this data set are derived from one or more of these codes. Note that some drugs have multiple ATC codes.

Usage

```
antibiotics
```

```
antivirals
```

Format

For the `antibiotics` data set: a `tibble` with 483 observations and 14 variables::

- `ab`
Antibiotic ID as used in this package (such as AMC), using the official EARS-Net (European Antimicrobial Resistance Surveillance Network) codes where available
- `cid`
Compound ID as found in PubChem
- `name`
Official name as used by WHONET/EARS-Net or the WHO
- `group`
A short and concise group name, based on WHONET and WHOCC definitions
- `atc`
ATC codes (Anatomical Therapeutic Chemical) as defined by the WHOCC, like J01CR02
- `atc_group1`
Official pharmacological subgroup (3rd level ATC code) as defined by the WHOCC, like "Macrolides, lincosamides and streptogramins"

- `atc_group2`
Official chemical subgroup (4th level ATC code) as defined by the WHOCC, like "Macrolides"
- `abbr`
List of abbreviations as used in many countries, also for antibiotic susceptibility testing (AST)
- `synonyms`
Synonyms (often trade names) of a drug, as found in PubChem based on their compound ID
- `oral_ddd`
Defined Daily Dose (DDD), oral treatment, currently available for 174 drugs
- `oral_units`
Units of `oral_ddd`
- `iv_ddd`
Defined Daily Dose (DDD), parenteral (intravenous) treatment, currently available for 146 drugs
- `iv_units`
Units of `iv_ddd`
- `loinc`
All LOINC codes (Logical Observation Identifiers Names and Codes) associated with the name of the antimicrobial drug. Use `ab_loinc()` to retrieve them quickly, see `ab_property()`.

For the `antivirals` data set: a `tibble` with 120 observations and 11 variables::

- `av`
Antibiotic ID as used in this package (such as AMC), using the official EARS-Net (European Antimicrobial Resistance Surveillance Network) codes where available
- `name`
Official name as used by WHONET/EARS-Net or the WHO
- `atc`
ATC codes (Anatomical Therapeutic Chemical) as defined by the WHOCC
- `cid`
Compound ID as found in PubChem
- `atc_group`
Official pharmacological subgroup (3rd level ATC code) as defined by the WHOCC
- `synonyms`
Synonyms (often trade names) of a drug, as found in PubChem based on their compound ID
- `oral_ddd`
Defined Daily Dose (DDD), oral treatment
- `oral_units`
Units of `oral_ddd`
- `iv_ddd`
Defined Daily Dose (DDD), parenteral treatment
- `iv_units`
Units of `iv_ddd`
- `loinc`
All LOINC codes (Logical Observation Identifiers Names and Codes) associated with the name of the antimicrobial drug.

An object of class `tbl_df` (inherits from `tbl`, `data.frame`) with 120 rows and 11 columns.

Details

Properties that are based on an ATC code are only available when an ATC is available. These properties are: `atc_group1`, `atc_group2`, `oral_ddd`, `oral_units`, `iv_ddd` and `iv_units`.

Synonyms (i.e. trade names) were derived from the PubChem Compound ID (column `cid`) and consequently only available where a CID is available.

Direct download:

Like all data sets in this package, these data sets are publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

WHOCC

This package contains **all ~550 antibiotic, antimycotic and antiviral drugs** and their Anatomical Therapeutic Chemical (ATC) codes, ATC groups and Defined Daily Dose (DDD) from the World Health Organization Collaborating Centre for Drug Statistics Methodology (WHOCC, <https://www.whooc.no>) and the Pharmaceuticals Community Register of the European Commission (https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm).

These have become the gold standard for international drug utilisation monitoring and research.

The WHOCC is located in Oslo at the Norwegian Institute of Public Health and funded by the Norwegian government. The European Commission is the executive of the European Union and promotes its general interest.

NOTE: The WHOCC copyright does not allow use for commercial purposes, unlike any other info from this package. See https://www.whooc.no/copyright_disclaimer/.

Source

- World Health Organization (WHO) Collaborating Centre for Drug Statistics Methodology (WHOCC): https://www.whooc.no/atc_ddd_index/
- Logical Observation Identifiers Names and Codes (LOINC), Version 2.73 (8 August, 2022). Accessed from <https://loinc.org> on 30 October, 2022.
- European Commission Public Health PHARMACEUTICALS - COMMUNITY REGISTER: https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm

See Also

[microorganisms](#), [intrinsic_resistant](#)

Examples

`antibiotics`
`antivirals`

`antibiotic_class_selectors`*Antibiotic Selectors*

Description

These functions allow for filtering rows and selecting columns based on antibiotic test results that are of a specific antibiotic class or group (according to the [antibiotics](#) data set), without the need to define the columns or antibiotic abbreviations.

In short, if you have a column name that resembles an antimicrobial drug, it will be picked up by any of these functions that matches its pharmaceutical class: "cefazolin", "kefzol", "CZO" and "J01DB04" will all be picked up by [cephalosporins\(\)](#).

Usage

```
ab_class(ab_class, only_sir_columns = FALSE, only_treatable = TRUE, ...)
```

```
ab_selector(filter, only_sir_columns = FALSE, only_treatable = TRUE, ...)
```

```
aminoglycosides(only_sir_columns = FALSE, only_treatable = TRUE, ...)
```

```
aminopenicillins(only_sir_columns = FALSE, ...)
```

```
antifungals(only_sir_columns = FALSE, ...)
```

```
antimycobacterials(only_sir_columns = FALSE, ...)
```

```
betalactams(only_sir_columns = FALSE, only_treatable = TRUE, ...)
```

```
carbapenems(only_sir_columns = FALSE, only_treatable = TRUE, ...)
```

```
cephalosporins(only_sir_columns = FALSE, ...)
```

```
cephalosporins_1st(only_sir_columns = FALSE, ...)
```

```
cephalosporins_2nd(only_sir_columns = FALSE, ...)
```

```
cephalosporins_3rd(only_sir_columns = FALSE, ...)
```

```
cephalosporins_4th(only_sir_columns = FALSE, ...)
```

```
cephalosporins_5th(only_sir_columns = FALSE, ...)
```

```
fluoroquinolones(only_sir_columns = FALSE, ...)
```

```
glycopeptides(only_sir_columns = FALSE, ...)
```

```

lincosamides(only_sir_columns = FALSE, ...)
lipoglycopeptides(only_sir_columns = FALSE, ...)
macrolides(only_sir_columns = FALSE, ...)
oxazolidinones(only_sir_columns = FALSE, ...)
penicillins(only_sir_columns = FALSE, ...)
polymyxins(only_sir_columns = FALSE, only_treatable = TRUE, ...)
streptogramins(only_sir_columns = FALSE, ...)
quinolones(only_sir_columns = FALSE, ...)
tetracyclines(only_sir_columns = FALSE, ...)
trimethoprim(only_sir_columns = FALSE, ...)
ureidopenicillins(only_sir_columns = FALSE, ...)
administrable_per_os(only_sir_columns = FALSE, ...)
administrable_iv(only_sir_columns = FALSE, ...)

not_intrinsic_resistant(
  only_sir_columns = FALSE,
  col_mo = NULL,
  version_expertrules = 3.3,
  ...
)

```

Arguments

<code>ab_class</code>	an antimicrobial class or a part of it, such as "carba" and "carbapenems". The columns <code>group</code> , <code>atc_group1</code> and <code>atc_group2</code> of the antibiotics data set will be searched (case-insensitive) for this value.
<code>only_sir_columns</code>	a logical to indicate whether only columns of class <code>sir</code> must be selected (default is <code>FALSE</code>), see as.sir()
<code>only_treatable</code>	a logical to indicate whether antimicrobial drugs should be excluded that are only for laboratory tests (default is <code>TRUE</code>), such as gentamicin-high (GEH) and imipenem/EDTA (IPE)
<code>...</code>	ignored, only in place to allow future extensions
<code>filter</code>	an expression to be evaluated in the antibiotics data set, such as <code>name %like% "trim"</code>

col_mo	column name of the names or codes of the microorganisms (see <code>as.mo()</code>) - the default is the first column of class <code>mo</code> . Values will be coerced using <code>as.mo()</code> .
version_expertrules	the version number to use for the EUCAST Expert Rules and Intrinsic Resistance guideline. Can be either "3.3", "3.2", or "3.1".

Details

These functions can be used in data set calls for selecting columns and filtering rows. They work with base R, the Tidyverse, and `data.table`. They are heavily inspired by the [Tidyverse selection helpers](#) such as `everything()`, but are not limited to dplyr verbs. Nonetheless, they are very convenient to use with dplyr functions such as `select()`, `filter()` and `summarise()`, see *Examples*.

All columns in the data in which these functions are called will be searched for known antibiotic names, abbreviations, brand names, and codes (ATC, EARS-Net, WHO, etc.) according to the [antibiotics](#) data set. This means that a selector such as `aminoglycosides()` will pick up column names like 'gen', 'genta', 'J01GB03', 'tobra', 'Tobracin', etc.

The `ab_class()` function can be used to filter/select on a manually defined antibiotic class. It searches for results in the [antibiotics](#) data set within the columns `group`, `atc_group1` and `atc_group2`.

The `ab_selector()` function can be used to internally filter the [antibiotics](#) data set on any results, see *Examples*. It allows for filtering on a (part of) a certain name, and/or a group name or even a minimum of DDDs for oral treatment. This function yields the highest flexibility, but is also the least user-friendly, since it requires a hard-coded filter to set.

The `administrable_per_os()` and `administrable_iv()` functions also rely on the [antibiotics](#) data set - antibiotic columns will be matched where a DDD (defined daily dose) for resp. oral and IV treatment is available in the [antibiotics](#) data set.

The `not_intrinsic_resistant()` function can be used to only select antibiotic columns that pose no intrinsic resistance for the microorganisms in the data set. For example, if a data set contains only microorganism codes or names of *E. coli* and *K. pneumoniae* and contains a column "vancomycin", this column will be removed (or rather, unselected) using this function. It currently applies '[EUCAST Expert Rules](#)' and '[EUCAST Intrinsic Resistance and Unusual Phenotypes](#)' v3.3 (2021) to determine intrinsic resistance, using the `eucast_rules()` function internally. Because of this determination, this function is quite slow in terms of performance.

Value

(internally) a [character](#) vector of column names, with additional class "ab_selector"

Full list of supported (antibiotic) classes

- `aminoglycosides()` can select: amikacin (AMK), amikacin/fosfomycin (AKF), amphotericin B-high (AMH), apramycin (APR), arbekacin (ARB), astromicin (AST), bekanamycin (BEK), dibekacin (DKB), framycetin (FRM), gentamicin (GEN), gentamicin-high (GEH), habekacin (HAB), hygromycin (HYG), isepamicin (ISE), kanamycin (KAN), kanamycin-high (KAH), kanamycin/cephalexin (KAC), micro-nomicin (MCR), neomycin (NEO), netilmicin (NET), pentisomicin (PIM), plazomicin (PLZ), propikacin (PKA), ribostamycin (RST), sisomicin (SIS), streptoduocin (STR), streptomycin (STR1), streptomycin-high (STH), tobramycin (TOB), and tobramycin-high (TOH)

- **aminopenicillins()** can select:
amoxicillin (AMX) and ampicillin (AMP)
- **antifungals()** can select:
amphotericin B (AMB), anidulafungin (ANI), butoconazole (BUT), caspofungin (CAS), ciclopirox (CIX), clotrimazole (CTR), econazole (ECO), fluconazole (FLU), flucytosine (FCT), fosfluconazole (FFL), griseofulvin (GRI), hachimycin (HCH), ibrexafungerp (IBX), isavuconazole (ISV), isoconazole (ISO), itraconazole (ITR), ketoconazole (KET), manogepix (MGX), micafungin (MIF), miconazole (MCZ), nystatin (NYS), oteseconazole (OTE), pimaricin (PMR), posaconazole (POS), rezafungin (RZF), ribociclib (RBC), sulconazole (SUC), terbinafine (TRB), terconazole (TRC), and voriconazole (VOR)
- **antimycobacterials()** can select:
4-aminosalicylic acid (AMA), calcium aminosalicylate (CLA), capreomycin (CAP), clofazimine (CLF), delamanid (DLM), enviomycin (ENV), ethambutol (ETH), ethambutol/isoniazid (ETI), ethionamide (ETI1), isoniazid (INH), isoniazid/sulfamethoxazole/trimethoprim/pyridoxine (IST), morinamide (MRN), p-aminosalicylic acid (PAS), pretomanid (PMD), protionamide (PTH), pyrazinamide (PZA), rifabutin (RIB), rifampicin (RIF), rifampicin/ethambutol/isoniazid (REI), rifampicin/isoniazid (RFI), rifampicin/pyrazinamide/ethambutol/isoniazid (RPEI), rifampicin/pyrazinamide/isoniazid (RPI), rifamycin (RFM), rifapentine (RFP), simvastatin/fenofibrate (SMF), sodium aminosalicylate (SDA), streptomycin/isoniazid (STI), terizidone (TRZ), thioacetazone (TAT), thioacetazone/isoniazid (THI1), tiocarlide (TCR), and viomycin (VIO)
- **betalactams()** can select:
amoxicillin (AMX), amoxicillin/clavulanic acid (AMC), amoxicillin/sulbactam (AXS), ampicillin (AMP), ampicillin/sulbactam (SAM), apalcillin (APL), aspoxicillin (APX), avibactam (AVB), azidocillin (AZD), azlocillin (AZL), aztreonam (ATM), aztreonam/avibactam (AZA), aztreonam/nacubactam (ANC), bacampicillin (BAM), benzathine benzylpenicillin (BNB), benzathine phenoxymethylpenicillin (BNP), benzylpenicillin (PEN), biapenem (BIA), carbenicillin (CRB), carindacillin (CRN), cefacetile (CAC), cefaclor (CEC), cefadroxil (CFR), cefalexin (LEX), cefaloridine (RID), cefalotin (CEP), cefamandole (MAN), cefapirin (HAP), cefatrizine (CTZ), cefazedone (CZD), ceftazidime (CZD), cefazolin (CZO), cefcapene (CCP), cefcapene pivoxil (CCX), cefdinir (CDR), cefditoren (DIT), cefditoren pivoxil (DIX), cefepime (FEP), cefepime/clavulanic acid (CPC), cefepime/nacubactam (FNC), cefepime/tazobactam (FPT), cefetamet (CAT), cefetamet pivoxil (CPI), cefetecol (CCL), cefetizole (CZL), cefixime (CFM), cefmenoxime (CMX), cefmetazole (CMZ), cefodizime (DIZ), cefonicid (CID), cefoperazone (CFP), cefoperazone/sulbactam (CSL), ceforanide (CND), cefoselis (CSE), cefotaxime (CTX), cefotaxime/clavulanic acid (CTC), cefotaxime/sulbactam (CTS), cefotetan (CTT), cefotiam (CTF), cefotiam hexetil (CHE), cefovecin (FOV), cefoxitin (FOX), cefoxitin screening (FOX1), cefozopran (ZOP), cefpimizole (CFZ), cefpiramide (CPM), cefpirome (CPO), cefpodoxime (CPD), cefpodoxime proxetil (CPX), cefpodoxime/clavulanic acid (CDC), cefprozil (CPR), cefquinome (CEQ), cefroxadine (CRD), cefsulodin (CFS), cefsumide (CSU), ceftaroline (CPT), ceftaroline/avibactam (CPA), ceftazidime (CAZ), ceftazidime/avibactam (CZA), ceftazidime/clavulanic acid (CCV), cefteteram (CEM), cefteteram pivoxil (CPL), ceftazidime (CTL), ceftibuten (CTB), ceftiofur (TIO), ceftizoxime (CZX), ceftizoxime alapivoxil (CZP), ceftobiprole (BPR), ceftobiprole medocaril (CFM1), ceftolozane/tazobactam (CZT), ceftriaxone (CRO), ceftriaxone/beta-lactamase inhibitor (CEB), cefuroxime (CXM), cefuroxime axetil (CXA), cephradine (CED), ciclacillin (CIC), clometocillin (CLM), cloxacillin (CLO), dicloxacillin (DIC), doripenem (DOR), epicillin (EPC), ertapenem (ETP), flucloxacillin (FLC), hetacillin (HET), imipenem (IPM), imipenem/EDTA (IPE), imipenem/relebactam (IMR), latamoxef (LTM), lenampicillin (LEN), loracarbef (LOR), mecillinam (MEC), meropenem (MEM), meropenem/nacubactam

proxetil (CPX), cefpodoxime/clavulanic acid (CDC), cefsulodin (CFS), ceftazidime (CAZ), ceftazidime/avibactam (CZA), ceftazidime/clavulanic acid (CCV), ceferam (CEM), ceferam pivoxil (CPL), ceftibuten (CTB), ceftiofur (TIO), ceftizoxime (CZX), ceftizoxime alapivoxil (CZP), ceftriaxone (CRO), ceftriaxone/beta-lactamase inhibitor (CEB), and latamoxef (LTM)

- [cephalosporins_4th\(\)](#) can select:
cefepime (FEP), cefepime/clavulanic acid (CPC), cefepime/tazobactam (FPT), cefetecol (CCL), cefoselis (CSE), ceftozopran (ZOP), cefpirome (CPO), and cefquinome (CEQ)
- [cephalosporins_5th\(\)](#) can select:
ceftaroline (CPT), ceftaroline/avibactam (CPA), ceftobiprole (BPR), ceftobiprole medocaril (CFM1), and ceftolozane/tazobactam (CZT)
- [fluoroquinolones\(\)](#) can select:
besifloxacin (BES), ciprofloxacin (CIP), clinafloxacin (CLX), danofloxacin (DAN), delafloxacin (DFX), difloxacin (DIF), enoxacin (ENX), enrofloxacin (ENR), flinafloxacin (FIN), fleroxacin (FLE), garenoxacin (GRN), gatifloxacin (GAT), gemifloxacin (GEM), grepafloxacin (GRX), lascufloxacin (LSC), levofloxacin (LVX), levonadifloxacin (LND), lomefloxacin (LOM), marbofloxacin (MAR), metioxate (MXT), miloxacin (MIL), moxifloxacin (MFX), nadifloxacin (NAD), nifuroquine (NIF), norfloxacin (NOR), ofloxacin (OFX), orbifloxacin (ORB), pazufloxacin (PAZ), pefloxacin (PEF), pradofloxacin (PRA), premafloxacin (PRX), prulifloxacin (PRU), rufloxacin (RFL), sarafloxacin (SAR), sitafloxacin (SIT), sparfloxacin (SPX), temafloxacin (TMX), tilbroquinol (TBQ), tioxacin (TXC), tosufloxacin (TFX), and trovafloxacin (TVA)
- [glycopeptides\(\)](#) can select:
avoparcin (AVO), dalbavancin (DAL), norvancomycin (NVA), oritavancin (ORI), ramoplanin (RAM), teicoplanin (TEC), teicoplanin-macromethod (TCM), telavancin (TLV), vancomycin (VAN), and vancomycin-macromethod (VAM)
- [lincosamides\(\)](#) can select:
acetylmidecamycin (ACM), acetylspiramycin (ASP), clindamycin (CLI), gamithromycin (GAM), kitasamycin (KIT), lincomycin (LIN), meleumycin (MEL), nafithromycin (ZWK), pirlimycin (PRL), primycin (PRM), solithromycin (SOL), tildipirosin (TIP), tilmicosin (TIL), tulathromycin (TUL), tylosin (TYL), and tylvalosin (TYL1)
- [lipoglycopeptides\(\)](#) can select:
dalbavancin (DAL), oritavancin (ORI), and telavancin (TLV)
- [macrolides\(\)](#) can select:
acetylmidecamycin (ACM), acetylspiramycin (ASP), azithromycin (AZM), clarithromycin (CLR), dirithromycin (DIR), erythromycin (ERY), flurithromycin (FLR1), gamithromycin (GAM), josamycin (JOS), kitasamycin (KIT), meleumycin (MEL), midecamycin (MID), mio-camycin (MCM), nafithromycin (ZWK), oleandomycin (OLE), pirlimycin (PRL), primycin (PRM), rokitamycin (ROK), roxithromycin (RXT), solithromycin (SOL), spiramycin (SPI), telithromycin (TLT), tildipirosin (TIP), tilmicosin (TIL), troleandomycin (TRL), tulathromycin (TUL), tylosin (TYL), and tylvalosin (TYL1)
- [oxazolidinones\(\)](#) can select:
cadazolid (CDZ), cycloserine (CYC), linezolid (LNZ), tedizolid (TZD), and thiacetazone (THA)
- [penicillins\(\)](#) can select:
amoxicillin (AMX), amoxicillin/clavulanic acid (AMC), amoxicillin/sulbactam (AXS), ampicillin (AMP), ampicillin/sulbactam (SAM), apalcillin (APL), aspoxicillin (APX), avibactam (AVB), azidocillin (AZD), azlocillin (AZL), aztreonam (ATM), aztreonam/avibactam (AZA),

aztreonam/nacubactam (ANC), bacampicillin (BAM), benzathine benzylpenicillin (BNB), benzathine phenoxymethylpenicillin (BNP), benzylpenicillin (PEN), carbenicillin (CRB), carindacillin (CRN), cefepime/nacubactam (FNC), ciclacillin (CIC), clometocillin (CLM), cloxacillin (CLO), dicloxacillin (DIC), epicillin (EPC), flucloxacillin (FLC), hetacillin (HET), lenampicillin (LEN), mecillinam (MEC), metampicillin (MTM), meticillin (MET), mezlocillin (MEZ), mezlocillin/sulbactam (MSU), nacubactam (NAC), nafcillin (NAF), oxacillin (OXA), penamecillin (PNM), penicillin/novobiocin (PNO), penicillin/sulbactam (PSU), pheneticillin (PHE), phenoxymethylpenicillin (PHN), piperacillin (PIP), piperacillin/sulbactam (PIS), piperacillin/tazobactam (TZP), piridicillin (PRC), pivampicillin (PVM), pivmecillinam (PME), procaine benzylpenicillin (PRB), propicillin (PRP), sarmoxicillin (SRX), sulbactam (SUL), sulbenicillin (SBC), sultamicillin (SLT6), talampicillin (TAL), tazobactam (TAZ), temocillin (TEM), ticarcillin (TIC), and ticarcillin/clavulanic acid (TCC)

- **polymyxins()** can select:
colistin (COL), polymyxin B (PLB), and polymyxin B/polysorbate 80 (POP)
- **quinolones()** can select:
besifloxacin (BES), cinoxacin (CIN), ciprofloxacin (CIP), clinafloxacin (CLX), danofloxacin (DAN), delafloxacin (DFX), difloxacin (DIF), enoxacin (ENX), enrofloxacin (ENR), flinafloxacin (FIN), fleroxacin (FLE), flumequine (FLM), garenoxacin (GRN), gatifloxacin (GAT), gemifloxacin (GEM), grepafloxacin (GRX), lascufloxacin (LSC), levofloxacin (LVX), levonadifloxacin (LND), lomefloxacin (LOM), marbofloxacin (MAR), metioxate (MXT), miloxacin (MIL), moxifloxacin (MFX), nadifloxacin (NAD), nalidixic acid (NAL), nemonoxacin (NEM), nifuroquine (NIF), nitroxoline (NTR), norfloxacin (NOR), ofloxacin (OFX), orbifloxacin (ORB), oxolinic acid (OXO), pazufloxacin (PAZ), pefloxacin (PEF), pipemidic acid (PPA), piromidic acid (PIR), pradofloxacin (PRA), premafloxacin (PRX), prulifloxacin (PRU), rosoxacin (ROS), rufloxacin (RFL), sarafloxacin (SAR), sitafloxacin (SIT), sparfloxacin (SPX), temafloxacin (TMX), tilbroquinol (TBQ), tioxacin (TXC), tosufloxacin (TFX), and trovafloxacin (TVA)
- **streptogramins()** can select:
pristinamycin (PRI) and quinupristin/dalfopristin (QDA)
- **tetracyclines()** can select:
cetocycline (CTO), chlortetracycline (CTE), clomocycline (CLM1), demeclocycline (DEM), doxycycline (DOX), eravacycline (ERV), lymecycline (LYM), metacycline (MTC), minocycline (MNO), omadacycline (OMC), oxytetracycline (OXY), penimepicycline (PNM1), rolitetracycline (RLT), sarecycline (SRC), tetracycline (TCY), and tigecycline (TGC)
- **trimethoprim()** can select:
brodimoprim (BDP), sulfadiazine (SDI), sulfadiazine/tetroxoprim (SLT), sulfadiazine/trimethoprim (SLT1), sulfadimethoxine (SUD), sulfadimidine (SDM), sulfadimidine/trimethoprim (SLT2), sulfafurazole (SLF), sulfaisodimidine (SLF1), sulfalene (SLF2), sulfamazone (SZO), sulfamerazine (SLF3), sulfamerazine/trimethoprim (SLT3), sulfamethizole (SLF4), sulfamethoxazole (SMX), sulfamethoxypyridazine (SLF5), sulfametomidine (SLF6), sulfametoxydiazine (SLF7), sulfametrole/trimethoprim (SLT4), sulfamoxole (SLF8), sulfamoxole/trimethoprim (SLT5), sulfanilamide (SLF9), sulfaperin (SLF10), sulfaphenazole (SLF11), sulfapyridine (SLF12), sulfathiazole (SUT), sulfathiourea (SLF13), trimethoprim (TMP), and trimethoprim/sulfamethoxazole (SXT)
- **ureidopenicillins()** can select:
azlocillin (AZL), mezlocillin (MEZ), piperacillin (PIP), and piperacillin/tazobactam (TZP)

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Examples

```
# `example_isolates` is a data set available in the AMR package.
# See ?example_isolates.
example_isolates

# Examples sections below are split into 'base R', 'dplyr', and 'data.table':

# base R -----

# select columns 'IPM' (imipenem) and 'MEM' (meropenem)
example_isolates[, carbapenems()]

# select columns 'mo', 'AMK', 'GEN', 'KAN' and 'TOB'
example_isolates[, c("mo", aminoglycosides())]

# select only antibiotic columns with DDDs for oral treatment
example_isolates[, administrable_per_os()]

# filter using any() or all()
example_isolates[any(carbapenems() == "R"), ]
subset(example_isolates, any(carbapenems() == "R"))

# filter on any or all results in the carbapenem columns (i.e., IPM, MEM):
example_isolates[any(carbapenems()), ]
example_isolates[all(carbapenems()), ]

# filter with multiple antibiotic selectors using c()
example_isolates[all(c(carbapenems(), aminoglycosides()) == "R"), ]

# filter + select in one go: get penicillins in carbapenem-resistant strains
example_isolates[any(carbapenems() == "R"), penicillins()]

# You can combine selectors with '&' to be more specific. For example,
# penicillins() would select benzylpenicillin ('peni G') and
# administrable_per_os() would select erythromycin. Yet, when combined these
# drugs are both omitted since benzylpenicillin is not administrable per os
# and erythromycin is not a penicillin:
example_isolates[, penicillins() & administrable_per_os()]

# ab_selector() applies a filter in the `antibiotics` data set and is thus
# very flexible. For instance, to select antibiotic columns with an oral DDD
```

```

# of at least 1 gram:
example_isolates[, ab_selector(oral_ddd > 1 & oral_units == "g")]

# dplyr -----

if (require("dplyr")) {
  tibble(kefzol = random_sir(5)) %>%
    select(cephalosporins())
}

if (require("dplyr")) {
  # get AMR for all aminoglycosides e.g., per ward:
  example_isolates %>%
    group_by(ward) %>%
    summarise(across(aminoglycosides(), resistance))
}

if (require("dplyr")) {
  # You can combine selectors with '&' to be more specific:
  example_isolates %>%
    select(penicillins() & administrable_per_os())
}

if (require("dplyr")) {
  # get AMR for only drugs that matter - no intrinsic resistance:
  example_isolates %>%
    filter(mo_genus() %in% c("Escherichia", "Klebsiella")) %>%
    group_by(ward) %>%
    summarise(across(not_intrinsic_resistant(), resistance))
}

if (require("dplyr")) {
  # get susceptibility for antibiotics whose name contains "trim":
  example_isolates %>%
    filter(first_isolate()) %>%
    group_by(ward) %>%
    summarise(across(ab_selector(name %like% "trim"), susceptibility))
}

if (require("dplyr")) {
  # this will select columns 'IPM' (imipenem) and 'MEM' (meropenem):
  example_isolates %>%
    select(carbapenems())
}

if (require("dplyr")) {
  # this will select columns 'mo', 'AMK', 'GEN', 'KAN' and 'TOB':
  example_isolates %>%
    select(mo, aminoglycosides())
}

if (require("dplyr")) {
  # any() and all() work in dplyr's filter() too:
  example_isolates %>%
    filter(
      any(aminoglycosides() == "R"),
      all(cephalosporins_2nd() == "R")
    )
}

```

```

}
if (require("dplyr")) {
  # also works with c():
  example_isolates %>%
    filter(any(c(carbapenems(), aminoglycosides()) == "R"))
}
if (require("dplyr")) {
  # not setting any/all will automatically apply all():
  example_isolates %>%
    filter(aminoglycosides() == "R")
}
if (require("dplyr")) {
  # this will select columns 'mo' and all antimycobacterial drugs ('RIF'):
  example_isolates %>%
    select(mo, ab_class("mycobact"))
}
if (require("dplyr")) {
  # get bug/drug combinations for only glycopeptides in Gram-positives:
  example_isolates %>%
    filter(mo_is_gram_positive()) %>%
    select(mo, glycopeptides()) %>%
    bug_drug_combinations() %>%
    format()
}
if (require("dplyr")) {
  data.frame(
    some_column = "some_value",
    J01CA01 = "S"
  ) %>% # ATC code of ampicillin
    select(penicillins()) # only the 'J01CA01' column will be selected
}
if (require("dplyr")) {
  # with recent versions of dplyr, this is all equal:
  x <- example_isolates[carbapenems() == "R", ]
  y <- example_isolates %>% filter(carbapenems() == "R")
  z <- example_isolates %>% filter(if_all(carbapenems(), ~ .x == "R"))
  identical(x, y) && identical(y, z)
}

# data.table -----

# data.table is supported as well, just use it in the same way as with
# base R, but add `with = FALSE` if using a single AB selector.

if (require("data.table")) {
  dt <- as.data.table(example_isolates)

  # this does not work, it returns column *names*
  dt[, carbapenems()]
}
if (require("data.table")) {
  # so `with = FALSE` is required

```

```

  dt[, carbapenems(), with = FALSE]
}

# for multiple selections or AB selectors, `with = FALSE` is not needed:
if (require("data.table")) {
  dt[, c("mo", aminoglycosides())]
}
if (require("data.table")) {
  dt[, c(carbapenems(), aminoglycosides())]
}

# row filters are also supported:
if (require("data.table")) {
  dt[any(carbapenems() == "S"), ]
}
if (require("data.table")) {
  dt[any(carbapenems() == "S"), penicillins(), with = FALSE]
}

```

as.ab

Transform Input to an Antibiotic ID

Description

Use this function to determine the antibiotic drug code of one or more antibiotics. The data set [antibiotics](#) will be searched for abbreviations, official names and synonyms (brand names).

Usage

```
as.ab(x, flag_multiple_results = TRUE, info = interactive(), ...)
```

```
is.ab(x)
```

Arguments

x a [character](#) vector to determine to antibiotic ID

flag_multiple_results a [logical](#) to indicate whether a note should be printed to the console that probably more than one antibiotic drug code or name can be retrieved from a single input value.

info a [logical](#) to indicate whether a progress bar should be printed - the default is TRUE only in interactive mode

... arguments passed on to internal functions

Details

All entries in the [antibiotics](#) data set have three different identifiers: a human readable EARS-Net code (column `ab`, used by ECDC and WHONET), an ATC code (column `atc`, used by WHO), and a CID code (column `cid`, Compound ID, used by PubChem). The data set contains more than 5,000 official brand names from many different countries, as found in PubChem. Not that some drugs contain multiple ATC codes.

All these properties will be searched for the user input. The `as.ab()` can correct for different forms of misspelling:

- Wrong spelling of drug names (such as "tobramicin" or "gentamycin"), which corrects for most audible similarities such as *f/ph*, *x/ks*, *c/z/s*, *t/th*, etc.
- Too few or too many vowels or consonants
- Switching two characters (such as "mreopenem", often the case in clinical data, when doctors typed too fast)
- Digitalised paper records, leaving artefacts like *0/o/O* (zero and O's), *B/8*, *n/r*, etc.

Use the `ab_*` functions to get properties based on the returned antibiotic ID, see *Examples*.

Note: the `as.ab()` and `ab_*` functions may use very long regular expression to match brand names of antimicrobial drugs. This may fail on some systems.

You can add your own manual codes to be considered by `as.ab()` and all `ab_*` functions, see `add_custom_antimicrobials()`.

Value

A [character vector](#) with additional class `ab`

Source

World Health Organization (WHO) Collaborating Centre for Drug Statistics Methodology: https://www.whocc.no/atc_ddd_index/

European Commission Public Health PHARMACEUTICALS - COMMUNITY REGISTER: https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm

WHOCC

This package contains **all ~550 antibiotic, antimycotic and antiviral drugs** and their Anatomical Therapeutic Chemical (ATC) codes, ATC groups and Defined Daily Dose (DDD) from the World Health Organization Collaborating Centre for Drug Statistics Methodology (WHOCC, <https://www.whocc.no>) and the Pharmaceuticals Community Register of the European Commission (https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm).

These have become the gold standard for international drug utilisation monitoring and research.

The WHOCC is located in Oslo at the Norwegian Institute of Public Health and funded by the Norwegian government. The European Commission is the executive of the European Union and promotes its general interest.

NOTE: The WHOCC copyright does not allow use for commercial purposes, unlike any other info from this package. See https://www.whocc.no/copyright_disclaimer/.

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

- [antibiotics](#) for the `data.frame` that is being used to determine ATCs
- `ab_from_text()` for a function to retrieve antimicrobial drugs from clinical text (from health care records)

Examples

```
# these examples all return "ERY", the ID of erythromycin:
as.ab("J01FA01")
as.ab("J 01 FA 01")
as.ab("Erythromycin")
as.ab("eryt")
as.ab("  eryt 123")
as.ab("ERYT")
as.ab("ERY")
as.ab("eritromicine") # spelled wrong, yet works
as.ab("Erythrocin") # trade name
as.ab("Romycin") # trade name

# spelling from different languages and dyslexia are no problem
ab_atc("ceftriaxon")
ab_atc("cephtriaxone") # small spelling error
ab_atc("cephthriaxone") # or a bit more severe
ab_atc("seephthriaaksone") # and even this works

# use ab_* functions to get a specific properties (see ?ab_property);
# they use as.ab() internally:
ab_name("J01FA01")
ab_name("eryt")

if (require("dplyr")) {
  # you can quickly rename 'sir' columns using set_ab_names() with dplyr:
  example_isolates %>%
    set_ab_names(where(is.sir), property = "atc")
}
```

`as.av`*Transform Input to an Antiviral Drug ID*

Description

Use this function to determine the antiviral drug code of one or more antiviral drugs. The data set [antivirals](#) will be searched for abbreviations, official names and synonyms (brand names).

Usage

```
as.av(x, flag_multiple_results = TRUE, info = interactive(), ...)
```

```
is.av(x)
```

Arguments

<code>x</code>	a character vector to determine to antiviral drug ID
<code>flag_multiple_results</code>	a logical to indicate whether a note should be printed to the console that probably more than one antiviral drug code or name can be retrieved from a single input value.
<code>info</code>	a logical to indicate whether a progress bar should be printed - the default is TRUE only in interactive mode
<code>...</code>	arguments passed on to internal functions

Details

All entries in the [antivirals](#) data set have three different identifiers: a human readable EARS-Net code (column `ab`, used by ECDC and WHONET), an ATC code (column `atc`, used by WHO), and a CID code (column `cid`, Compound ID, used by PubChem). The data set contains more than 5,000 official brand names from many different countries, as found in PubChem. Not that some drugs contain multiple ATC codes.

All these properties will be searched for the user input. The `as.av()` can correct for different forms of misspelling:

- Wrong spelling of drug names (such as "acyclovir"), which corrects for most audible similarities such as *f/ph*, *x/ks*, *c/z/s*, *t/th*, etc.
- Too few or too many vowels or consonants
- Switching two characters (such as "ayclovir", often the case in clinical data, when doctors typed too fast)
- Digitalised paper records, leaving artefacts like *0/o/O* (zero and O's), *B/8*, *n/r*, etc.

Use the `av_*` functions to get properties based on the returned antiviral drug ID, see *Examples*.

Note: the `as.av()` and `av_*` functions may use very long regular expression to match brand names of antimicrobial drugs. This may fail on some systems.

Value

A [character vector](#) with additional class `ab`

Source

World Health Organization (WHO) Collaborating Centre for Drug Statistics Methodology: https://www.whoocc.no/atc_ddd_index/

European Commission Public Health PHARMACEUTICALS - COMMUNITY REGISTER: https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm

WHOCC

This package contains **all ~550 antibiotic, antimycotic and antiviral drugs** and their Anatomical Therapeutic Chemical (ATC) codes, ATC groups and Defined Daily Dose (DDD) from the World Health Organization Collaborating Centre for Drug Statistics Methodology (WHOCC, <https://www.whoocc.no>) and the Pharmaceuticals Community Register of the European Commission (https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm).

These have become the gold standard for international drug utilisation monitoring and research.

The WHOCC is located in Oslo at the Norwegian Institute of Public Health and funded by the Norwegian government. The European Commission is the executive of the European Union and promotes its general interest.

NOTE: The WHOCC copyright does not allow use for commercial purposes, unlike any other info from this package. See https://www.whoocc.no/copyright_disclaimer/.

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

- [antivirals](#) for the [data.frame](#) that is being used to determine ATCs
- `av_from_text()` for a function to retrieve antimicrobial drugs from clinical text (from health care records)

Examples

```
# these examples all return "ACI", the ID of aciclovir:
as.av("J05AB01")
as.av("J 05 AB 01")
as.av("Aciclovir")
as.av("aciclo")
as.av("  aciclo 123")
as.av("ACICL")
```



```
as.av("ACI")
as.av("Virorax") # trade name
as.av("Zovirax") # trade name

as.av("acyklofir") # severe spelling error, yet works

# use av_* functions to get a specific properties (see ?av_property);
# they use as.av() internally:
av_name("J05AB01")
av_name("acicl")
```

as.disk

Transform Input to Disk Diffusion Diameters

Description

This transforms a vector to a new class `disk`, which is a disk diffusion growth zone size (around an antibiotic disk) in millimetres between 6 and 50.

Usage

```
as.disk(x, na.rm = FALSE)
```

```
NA_disk_
```

```
is.disk(x)
```

Arguments

`x` vector

`na.rm` a [logical](#) indicating whether missing values should be removed

Format

An object of class `disk` (inherits from `integer`) of length 1.

Details

Interpret disk values as SIR values with `as.sir()`. It supports guidelines from EUCAST and CLSI.

Disk diffusion growth zone sizes must be between 6 and 50 millimetres. Values higher than 50 but lower than 100 will be maximised to 50. All others input values outside the 6-50 range will return NA.

`NA_disk_` is a missing value of the new `disk` class.

Value

An [integer](#) with additional class `disk`

See Also[as.sir\(\)](#)**Examples**

```
# transform existing disk zones to the `disk` class (using base R)
df <- data.frame(
  microorganism = "Escherichia coli",
  AMP = 20,
  CIP = 14,
  GEN = 18,
  TOB = 16
)
df[, 2:5] <- lapply(df[, 2:5], as.disk)
str(df)

# transforming is easier with dplyr:
if (require("dplyr")) {
  df %>% mutate(across(AMP:TOB, as.disk))
}

# interpret disk values, see ?as.sir
as.sir(
  x = as.disk(18),
  mo = "Strep pneu", # `mo` will be coerced with as.mo()
  ab = "ampicillin", # and `ab` with as.ab()
  guideline = "EUCAST"
)

# interpret whole data set, pretend to be all from urinary tract infections:
as.sir(df, uti = TRUE)
```

as.mic

*Transform Input to Minimum Inhibitory Concentrations (MIC)***Description**

This transforms vectors to a new class `mic`, which treats the input as decimal numbers, while maintaining operators (such as "`>=`") and only allowing valid MIC values known to the field of (medical) microbiology.

Usage

```
as.mic(x, na.rm = FALSE)
```

```
NA_mic_
```

```
is.mic(x)

## S3 method for class 'mic'
droplevels(x, as.mic = FALSE, ...)
```

Arguments

`x` a [character](#) or [numeric](#) vector
`na.rm` a [logical](#) indicating whether missing values should be removed
`as.mic` a [logical](#) to indicate whether the `mic` class should be kept - the default is `FALSE`
`...` arguments passed on to methods

Details

To interpret MIC values as SIR values, use `as.sir()` on MIC values. It supports guidelines from EUCAST (2013-2022) and CLSI (2013-2022).

This class for MIC values is a quite a special data type: formally it is an ordered [factor](#) with valid MIC values as [factor](#) levels (to make sure only valid MIC values are retained), but for any mathematical operation it acts as decimal numbers:

```
x <- random_mic(10)
x
#> Class 'mic'
#> [1] 16      1      8      8      64     >=128 0.0625 32     32     16

is.factor(x)
#> [1] TRUE

x[1] * 2
#> [1] 32

median(x)
#> [1] 26
```

This makes it possible to maintain operators that often come with MIC values, such "`>=`" and "`<=`", even when filtering using [numeric](#) values in data analysis, e.g.:

```
x[x > 4]
#> Class 'mic'
#> [1] 16     8     8     64     >=128 32     32     16

df <- data.frame(x, hospital = "A")
subset(df, x > 4) # or with dplyr: df %>% filter(x > 4)
#>       x hospital
#> 1    16        A
#> 5    64        A
#> 6 >=128        A
```

```
#> 8      32      A
#> 9      32      A
#> 10     16      A
```

The following [generic functions](#) are implemented for the MIC class: `!`, `!=`, `%%`, `%/%`, `&`, `*`, `+`, `-`, `/`, `<`, `<=`, `==`, `>`, `>=`, `^`, `|`, `abs()`, `acos()`, `acosh()`, `all()`, `any()`, `asin()`, `asinh()`, `atan()`, `atanh()`, `ceiling()`, `cos()`, `cosh()`, `cospi()`, `cummax()`, `cummin()`, `cumprod()`, `cumsum()`, `digamma()`, `exp()`, `expm1()`, `floor()`, `gamma()`, `lgamma()`, `log()`, `log1p()`, `log2()`, `log10()`, `max()`, `mean()`, `min()`, `prod()`, `range()`, `round()`, `sign()`, `signif()`, `sin()`, `sinh()`, `sinpi()`, `sqrt()`, `sum()`, `tan()`, `tanh()`, `tanpi()`, `trigamma()` and `trunc()`. Some functions of the `stats` package are also implemented: `median()`, `quantile()`, `mad()`, `IQR()`, `fivenum()`. Also, `boxplot.stats()` is supported. Since `sd()` and `var()` are non-generic functions, these could not be extended. Use `mad()` as an alternative, or use e.g. `sd(as.numeric(x))` where `x` is your vector of MIC values.

Using `as.double()` or `as.numeric()` on MIC values will remove the operators and return a numeric vector. Do **not** use `as.integer()` on MIC values as by the R convention on [factors](#), it will return the index of the factor levels (which is often useless for regular users).

Use `droplevels()` to drop unused levels. At default, it will return a plain factor. Use `droplevels(..., as.mic = TRUE)` to maintain the `mic` class.

`NA_mic_` is a missing value of the new `mic` class, analogous to e.g. base R's `NA_character_`.

Value

Ordered [factor](#) with additional class `mic`, that in mathematical operations acts as decimal numbers. Bare in mind that the outcome of any mathematical operation on MICs will return a [numeric](#) value.

See Also

[as.sir\(\)](#)

Examples

```
mic_data <- as.mic(c(">=32", "1.0", "1", "1.00", 8, "<=0.128", "8", "16", "16"))
mic_data
is.mic(mic_data)

# this can also coerce combined MIC/SIR values:
as.mic("<=0.002; S")

# mathematical processing treats MICs as numeric values
fivenum(mic_data)
quantile(mic_data)
all(mic_data < 512)

# interpret MIC values
as.sir(
  x = as.mic(2),
  mo = as.mo("Streptococcus pneumoniae"),
  ab = "AMX",
  guideline = "EUCAST"
)
```

```

as.sir(
  x = as.mic(c(0.01, 2, 4, 8)),
  mo = as.mo("Streptococcus pneumoniae"),
  ab = "AMX",
  guideline = "EUCAST"
)

# plot MIC values, see ?plot
plot(mic_data)
plot(mic_data, mo = "E. coli", ab = "cipro")

if (require("ggplot2")) {
  autoplot(mic_data, mo = "E. coli", ab = "cipro")
}
if (require("ggplot2")) {
  autoplot(mic_data, mo = "E. coli", ab = "cipro", language = "nl") # Dutch
}
if (require("ggplot2")) {
  autoplot(mic_data, mo = "E. coli", ab = "cipro", language = "uk") # Ukrainian
}

```

as.mo

Transform Arbitrary Input to Valid Microbial Taxonomy

Description

Use this function to get a valid microorganism code (`mo`) based on arbitrary user input. Determination is done using intelligent rules and the complete taxonomic tree of the kingdoms Animalia, Archaea, Bacteria, and Protozoa, and most microbial species from the kingdom Fungi (see *Source*). The input can be almost anything: a full name (like "Staphylococcus aureus"), an abbreviated name (such as "S. aureus"), an abbreviation known in the field (such as "MRSA"), or just a genus. See *Examples*.

Usage

```

as.mo(
  x,
  Becker = FALSE,
  Lancefield = FALSE,
  minimum_matching_score = NULL,
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  reference_df = get_mo_source(),
  ignore_pattern = getOption("AMR_ignore_pattern", NULL),
  cleaning_regex = getOption("AMR_cleaning_regex", mo_cleaning_regex()),
  language = get_AMR_locale(),
  info = interactive(),
  ...
)

```

```

is.mo(x)

mo_uncertainties()

mo_renamed()

mo_failures()

mo_reset_session()

mo_cleaning_regex()

```

Arguments

x	a character vector or a data.frame with one or two columns
Becker	a logical to indicate whether staphylococci should be categorised into coagulase-negative staphylococci ("CoNS") and coagulase-positive staphylococci ("CoPS") instead of their own species, according to Karsten Becker <i>et al.</i> (see <i>Source</i>). Please see <i>Details</i> for a full list of staphylococcal species that will be converted. This excludes <i>Staphylococcus aureus</i> at default, use Becker = "all" to also categorise <i>S. aureus</i> as "CoPS".
Lancefield	a logical to indicate whether a beta-haemolytic <i>Streptococcus</i> should be categorised into Lancefield groups instead of their own species, according to Rebecca C. Lancefield (see <i>Source</i>). These streptococci will be categorised in their first group, e.g. <i>Streptococcus dysgalactiae</i> will be group C, although officially it was also categorised into groups G and L. . Please see <i>Details</i> for a full list of streptococcal species that will be converted. This excludes enterococci at default (who are in group D), use Lancefield = "all" to also categorise all enterococci as group D.
minimum_matching_score	a numeric value to set as the lower limit for the MO matching score . When left blank, this will be determined automatically based on the character length of x, its taxonomic kingdom and human pathogenicity .
keep_synonyms	a logical to indicate if old, previously valid taxonomic names must be preserved and not be corrected to currently accepted names. The default is FALSE, which will return a note if old taxonomic names were processed. The default can be set with the package option <code>AMR_keep_synonyms</code> , i.e. <code>options(AMR_keep_synonyms = TRUE)</code> or <code>options(AMR_keep_synonyms = FALSE)</code> .
reference_df	a data.frame to be used for extra reference when translating x to a valid mo . See set_mo_source() and get_mo_source() to automate the usage of your own codes (e.g. used in your analysis or organisation).
ignore_pattern	a Perl-compatible regular expression (case-insensitive) of which all matches in x must return NA. This can be convenient to exclude known non-relevant input and can also be set with the package option <code>AMR_ignore_pattern</code> , e.g. <code>options(AMR_ignore_pattern = "(not reported contaminated flora)")</code> .
cleaning_regex	a Perl-compatible regular expression (case-insensitive) to clean the input of x. Every matched part in x will be removed. At default, this is the outcome of

	<code>mo_cleaning_regex()</code> , which removes texts between brackets and texts such as "species" and "serovar". The default can be set with the package option <code>AMR_cleaning_regex</code> .
language	language to translate text like "no growth", which defaults to the system language (see <code>get_AMR_locale()</code>)
info	a logical to indicate if a progress bar should be printed if more than 25 items are to be coerced - the default is TRUE only in interactive mode
...	other arguments passed on to functions

Details

A microorganism (MO) code from this package (class: `mo`) is human readable and typically looks like these examples:

```

Code          Full name
-----
B_KLBSL      Klebsiella
B_KLBSL_PNMN Klebsiella pneumoniae
B_KLBSL_PNMN_RHNS Klebsiella pneumoniae rhinoscleromatis
|           |           |           |
|           |           |           |
|           |           | \----> subspecies, a 3-5 letter acronym
|           | \-----> species, a 3-6 letter acronym
| \-----> genus, a 4-8 letter acronym
\-----> taxonomic kingdom: A (Archaea), AN (Animalia), B (Bacteria),
                             F (Fungi), PL (Plantae), P (Protozoa)

```

Values that cannot be coerced will be considered 'unknown' and will be returned as the MO code UNKNOWN with a warning.

Use the `mo_*` functions to get properties based on the returned code, see *Examples*.

The `as.mo()` function uses a novel [matching score algorithm](#) (see *Matching Score for Microorganisms* below) to match input against the [available microbial taxonomy](#) in this package. This will lead to the effect that e.g. "E. coli" (a microorganism highly prevalent in humans) will return the microbial ID of *Escherichia coli* and not *Entamoeba coli* (a microorganism less prevalent in humans), although the latter would alphabetically come first.

With `Becker = TRUE`, the following 85 staphylococci will be converted to the **coagulase-negative group**: *S. argensis*, *S. arlettae*, *S. auricularis*, *S. borealis*, *S. caeli*, *S. caledonicus*, *S. canis*, *S. capitis*, *S. capitis capitis*, *S. capitis urealyticus*, *S. capitis ureolyticus*, *S. caprae*, *S. carnosus*, *S. carnosus carnosus*, *S. carnosus utilis*, *S. casei*, *S. caseolyticus*, *S. chromogenes*, *S. cohnii*, *S. cohnii cohnii*, *S. cohnii urealyticum*, *S. cohnii urealyticus*, *S. condimenti*, *S. croceilyticus*, *S. debuckii*, *S. devriesei*, *S. durrellii*, *S. edaphicus*, *S. epidermidis*, *S. equorum*, *S. equorum equorum*, *S. equorum linens*, *S. felis*, *S. fleurettii*, *S. gallinarum*, *S. haemolyticus*, *S. hominis*, *S. hominis hominis*, *S. hominis novobiosepticus*, *S. jettensis*, *S. kloosii*, *S. lentus*, *S. lloydii*, *S. lugdunensis*, *S. massiliensis*, *S. microti*, *S. muscae*, *S. nepalensis*, *S. pasteurii*, *S. petrasii*, *S. petrasii croceilyticus*, *S. petrasii jettensis*, *S. petrasii petrasii*, *S. petrasii pragensis*, *S. pettenkoferi*, *S. piscifermentans*, *S. pragensis*, *S. pseudoxylosus*, *S. pulvereri*, *S. ratti*, *S. rostri*, *S. saccharolyticus*, *S. saprophyticus*, *S. saprophyticus bovis*, *S. saprophyticus saprophyticus*, *S. schleiferi*, *S. schleiferi schleiferi*, *S. sciuri*, *S. sciuri*

carnaticus, *S. sciuri lentus*, *S. sciuri rodentium*, *S. sciuri sciuri*, *S. simulans*, *S. stepanovicii*, *S. succinus*, *S. succinus casei*, *S. succinus succinus*, *S. taiwanensis*, *S. urealyticus*, *S. ureilyticus*, *S. veratri*, *S. vitulinus*, *S. vitulus*, *S. warneri*, and *S. xylosus*.

The following 16 staphylococci will be converted to the **coagulase-positive group**: *S. agnetis*, *S. argenteus*, *S. coagulans*, *S. cornubiensis*, *S. delphini*, *S. hyicus*, *S. hyicus chromogenes*, *S. hyicus hyicus*, *S. intermedius*, *S. lutrae*, *S. pseudintermedius*, *S. roterodami*, *S. schleiferi coagulans*, *S. schweitzeri*, *S. simiae*, and *S. singaporensis*.

With `Lancefield = TRUE`, the following streptococci will be converted to their corresponding Lancefield group: *S. agalactiae* (Group B), *S. anginosus anginosus* (Group F), *S. anginosus whileyi* (Group F), *S. anginosus* (Group F), *S. canis* (Group G), *S. dysgalactiae dysgalactiae* (Group C), *S. dysgalactiae equisimilis* (Group C), *S. dysgalactiae* (Group C), *S. equi equi* (Group C), *S. equi ruminatorum* (Group C), *S. equi zooepidemicus* (Group C), *S. equi* (Group C), *S. pyogenes* (Group A), *S. salivarius salivarius* (Group K), *S. salivarius thermophilus* (Group K), *S. salivarius* (Group K), and *S. sanguinis* (Group H).

Coping with Uncertain Results:

Results of non-exact taxonomic input are based on their [matching score](#). The lowest allowed score can be set with the `minimum_matching_score` argument. At default this will be determined based on the character length of the input, and the [taxonomic kingdom](#) and [human pathogenicity](#) of the taxonomic outcome. If values are matched with uncertainty, a message will be shown to suggest the user to evaluate the results with `mo_uncertainties()`, which returns a `data.frame` with all specifications.

To increase the quality of matching, the `cleaning_regex` argument can be used to clean the input (i.e., `x`). This must be a [regular expression](#) that matches parts of the input that should be removed before the input is matched against the [available microbial taxonomy](#). It will be matched Perl-compatible and case-insensitive. The default value of `cleaning_regex` is the outcome of the helper function `mo_cleaning_regex()`.

There are three helper functions that can be run after using the `as.mo()` function:

- Use `mo_uncertainties()` to get a `data.frame` that prints in a pretty format with all taxonomic names that were guessed. The output contains the matching score for all matches (see *Matching Score for Microorganisms* below).
- Use `mo_failures()` to get a `character vector` with all values that could not be coerced to a valid value.
- Use `mo_renamed()` to get a `data.frame` with all values that could be coerced based on old, previously accepted taxonomic names.

Microbial Prevalence of Pathogens in Humans:

The coercion rules consider the prevalence of microorganisms in humans, which is available as the prevalence column in the [microorganisms](#) data set. The grouping into human pathogenic prevalence is explained in the section *Matching Score for Microorganisms* below.

Value

A `character vector` with additional class `mo`

Source

1. Berends MS *et al.* (2022). **AMR: An R Package for Working with Antimicrobial Resistance Data**. *Journal of Statistical Software*, 104(3), 1-31; doi:10.18637/jss.v104.i03

2. Becker K *et al.* (2014). **Coagulase-Negative Staphylococci.** *Clin Microbiol Rev.* 27(4): 870-926; doi:10.1128/CMR.0010913
3. Becker K *et al.* (2019). **Implications of identifying the recently defined members of the *S. aureus* complex, *S. argenteus* and *S. schweitzeri*: A position paper of members of the ESCMID Study Group for staphylococci and Staphylococcal Diseases (ESGS).** *Clin Microbiol Infect*; doi:10.1016/j.cmi.2019.02.028
4. Becker K *et al.* (2020). **Emergence of coagulase-negative staphylococci** *Expert Rev Anti Infect Ther.* 18(4):349-366; doi:10.1080/14787210.2020.1730813
5. Lancefield RC (1933). **A serological differentiation of human and other groups of hemolytic streptococci.** *J Exp Med.* 57(4): 571-95; doi:10.1084/jem.57.4.571
6. Berends MS *et al.* (2022). **Trends in Occurrence and Phenotypic Resistance of Coagulase-Negative Staphylococci (CoNS) Found in Human Blood in the Northern Netherlands between 2013 and 2019** *Microorganisms* 10(9), 1801; doi:10.3390/microorganisms10091801
7. Parte, AC *et al.* (2020). **List of Prokaryotic names with Standing in Nomenclature (LPSN) moves to the DSMZ.** *International Journal of Systematic and Evolutionary Microbiology*, 70, 5607-5612; doi:10.1099/ijsem.0.004332. Accessed from <https://lpsn.dsmz.de> on 11 December, 2022.
8. GBIF Secretariat (2022). GBIF Backbone Taxonomy. Checklist dataset doi:10.15468/39omei. Accessed from <https://www.gbif.org> on 11 December, 2022.
9. Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS). US Edition of SNOMED CT from 1 September 2020. Value Set Name 'Microorganism', OID 2.16.840.1.114222.4.11.1009 (v12). URL: <https://phinvads.cdc.gov>
10. Bartlett A *et al.* (2022). **A comprehensive list of bacterial pathogens infecting humans** *Microbiology* 168:001269; doi:10.1099/mic.0.001269

Matching Score for Microorganisms

With ambiguous user input in `as.mo()` and all the `mo_*` functions, the returned results are chosen based on their matching score using `mo_matching_score()`. This matching score m , is calculated as:

$$m_{(x,n)} = \frac{l_n - 0.5 \cdot \min \begin{cases} l_n \\ \text{lev}(x, n) \end{cases}}{l_n \cdot p_n \cdot k_n}$$

where:

- x is the user input;
- n is a taxonomic name (genus, species, and subspecies);
- l_n is the length of n ;
- lev is the **Levenshtein distance function** (counting any insertion as 1, and any deletion or substitution as 2) that is needed to change x into n ;
- p_n is the human pathogenic prevalence group of n , as described below;
- k_n is the taxonomic kingdom of n , set as Bacteria = 1, Fungi = 2, Protozoa = 3, Archaea = 4, others = 5.

The grouping into human pathogenic prevalence p is based on recent work from Bartlett *et al.* (2022, doi:10.1099/mic.0.001269) who extensively studied medical-scientific literature to categorise all bacterial species into these groups:

- **Established**, if a taxonomic species has infected at least three persons in three or more references. These records have prevalence = 1.0 in the [microorganisms](#) data set;
- **Putative**, if a taxonomic species has fewer than three known cases. These records have prevalence = 1.25 in the [microorganisms](#) data set.

Furthermore,

- Any genus present in the **established** list also has prevalence = 1.0 in the [microorganisms](#) data set;
- Any other genus present in the **putative** list has prevalence = 1.25 in the [microorganisms](#) data set;
- Any other species or subspecies of which the genus is present in the two aforementioned groups, has prevalence = 1.5 in the [microorganisms](#) data set;
- Any *non-bacterial* genus, species or subspecies of which the genus is present in the following list, has prevalence = 1.5 in the [microorganisms](#) data set: *Absidia*, *Acanthamoeba*, *Acremonium*, *Aedes*, *Alternaria*, *Amoeba*, *Ancylostoma*, *Angiostrongylus*, *Anisakis*, *Anopheles*, *Apophysomyces*, *Aspergillus*, *Aureobasidium*, *Basidiobolus*, *Beauveria*, *Blastocystis*, *Blastomyces*, *Candida*, *Capillaria*, *Chaetomium*, *Chrysonilia*, *Cladophialophora*, *Cladosporium*, *Conidiobolus*, *Contracaecum*, *Cordylobia*, *Cryptococcus*, *Curvularia*, *Demodex*, *Dermatobia*, *Dientamoeba*, *Diphyllobothrium*, *Dirofilaria*, *Echinostoma*, *Entamoeba*, *Enterobius*, *Exophiala*, *Exserohilum*, *Fasciola*, *Fonsecaea*, *Fusarium*, *Giardia*, *Haloarcula*, *Halobacterium*, *Halococcus*, *Hendersonula*, *Heterophyes*, *Histomonas*, *Histoplasma*, *Hymenolepis*, *Hypomyces*, *Hysterothyliacium*, *Leishmania*, *Malassezia*, *Malbranchea*, *Metagonimus*, *Meyerozyma*, *Microsporidium*, *Microsporium*, *Mortierella*, *Mucor*, *Mycocentrospora*, *Necator*, *Nectria*, *Ochroconis*, *Oesophagostomum*, *Oidiodendron*, *Opisthorchis*, *Pediculus*, *Phlebotomus*, *Phoma*, *Pichia*, *Piedraia*, *Pithomyces*, *Pityrosporium*, *Pneumocystis*, *Pseudallescheria*, *Pseudoterranova*, *Pulex*, *Rhizomucor*, *Rhizopus*, *Rhodotorula*, *Saccharomyces*, *Sarcoptes*, *Scolecobasidium*, *Scopulariopsis*, *Scytalidium*, *Spirometra*, *Sporobolomyces*, *Stachybotrys*, *Strongyloides*, *Syngamus*, *Taenia*, *Toxocara*, *Trichinella*, *Trichobilharzia*, *Trichoderma*, *Trichomonas*, *Trichophyton*, *Trichosporon*, *Trichostrongylus*, *Trichuris*, *Tritirachium*, *Trombicula*, *Trypanosoma*, *Tunga*, or *Wuchereria*;
- All other records have prevalence = 2.0 in the [microorganisms](#) data set.

When calculating the matching score, all characters in x and n are ignored that are other than A-Z, a-z, 0-9, spaces and parentheses.

All matches are sorted descending on their matching score and for all user input values, the top match will be returned. This will lead to the effect that e.g., "E. coli" will return the microbial ID of *Escherichia coli* ($m = 0.688$, a highly prevalent microorganism found in humans) and not *Entamoeba coli* ($m = 0.159$, a less prevalent microorganism in humans), although the latter would alphabetically come first.

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel,

Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

[microorganisms](#) for the `data.frame` that is being used to determine ID's.

The `mo_*` functions (such as `mo_genus()`, `mo_gramstain()`) to get properties based on the returned code.

Examples

```
# These examples all return "B_STPHY_AURS", the ID of S. aureus:
as.mo(c(
  "sau", # WHONET code
  "stau",
  "STAU",
  "staaur",
  "S. aureus",
  "S aureus",
  "Sthafilokkoccus aureus", # handles incorrect spelling
  "Staphylococcus aureus (MRSA)",
  "MRSA", # Methicillin Resistant S. aureus
  "VISA", # Vancomycin Intermediate S. aureus
  "VRSA", # Vancomycin Resistant S. aureus
  115329001 # SNOMED CT code
))

# Dyslexia is no problem - these all work:
as.mo(c(
  "Ureaplasma urealyticum",
  "Ureaplasma urealyticus",
  "Ureaplasmium urealytica",
  "Ureaplazma urealitycium"
))

as.mo("Streptococcus group A")

as.mo("S. epidermidis") # will remain species: B_STPHY_EPDR
as.mo("S. epidermidis", Becker = TRUE) # will not remain species: B_STPHY_CONS

as.mo("S. pyogenes") # will remain species: B_STRPT_PYGN
as.mo("S. pyogenes", Lancefield = TRUE) # will not remain species: B_STRPT_GRP

# All mo_* functions use as.mo() internally too (see ?mo_property):
mo_genus("E. coli")
mo_gramstain("ESCO")
mo_is_intrinsic_resistant("ESCCOL", ab = "vanco")
```

as.sir

Translate MIC and Disk Diffusion to SIR, or Clean Existing SIR Data

Description

Interpret minimum inhibitory concentration (MIC) values and disk diffusion diameters according to EUCAST or CLSI, or clean up existing SIR values. This transforms the input to a new class `sir`, which is an ordered `factor` with levels $S < I < R$.

All breakpoints used for interpretation are publicly available in the `clinical_breakpoints` data set.

Usage

```
as.sir(x, ...)
```

```
NA_sir_
```

```
is.sir(x)
```

```
is_sir_eligible(x, threshold = 0.05)
```

```
## S3 method for class 'mic'
```

```
as.sir(
  x,
  mo = NULL,
  ab = deparse(substitute(x)),
  guideline = getOption("AMR_guideline", "EUCAST"),
  uti = NULL,
  conserve_capped_values = FALSE,
  add_intrinsic_resistance = FALSE,
  reference_data = AMR::clinical_breakpoints,
  include_screening = getOption("AMR_include_screening", FALSE),
  include_PKPD = getOption("AMR_include_PKPD", TRUE),
  ...
)
```

```
## S3 method for class 'disk'
```

```
as.sir(
  x,
  mo = NULL,
  ab = deparse(substitute(x)),
  guideline = getOption("AMR_guideline", "EUCAST"),
  uti = NULL,
  add_intrinsic_resistance = FALSE,
  reference_data = AMR::clinical_breakpoints,
  include_screening = getOption("AMR_include_screening", FALSE),
  include_PKPD = getOption("AMR_include_PKPD", TRUE),
)
```

```

    ...
  )

## S3 method for class 'data.frame'
as.sir(
  x,
  ...,
  col_mo = NULL,
  guideline = getOption("AMR_guideline", "EUCAST"),
  uti = NULL,
  conserve_capped_values = FALSE,
  add_intrinsic_resistance = FALSE,
  reference_data = AMR::clinical_breakpoints,
  include_screening = getOption("AMR_include_screening", FALSE),
  include_PKPD = getOption("AMR_include_PKPD", TRUE)
)

sir_interpretation_history(clean = FALSE)

```

Arguments

x	vector of values (for class <code>mic</code> : MIC values in mg/L, for class <code>disk</code> : a disk diffusion radius in millimetres)
...	for using on a <code>data.frame</code> : names of columns to apply <code>as.sir()</code> on (supports tidy selection such as <code>column1:column4</code>). Otherwise: arguments passed on to methods.
threshold	maximum fraction of invalid antimicrobial interpretations of x, see <i>Examples</i>
mo	any (vector of) text that can be coerced to valid microorganism codes with <code>as.mo()</code> , can be left empty to determine it automatically
ab	any (vector of) text that can be coerced to a valid antimicrobial drug code with <code>as.ab()</code>
guideline	defaults to EUCAST 2022 (the latest implemented EUCAST guideline in the <code>clinical_breakpoints</code> data set), but can be set with the package option AMR_guideline . Currently supports EUCAST (2013-2022) and CLSI (2013-2022), see <i>Details</i> .
uti	(Urinary Tract Infection) A vector with <code>logicals</code> (TRUE or FALSE) to specify whether a UTI specific interpretation from the guideline should be chosen. For using <code>as.sir()</code> on a <code>data.frame</code> , this can also be a column containing <code>logicals</code> or when left blank, the data set will be searched for a column 'specimen', and rows within this column containing 'urin' (such as 'urine', 'urina') will be regarded isolates from a UTI. See <i>Examples</i> .
conserve_capped_values	a <code>logical</code> to indicate that MIC values starting with ">" (but not ">=") must always return "R" , and that MIC values starting with "<" (but not "<=") must always return "S"
add_intrinsic_resistance	(only useful when using a EUCAST guideline) a <code>logical</code> to indicate whether intrinsic antibiotic resistance must also be considered for applicable bug-drug

combinations, meaning that e.g. ampicillin will always return "R" in *Klebsiella* species. Determination is based on the [intrinsic_resistant](#) data set, that itself is based on 'EUCAST Expert Rules' and 'EUCAST Intrinsic Resistance and Unusual Phenotypes' v3.3 (2021).

reference_data	a data.frame to be used for interpretation, which defaults to the clinical_breakpoints data set. Changing this argument allows for using own interpretation guidelines. This argument must contain a data set that is equal in structure to the clinical_breakpoints data set (same column names and column types). Please note that the guideline argument will be ignored when reference_data is manually set.
include_screening	a logical to indicate that clinical breakpoints for screening are allowed - the default is FALSE. Can also be set with the package option AMR_include_screening .
include_PKPD	a logical to indicate that PK/PD clinical breakpoints must be applied as a last resort - the default is TRUE. Can also be set with the package option AMR_include_PKPD .
col_mo	column name of the names or codes of the microorganisms (see as.mo()) - the default is the first column of class mo . Values will be coerced using as.mo() .
clean	a logical to indicate whether previously stored results should be forgotten after returning the 'logbook' with results

Format

An object of class `sir` (inherits from `ordered`, `factor`) of length 1.

Details

How it Works:

The `as.sir()` function works in four ways:

1. For **cleaning raw / untransformed data**. The data will be cleaned to only contain values S, I and R and will try its best to determine this with some intelligence. For example, mixed values with SIR interpretations and MIC values such as " <0.25 ; S" will be coerced to "S". Combined interpretations for multiple test methods (as seen in laboratory records) such as "S; S" will be coerced to "S", but a value like "S; I" will return NA with a warning that the input is unclear.
2. For **interpreting minimum inhibitory concentration (MIC) values** according to EUCAST or CLSI. You must clean your MIC values first using `as.mic()`, that also gives your columns the new data class `mic`. Also, be sure to have a column with microorganism names or codes. It will be found automatically, but can be set manually using the `mo` argument.
 - Using `dplyr`, SIR interpretation can be done very easily with either:


```
your_data %>% mutate_if(is.mic, as.sir)
your_data %>% mutate(across(where(is.mic), as.sir))
```
 - Operators like " $<=$ " will be stripped before interpretation. When using `conserve_capped_values = TRUE`, an MIC value of e.g. " >2 " will always return "R", even if the breakpoint according to the chosen guideline is " $>=4$ ". This is to prevent that capped values from raw laboratory data would not be treated conservatively. The default behaviour (`conserve_capped_values = FALSE`) considers " >2 " to be lower than " $>=4$ " and might in this case return "S" or "I".

3. For **interpreting disk diffusion diameters** according to EUCAST or CLSI. You must clean your disk zones first using `as.disk()`, that also gives your columns the new data class `disk`. Also, be sure to have a column with microorganism names or codes. It will be found automatically, but can be set manually using the `mo` argument.
 - Using `dplyr`, SIR interpretation can be done very easily with either:


```
your_data %>% mutate_if(is.disk, as.sir)
your_data %>% mutate(across(where(is.disk), as.sir))
```
4. For **interpreting a complete data set**, with automatic determination of MIC values, disk diffusion diameters, microorganism names or codes, and antimicrobial test results. This is done very simply by running `as.sir(your_data)`.

For points 2, 3 and 4: Use `sir_interpretation_history()` to retrieve a `data.frame` (or `tibble` if the `tibble` package is installed) with all results of the last `as.sir()` call.

Supported Guidelines:

For interpreting MIC values as well as disk diffusion diameters, currently implemented guidelines are EUCAST (2013-2022) and CLSI (2013-2022).

Thus, the guideline argument must be set to e.g., "EUCAST 2022" or "CLSI 2022". By simply using "EUCAST" (the default) or "CLSI" as input, the latest included version of that guideline will automatically be selected. You can set your own data set using the `reference_data` argument. The guideline argument will then be ignored.

You can set the default guideline with the **package option** `AMR_guideline` (e.g. in your `.Rprofile` file), such as:

```
options(AMR_guideline = "CLSI")
options(AMR_guideline = "CLSI 2018")
options(AMR_guideline = "EUCAST 2020")
# or to reset:
options(AMR_guideline = NULL)
```

After Interpretation:

After using `as.sir()`, you can use the `eucast_rules()` defined by EUCAST to (1) apply inferred susceptibility and resistance based on results of other antimicrobials and (2) apply intrinsic resistance based on taxonomic properties of a microorganism.

Machine-Readable Clinical Breakpoints:

The repository of this package **contains a machine-readable version** of all guidelines. This is a CSV file consisting of 18 308 rows and 11 columns. This file is machine-readable, since it contains one row for every unique combination of the test method (MIC or disk diffusion), the antimicrobial drug and the microorganism. **This allows for easy implementation of these rules in laboratory information systems (LIS)**. Note that it only contains interpretation guidelines for humans - interpretation guidelines from CLSI for animals were removed.

Other:

The function `is.sir()` detects if the input contains class `sir`. If the input is a `data.frame`, it iterates over all columns and returns a `logical` vector.

The function `is_sir_eligible()` returns TRUE when a columns contains at most 5% invalid antimicrobial interpretations (not S and/or I and/or R), and FALSE otherwise. The threshold of 5% can be set with the `threshold` argument. If the input is a `data.frame`, it iterates over all columns and returns a `logical` vector.

NA_sir_ is a missing value of the new sir class, analogous to e.g. base R's [NA_character_](#).

Value

Ordered [factor](#) with new class sir

Interpretation of SIR

In 2019, the European Committee on Antimicrobial Susceptibility Testing (EUCAST) has decided to change the definitions of susceptibility testing categories S, I, and R as shown below (<https://www.eucast.org/newsiandr/>):

- **S - Susceptible, standard dosing regimen**
A microorganism is categorised as "Susceptible, standard dosing regimen", when there is a high likelihood of therapeutic success using a standard dosing regimen of the agent.
- **I - Susceptible, increased exposure**
A microorganism is categorised as "Susceptible, Increased exposure" when there is a high likelihood of therapeutic success because exposure to the agent is increased by adjusting the dosing regimen or by its concentration at the site of infection.
- **R = Resistant**
A microorganism is categorised as "Resistant" when there is a high likelihood of therapeutic failure even when there is increased exposure.
 - *Exposure* is a function of how the mode of administration, dose, dosing interval, infusion time, as well as distribution and excretion of the antimicrobial agent will influence the infecting organism at the site of infection.

This AMR package honours this insight. Use [susceptibility\(\)](#) (equal to [proportion_SI\(\)](#)) to determine antimicrobial susceptibility and [count_susceptible\(\)](#) (equal to [count_SI\(\)](#)) to count susceptible isolates.

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Source

For interpretations of minimum inhibitory concentration (MIC) values and disk diffusion diameters:

- **M39 Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data**, 2013-2022, *Clinical and Laboratory Standards Institute* (CLSI). <https://clsi.org/standards/products/microbiology/documents/m39/>.
- **M100 Performance Standard for Antimicrobial Susceptibility Testing**, 2013-2022, *Clinical and Laboratory Standards Institute* (CLSI). <https://clsi.org/standards/products/microbiology/documents/m100/>.

- **Breakpoint tables for interpretation of MICs and zone diameters, 2013-2022, European Committee on Antimicrobial Susceptibility Testing (EUCAST).** https://www.eucast.org/clinical_breakpoints.

See Also

`as.mic()`, `as.disk()`, `as.mo()`

Examples

```
example_isolates
summary(example_isolates) # see all SIR results at a glance

# For INTERPRETING disk diffusion and MIC values -----

# a whole data set, even with combined MIC values and disk zones
df <- data.frame(
  microorganism = "Escherichia coli",
  AMP = as.mic(8),
  CIP = as.mic(0.256),
  GEN = as.disk(18),
  TOB = as.disk(16),
  ERY = "R"
)
as.sir(df)

# return a 'logbook' about the results:
sir_interpretation_history()

# for single values
as.sir(
  x = as.mic(2),
  mo = as.mo("S. pneumoniae"),
  ab = "AMP",
  guideline = "EUCAST"
)

as.sir(
  x = as.disk(18),
  mo = "Strep pneu", # `mo` will be coerced with as.mo()
  ab = "ampicillin", # and `ab` with as.ab()
  guideline = "EUCAST"
)

# the dplyr way
if (require("dplyr")) {
  df %>% mutate_if(is.mic, as.sir)
  df %>% mutate_if(function(x) is.mic(x) | is.disk(x), as.sir)
  df %>% mutate(across(where(is.mic), as.sir))
  df %>% mutate_at(vars(AMP:TOB), as.sir)
  df %>% mutate(across(AMP:TOB, as.sir))
}
```

```

df %>%
  mutate_at(vars(AMP:TOB), as.sir, mo = .$microorganism)

# to include information about urinary tract infections (UTI)
data.frame(
  mo = "E. coli",
  NIT = c("<= 2", 32),
  from_the_bladder = c(TRUE, FALSE)
) %>%
  as.sir(uti = "from_the_bladder")

data.frame(
  mo = "E. coli",
  NIT = c("<= 2", 32),
  specimen = c("urine", "blood")
) %>%
  as.sir() # automatically determines urine isolates

df %>%
  mutate_at(vars(AMP:TOB), as.sir, mo = "E. coli", uti = TRUE)
}

# For CLEANING existing SIR values -----

as.sir(c("S", "I", "R", "A", "B", "C"))
as.sir("<= 0.002; S") # will return "S"
sir_data <- as.sir(c(rep("S", 474), rep("I", 36), rep("R", 370)))
is.sir(sir_data)
plot(sir_data) # for percentages
barplot(sir_data) # for frequencies

# the dplyr way
if (require("dplyr")) {
  example_isolates %>%
    mutate_at(vars(PEN:RIF), as.sir)
  # same:
  example_isolates %>%
    as.sir(PEN:RIF)

  # fastest way to transform all columns with already valid AMR results to class `sir`:
  example_isolates %>%
    mutate_if(is_sir_eligible, as.sir)

  # since dplyr 1.0.0, this can also be:
  # example_isolates %>%
  #   mutate(across(where(is_sir_eligible), as.sir))
}

```

Description

Gets data from the WHOCC website to determine properties of an Anatomical Therapeutic Chemical (ATC) (e.g. an antibiotic), such as the name, defined daily dose (DDD) or standard unit.

Usage

```
atc_online_property(
  atc_code,
  property,
  administration = "O",
  url = "https://www.whoocc.no/atc_ddd_index/?code=%s&showdescription=no",
  url_vet = "https://www.whoocc.no/atcvet/atcvet_index/?code=%s&showdescription=no"
)

atc_online_groups(atc_code, ...)

atc_online_ddd(atc_code, ...)

atc_online_ddd_units(atc_code, ...)
```

Arguments

atc_code	a character (vector) with ATC code(s) of antibiotics, will be coerced with <code>as.ab()</code> and <code>ab_atc()</code> internally if not a valid ATC code
property	property of an ATC code. Valid values are "ATC", "Name", "DDD", "U" ("unit"), "Adm.R", "Note" and groups. For this last option, all hierarchical groups of an ATC code will be returned, see <i>Examples</i> .
administration	type of administration when using property = "Adm.R", see <i>Details</i>
url	url of website of the WHOCC. The sign %s can be used as a placeholder for ATC codes.
url_vet	url of website of the WHOCC for veterinary medicine. The sign %s can be used as a placeholder for ATC_vet codes (that all start with "Q").
...	arguments to pass on to <code>atc_property</code>

Details

Options for argument administration:

- "Implant" = Implant
- "Inhal" = Inhalation
- "Instill" = Instillation
- "N" = nasal
- "O" = oral
- "P" = parenteral
- "R" = rectal

- "SL" = sublingual/buccal
- "TD" = transdermal
- "V" = vaginal

Abbreviations of return values when using property = "U" (unit):

- "g" = gram
- "mg" = milligram
- "mcg" = microgram
- "U" = unit
- "TU" = thousand units
- "MU" = million units
- "mmol" = millimole
- "ml" = millilitre (e.g. eyedrops)

N.B. This function requires an internet connection and only works if the following packages are installed: curl, rvest, xml2.

Source

https://www.whocc.no/atc_ddd_alterations__cumulative/ddd_alterations/abbreviations/

Examples

```
if (requireNamespace("curl") && requireNamespace("rvest") && requireNamespace("xml2")) {  
  # oral DDD (Defined Daily Dose) of amoxicillin  
  atc_online_property("J01CA04", "DDD", "O")  
  atc_online_ddd(ab_atc("amox"))  
  
  # parenteral DDD (Defined Daily Dose) of amoxicillin  
  atc_online_property("J01CA04", "DDD", "P")  
  
  atc_online_property("J01CA04", property = "groups") # search hierarchical groups of amoxicillin  
}
```

availability

Check Availability of Columns

Description

Easy check for data availability of all columns in a data set. This makes it easy to get an idea of which antimicrobial combinations can be used for calculation with e.g. [susceptibility\(\)](#) and [resistance\(\)](#).

Usage

```
availability(tbl, width = NULL)
```

Arguments

tbl	a data.frame or list
width	number of characters to present the visual availability - the default is filling the width of the console

Details

The function returns a [data.frame](#) with columns "resistant" and "visual_resistance". The values in that columns are calculated with [resistance\(\)](#).

Value

[data.frame](#) with column names of tbl as row names

Examples

```
availability(example_isolates)

if (require("dplyr")) {
  example_isolates %>%
    filter(mo == as.mo("Escherichia coli")) %>%
    select_if(is.sir) %>%
    availability()
}
```

av_from_text

Retrieve Antiviral Drug Names and Doses from Clinical Text

Description

Use this function on e.g. clinical texts from health care records. It returns a [list](#) with all antiviral drugs, doses and forms of administration found in the texts.

Usage

```
av_from_text(
  text,
  type = c("drug", "dose", "administration"),
  collapse = NULL,
  translate_av = FALSE,
  thorough_search = NULL,
  info = interactive(),
  ...
)
```

Arguments

text	text to analyse
type	type of property to search for, either "drug", "dose" or "administration", see <i>Examples</i>
collapse	a character to pass on to <code>paste(, collapse = ...)</code> to only return one character per element of text, see <i>Examples</i>
translate_av	if type = "drug": a column name of the antivirals data set to translate the antibiotic abbreviations to, using <code>av_property()</code> . The default is FALSE. Using TRUE is equal to using "name".
thorough_search	a logical to indicate whether the input must be extensively searched for misspelling and other faulty input values. Setting this to TRUE will take considerably more time than when using FALSE. At default, it will turn TRUE when all input elements contain a maximum of three words.
info	a logical to indicate whether a progress bar should be printed - the default is TRUE only in interactive mode
...	arguments passed on to <code>as.av()</code>

Details

This function is also internally used by `as.av()`, although it then only searches for the first drug name and will throw a note if more drug names could have been returned. Note: the `as.av()` function may use very long regular expression to match brand names of antiviral drugs. This may fail on some systems.

Argument type:

At default, the function will search for antiviral drug names. All text elements will be searched for official names, ATC codes and brand names. As it uses `as.av()` internally, it will correct for misspelling.

With type = "dose" (or similar, like "dosing", "doses"), all text elements will be searched for [numeric](#) values that are higher than 100 and do not resemble years. The output will be [numeric](#). It supports any unit (g, mg, IE, etc.) and multiple values in one clinical text, see *Examples*.

With type = "administration" (or abbreviations, like "admin", "adm"), all text elements will be searched for a form of drug administration. It supports the following forms (including common abbreviations): buccal, implant, inhalation, instillation, intravenous, nasal, oral, parenteral, rectal, sublingual, transdermal and vaginal. Abbreviations for oral (such as 'po', 'per os') will become "oral", all values for intravenous (such as 'iv', 'intraven') will become "iv". It supports multiple values in one clinical text, see *Examples*.

Argument collapse:

Without using collapse, this function will return a [list](#). This can be convenient to use e.g. inside a `mutate()`:

```
df %>% mutate(avx = av_from_text(clinical_text))
```

The returned AV codes can be transformed to official names, groups, etc. with all `av_*` functions such as `av_name()` and `av_group()`, or by using the `translate_av` argument.

With using collapse, this function will return a [character](#):

```
df %>% mutate(avx = av_from_text(clinical_text, collapse = "|"))
```

Value

A [list](#), or a [character](#) if collapse is not NULL

Examples

```
av_from_text("28/03/2020 valaciclovir po tid")
av_from_text("28/03/2020 valaciclovir po tid", type = "admin")
```

av_property

Get Properties of an Antiviral Drug

Description

Use these functions to return a specific property of an antiviral drug from the [antivirals](#) data set. All input values will be evaluated internally with `as.av()`.

Usage

```
av_name(x, language = get_AMR_locale(), tolower = FALSE, ...)
av_cid(x, ...)
av_synonyms(x, ...)
av_tradenames(x, ...)
av_group(x, language = get_AMR_locale(), ...)
av_atc(x, ...)
av_loinc(x, ...)
av_ddd(x, administration = "oral", ...)
av_ddd_units(x, administration = "oral", ...)
av_info(x, language = get_AMR_locale(), ...)
av_url(x, open = FALSE, ...)
av_property(x, property = "name", language = get_AMR_locale(), ...)
```

Arguments

x any (vector of) text that can be coerced to a valid antiviral drug code with `as.av()`

language	language of the returned text - the default is system language (see <code>get_AMR_locale()</code>) and can also be set with the <code>package option AMR_locale</code> . Use <code>language = NULL</code> or <code>language = ""</code> to prevent translation.
tolower	a <code>logical</code> to indicate whether the first <code>character</code> of every output should be transformed to a lower case <code>character</code> .
...	other arguments passed on to <code>as.av()</code>
administration	way of administration, either "oral" or "iv"
open	browse the URL using <code>utils::browseURL()</code>
property	one of the column names of one of the <code>antivirals</code> data set: <code>vector_or(colnames(antivirals), sort = FALSE)</code> .

Details

All output [will be translated](#) where possible.

The function `av_url()` will return the direct URL to the official WHO website. A warning will be returned if the required ATC code is not available.

Value

- An `integer` in case of `av_cid()`
- A named `list` in case of `av_info()` and multiple `av_atc()/av_synonyms()/av_tradenames()`
- A `double` in case of `av_ddd()`
- A `character` in all other cases

Source

World Health Organization (WHO) Collaborating Centre for Drug Statistics Methodology: https://www.whocc.no/atc_ddd_index/

European Commission Public Health PHARMACEUTICALS - COMMUNITY REGISTER: https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

[antivirals](#)

Examples

```

# all properties:
av_name("ACI")
av_atc("ACI")
av_cid("ACI")
av_synonyms("ACI")
av_tradenames("ACI")
av_group("ACI")
av_url("ACI")

# smart lowercase transformation
av_name(x = c("ACI", "VALA"))
av_name(x = c("ACI", "VALA"), tolower = TRUE)

# defined daily doses (DDD)
av_ddd("ACI", "oral")
av_ddd_units("ACI", "oral")
av_ddd("ACI", "iv")
av_ddd_units("ACI", "iv")

av_info("ACI") # all properties as a list

# all av_* functions use as.av() internally, so you can go from 'any' to 'any':
av_atc("ACI")
av_group("J05AB01")
av_loinc("abacavir")
av_name("29113-8")
av_name(135398513)
av_name("J05AB01")

```

bug_drug_combinations *Determine Bug-Drug Combinations*

Description

Determine antimicrobial resistance (AMR) of all bug-drug combinations in your data set where at least 30 (default) isolates are available per species. Use `format()` on the result to prettify it to a publishable/printable format, see *Examples*.

Usage

```
bug_drug_combinations(x, col_mo = NULL, FUN = mo_shortcode, ...)
```

```

## S3 method for class 'bug_drug_combinations'
format(
  x,
  translate_ab = "name (ab, atc)",
  language = get_AMR_locale(),
  minimum = 30,

```

```

combine_SI = TRUE,
add_ab_group = TRUE,
remove_intrinsic_resistant = FALSE,
decimal.mark = getOption("OutDec"),
big.mark = ifelse(decimal.mark == ",", ".", ","),
...
)

```

Arguments

x	a data set with antibiotic columns, such as amox, AMX and AMC
col_mo	column name of the names or codes of the microorganisms (see as.mo()) - the default is the first column of class <code>mo</code> . Values will be coerced using as.mo() .
FUN	the function to call on the mo column to transform the microorganism codes - the default is mo_shortcode()
...	arguments passed on to FUN
translate_ab	a character of length 1 containing column names of the antibiotics data set
language	language of the returned text - the default is the current system language (see get_AMR_locale()) and can also be set with the package option <code>AMR_locale</code> . Use <code>language = NULL</code> or <code>language = ""</code> to prevent translation.
minimum	the minimum allowed number of available (tested) isolates. Any isolate count lower than <code>minimum</code> will return NA with a warning. The default number of 30 isolates is advised by the Clinical and Laboratory Standards Institute (CLSI) as best practice, see <i>Source</i> .
combine_SI	a logical to indicate whether values S and I should be summed, so resistance will be based on only R - the default is TRUE
add_ab_group	a logical to indicate where the group of the antimicrobials must be included as a first column
remove_intrinsic_resistant	logical to indicate that rows and columns with 100% resistance for all tested antimicrobials must be removed from the table
decimal.mark	the character to be used to indicate the numeric decimal point.
big.mark	character; if not empty used as mark between every <code>big.interval</code> decimals <i>before</i> (hence <code>big</code>) the decimal point.

Details

The function [format\(\)](#) calculates the resistance per bug-drug combination and returns a table ready for reporting/publishing. Use `combine_SI = TRUE` (default) to test R vs. S+I and `combine_SI = FALSE` to test R+I vs. S. This table can also directly be used in R Markdown / Quarto without the need for e.g. [knitr::kable\(\)](#).

Value

The function [bug_drug_combinations\(\)](#) returns a [data.frame](#) with columns "mo", "ab", "S", "I", "R" and "total".

Examples

```
# example_isolates is a data set available in the AMR package.
# run ?example_isolates for more info.
example_isolates

x <- bug_drug_combinations(example_isolates)
head(x)
format(x, translate_ab = "name (atc)")

# Use FUN to change to transformation of microorganism codes
bug_drug_combinations(example_isolates,
  FUN = mo_gramstain
)

bug_drug_combinations(example_isolates,
  FUN = function(x) {
    ifelse(x == as.mo("Escherichia coli"),
      "E. coli",
      "Others"
    )
  }
)
```

clinical_breakpoints *Data Set with Clinical Breakpoints for SIR Interpretation*

Description

Data set containing clinical breakpoints to interpret MIC and disk diffusion to SIR values, according to international guidelines. Currently implemented guidelines are EUCAST (2013-2022) and CLSI (2013-2022). Use [as.sir\(\)](#) to transform MICs or disks measurements to SIR values.

Usage

```
clinical_breakpoints
```

Format

A [tibble](#) with 18 308 observations and 11 variables:

- guideline
Name of the guideline
- method
Either "DISK" or "MIC"
- site
Body site, e.g. "Oral" or "Respiratory"

- `mo`
Microbial ID, see [as.mo\(\)](#)
- `rank_index`
Taxonomic rank index of `mo` from 1 (subspecies/infraspecies) to 5 (unknown microorganism)
- `ab`
Antibiotic ID, see [as.ab\(\)](#)
- `ref_tbl`
Info about where the guideline rule can be found
- `disk_dose`
Dose of the used disk diffusion method
- `breakpoint_S`
Lowest MIC value or highest number of millimetres that leads to "S"
- `breakpoint_R`
Highest MIC value or lowest number of millimetres that leads to "R"
- `uti`
A [logical](#) value (TRUE/FALSE) to indicate whether the rule applies to a urinary tract infection (UTI)

Details

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

They **allow for machine reading EUCAST and CLSI guidelines**, which is almost impossible with the MS Excel and PDF files distributed by EUCAST and CLSI.

See Also

[intrinsic_resistant](#)

Examples

```
clinical_breakpoints
```

count

Count Available Isolates

Description

These functions can be used to count resistant/susceptible microbial isolates. All functions support quasiquotation with pipes, can be used in `summarise()` from the `dplyr` package and also support grouped variables, see *Examples*.

[count_resistant\(\)](#) should be used to count resistant isolates, [count_susceptible\(\)](#) should be used to count susceptible isolates.

Usage

```

count_resistant(..., only_all_tested = FALSE)

count_susceptible(..., only_all_tested = FALSE)

count_R(..., only_all_tested = FALSE)

count_IR(..., only_all_tested = FALSE)

count_I(..., only_all_tested = FALSE)

count_SI(..., only_all_tested = FALSE)

count_S(..., only_all_tested = FALSE)

count_all(..., only_all_tested = FALSE)

n_sir(..., only_all_tested = FALSE)

count_df(
  data,
  translate_ab = "name",
  language = get_AMR_locale(),
  combine_SI = TRUE
)

```

Arguments

...	one or more vectors (or columns) with antibiotic interpretations. They will be transformed internally with <code>as.sir()</code> if needed.
only_all_tested	(for combination therapies, i.e. using more than one variable for ...): a logical to indicate that isolates must be tested for all antibiotics, see section <i>Combination Therapy</i> below
data	a data.frame containing columns with class <code>sir</code> (see <code>as.sir()</code>)
translate_ab	a column name of the <code>antibiotics</code> data set to translate the antibiotic abbreviations to, using <code>ab_property()</code>
language	language of the returned text - the default is the current system language (see <code>get_AMR_locale()</code>) and can also be set with the package option <code>AMR_locale</code> . Use <code>language = NULL</code> or <code>language = ""</code> to prevent translation.
combine_SI	a logical to indicate whether all values of S and I must be merged into one, so the output only consists of S+I vs. R (susceptible vs. resistant) - the default is <code>TRUE</code>

Details

These functions are meant to count isolates. Use the `resistance()/susceptibility()` functions to calculate microbial resistance/susceptibility.

The function `count_resistant()` is equal to the function `count_R()`. The function `count_susceptible()` is equal to the function `count_SI()`.

The function `n_sir()` is an alias of `count_all()`. They can be used to count all available isolates, i.e. where all input antibiotics have an available result (S, I or R). Their use is equal to `n_distinct()`. Their function is equal to `count_susceptible(...)` + `count_resistant(...)`.

The function `count_df()` takes any variable from data that has an `sir` class (created with `as.sir()`) and counts the number of S's, I's and R's. It also supports grouped variables. The function `sir_df()` works exactly like `count_df()`, but adds the percentage of S, I and R.

Value

An `integer`

Interpretation of SIR

In 2019, the European Committee on Antimicrobial Susceptibility Testing (EUCAST) has decided to change the definitions of susceptibility testing categories S, I, and R as shown below (<https://www.eucast.org/newsiandr/>):

- **S - Susceptible, standard dosing regimen**

A microorganism is categorised as "Susceptible, standard dosing regimen", when there is a high likelihood of therapeutic success using a standard dosing regimen of the agent.

- **I - Susceptible, increased exposure**

A microorganism is categorised as "Susceptible, Increased exposure" when there is a high likelihood of therapeutic success because exposure to the agent is increased by adjusting the dosing regimen or by its concentration at the site of infection.

- **R = Resistant**

A microorganism is categorised as "Resistant" when there is a high likelihood of therapeutic failure even when there is increased exposure.

- *Exposure* is a function of how the mode of administration, dose, dosing interval, infusion time, as well as distribution and excretion of the antimicrobial agent will influence the infecting organism at the site of infection.

This AMR package honours this insight. Use `susceptibility()` (equal to `proportion_SI()`) to determine antimicrobial susceptibility and `count_susceptible()` (equal to `count_SI()`) to count susceptible isolates.

Combination Therapy

When using more than one variable for . . . (= combination therapy), use `only_all_tested` to only count isolates that are tested for all antibiotics/variables that you test them for. See this example for two antibiotics, Drug A and Drug B, about how `susceptibility()` works to calculate the %SI:

```
-----
                only_all_tested = FALSE  only_all_tested = TRUE
-----
Drug A   Drug B  include as  include as  include as  include as
                numerator   denominator numerator   denominator
```

S or I	S or I	X	X	X	X
R	S or I	X	X	X	X
<NA>	S or I	X	X	-	-
S or I	R	X	X	X	X
R	R	-	X	-	X
<NA>	R	-	-	-	-
S or I	<NA>	X	X	-	-
R	<NA>	-	-	-	-
<NA>	<NA>	-	-	-	-

Please note that, in combination therapies, for `only_all_tested = TRUE` applies that:

$$\begin{aligned} \text{count_S}() + \text{count_I}() + \text{count_R}() &= \text{count_all}() \\ \text{proportion_S}() + \text{proportion_I}() + \text{proportion_R}() &= 1 \end{aligned}$$

and that, in combination therapies, for `only_all_tested = FALSE` applies that:

$$\begin{aligned} \text{count_S}() + \text{count_I}() + \text{count_R}() &\geq \text{count_all}() \\ \text{proportion_S}() + \text{proportion_I}() + \text{proportion_R}() &\geq 1 \end{aligned}$$

Using `only_all_tested` has no impact when only using one antibiotic as input.

See Also

[proportion_*](#) to calculate microbial resistance and susceptibility.

Examples

```
# example_isolates is a data set available in the AMR package.
# run ?example_isolates for more info.
```

```
# base R -----
count_resistant(example_isolates$AMX) # counts "R"
count_susceptible(example_isolates$AMX) # counts "S" and "I"
count_all(example_isolates$AMX) # counts "S", "I" and "R"
```

```
# be more specific
count_S(example_isolates$AMX)
count_SI(example_isolates$AMX)
count_I(example_isolates$AMX)
count_IR(example_isolates$AMX)
count_R(example_isolates$AMX)
```

```
# Count all available isolates
count_all(example_isolates$AMX)
n_sir(example_isolates$AMX)
```

```
# n_sir() is an alias of count_all().
```

```

# Since it counts all available isolates, you can
# calculate back to count e.g. susceptible isolates.
# These results are the same:
count_susceptible(example_isolates$AMX)
susceptibility(example_isolates$AMX) * n_sir(example_isolates$AMX)

# dplyr -----

if (require("dplyr")) {
  example_isolates %>%
    group_by(ward) %>%
    summarise(
      R = count_R(CIP),
      I = count_I(CIP),
      S = count_S(CIP),
      n1 = count_all(CIP), # the actual total; sum of all three
      n2 = n_sir(CIP), # same - analogous to n_distinct
      total = n()
    ) # NOT the number of tested isolates!

  # Number of available isolates for a whole antibiotic class
  # (i.e., in this data set columns GEN, TOB, AMK, KAN)
  example_isolates %>%
    group_by(ward) %>%
    summarise(across(aminoglycosides(), n_sir))

  # Count co-resistance between amoxicillin/clav acid and gentamicin,
  # so we can see that combination therapy does a lot more than mono therapy.
  # Please mind that `susceptibility()` calculates percentages right away instead.
  example_isolates %>% count_susceptible(AMC) # 1433
  example_isolates %>% count_all(AMC) # 1879

  example_isolates %>% count_susceptible(GEN) # 1399
  example_isolates %>% count_all(GEN) # 1855

  example_isolates %>% count_susceptible(AMC, GEN) # 1764
  example_isolates %>% count_all(AMC, GEN) # 1936

  # Get number of S+I vs. R immediately of selected columns
  example_isolates %>%
    select(AMX, CIP) %>%
    count_df(translate = FALSE)

  # It also supports grouping variables
  example_isolates %>%
    select(ward, AMX, CIP) %>%
    group_by(ward) %>%
    count_df(translate = FALSE)
}

```

custom_eucast_rules *Define Custom EUCAST Rules*

Description

Define custom EUCAST rules for your organisation or specific analysis and use the output of this function in `eucast_rules()`.

Usage

```
custom_eucast_rules(...)
```

Arguments

... rules in [formula](#) notation, see *Examples*

Details

Some organisations have their own adoption of EUCAST rules. This function can be used to define custom EUCAST rules to be used in the `eucast_rules()` function.

Value

A [list](#) containing the custom rules

How it works

Basics:

If you are familiar with the `case_when()` function of the `dplyr` package, you will recognise the input method to set your own rules. Rules must be set using what R considers to be the 'formula notation'. The rule itself is written *before* the tilde (~) and the consequence of the rule is written *after* the tilde:

```
x <- custom_eucast_rules(TZP == "S" ~ aminopenicillins == "S",
                        TZP == "R" ~ aminopenicillins == "R")
```

These are two custom EUCAST rules: if TZP (piperacillin/tazobactam) is "S", all aminopenicillins (ampicillin and amoxicillin) must be made "S", and if TZP is "R", aminopenicillins must be made "R". These rules can also be printed to the console, so it is immediately clear how they work:

```
x
#> A set of custom EUCAST rules:
#>
#> 1. If TZP is "S" then set to S :
#>   amoxicillin (AMX), ampicillin (AMP)
#>
#> 2. If TZP is "R" then set to R :
#>   amoxicillin (AMX), ampicillin (AMP)
```

The rules (the part *before* the tilde, in above example `TZP == "S"` and `TZP == "R"`) must be evaluable in your data set: it should be able to run as a filter in your data set without errors. This means for the above example that the column `TZP` must exist. We will create a sample data set and test the rules set:

```
df <- data.frame(mo = c("Escherichia coli", "Klebsiella pneumoniae"),
                 TZP = as.sir("R"),
                 ampi = as.sir("S"),
                 cipro = as.sir("S"))
```

```
df
#>
#>           mo TZP ampi cipro
#> 1 Escherichia coli R    S    S
#> 2 Klebsiella pneumoniae R    S    S
```

```
eucast_rules(df, rules = "custom", custom_rules = x, info = FALSE)
```

```
#>
#>           mo TZP ampi cipro
#> 1 Escherichia coli R    R    S
#> 2 Klebsiella pneumoniae R    R    S
```

Using taxonomic properties in rules:

There is one exception in columns used for the rules: all column names of the [microorganisms](#) data set can also be used, but do not have to exist in the data set. These column names are: "mo", "fullname", "status", "kingdom", "phylum", "class", "order", "family", "genus", "species", "subspecies", "rank", "ref", "source", "lpsn", "lpsn_parent", "lpsn_renamed_to", "gbif", "gbif_parent", "gbif_renamed_to", "prevalence", and "snomed". Thus, this next example will work as well, despite the fact that the `df` data set does not contain a column `genus`:

```
y <- custom_eucast_rules(TZP == "S" & genus == "Klebsiella" ~ aminopenicillins == "S",
                        TZP == "R" & genus == "Klebsiella" ~ aminopenicillins == "R")
```

```
eucast_rules(df, rules = "custom", custom_rules = y, info = FALSE)
```

```
#>
#>           mo TZP ampi cipro
#> 1 Escherichia coli R    S    S
#> 2 Klebsiella pneumoniae R    R    S
```

Usage of antibiotic group names:

It is possible to define antibiotic groups instead of single antibiotics for the rule consequence, the part *after* the tilde. In above examples, the antibiotic group `aminopenicillins` is used to include `ampicillin` and `amoxicillin`. The following groups are allowed (case-insensitive). Within parentheses are the drugs that will be matched when running the rule.

- "aminoglycosides"
(amikacin, amikacin/fosfomicin, amphotericin B-high, apramycin, arbekacin, astromicin, bekanamycin, dibekacin, framycetin, gentamicin, gentamicin-high, habekacin, hygromycin, isepamicin, kanamycin, kanamycin-high, kanamycin/cephalexin, micronomicin, neomycin, netilmicin, pentisomicin, plazomicin, propikacin, ribostamycin, sisomicin, streptoduocin, streptomycin, streptomycin-high, tobramycin, and tobramycin-high)
- "aminopenicillins"
(amoxicillin and ampicillin)

- "antifungals"
(amphotericin B, anidulafungin, butoconazole, caspofungin, ciclopirox, clotrimazole, econazole, fluconazole, flucytosine, fosfluconazole, griseofulvin, hachimycin, ibrexafungerp, isavuconazole, isoconazole, itraconazole, ketoconazole, manogepix, micafungin, miconazole, nystatin, oteseconazole, pimaricin, posaconazole, rezafungin, ribociclib, sulconazole, terbinafine, terconazole, and voriconazole)
- "antimycobacterials"
(4-aminosalicylic acid, calcium aminosalicilate, capreomycin, clofazimine, delamanid, enviomycin, ethambutol, ethambutol/isoniazid, ethionamide, isoniazid, isoniazid/sulfamethoxazole/trimethoprim/pyridoxine, morinamide, p-aminosalicylic acid, pretomanid, protonamide, pyrazinamide, rifabutin, rifampicin, rifampicin/ethambutol/isoniazid, rifampicin/isoniazid, rifampicin/pyrazinamide/ethambutol/isoniazid, rifampicin/pyrazinamide/isoniazid, rifamycin, rifapentine, simvastatin/fenofibrate, sodium aminosalicilate, streptomycin/isoniazid, terizidone, thioacetazone, thioacetazone/isoniazid, tiocarlide, and viomycin)
- "betalactams"
(amoxicillin, amoxicillin/clavulanic acid, amoxicillin/sulbactam, ampicillin, ampicillin/sulbactam, apalcillin, aspxocillin, avibactam, azidocillin, azlocillin, aztreonam, aztreonam/avibactam, aztreonam/nacubactam, bacampicillin, benzathine benzylpenicillin, benzathine phenoxymethylpenicillin, benzylpenicillin, biapenem, carbenicillin, carindacillin, cefacetrile, cefaclor, cefadroxil, cefalexin, cefaloridine, cefalotin, cefamandole, cefapirin, cefatrizine, cefazedone, cefazolin, cefcapene, cefcapene pivoxil, cefdinir, cefditoren, cefditoren pivoxil, cefepime, cefepime/clavulanic acid, cefepime/nacubactam, cefepime/tazobactam, cefetamet, cefetamet pivoxil, cefetecol, cefetizole, cefixime, cefmenoxime, cefmetazole, cefodizime, cefonicid, cefoperazone, cefoperazone/sulbactam, ceforanide, cefoselis, cefotaxime, cefotaxime/clavulanic acid, cefotaxime/sulbactam, cefotetan, cefotiam, cefotiam hexetil, cefovecin, cefoxitin, cefoxitin screening, cefozopran, cefpimizole, cefpiramide, cefpirome, cefpodoxime, cefpodoxime proxetil, cefpodoxime/clavulanic acid, cefprozil, cefquinome, cefroxadine, cefsulodin, cefsumide, cef-taroline, ceftaroline/avibactam, ceftazidime, ceftazidime/avibactam, ceftazidime/clavulanic acid, cefteram, cefteram pivoxil, ceftazole, ceftibuten, ceftiofur, ceftizoxime, ceftizoxime alapivoxil, ceftobiprole, ceftobiprole medocaril, ceftolozane/tazobactam, ceftriaxone, ceftriaxone/beta-lactamase inhibitor, cefuroxime, cefuroxime axetil, cephradine, ciclacillin, clometocillin, cloxacillin, dicloxacillin, doripenem, epicillin, ertapenem, flucloxacillin, hetacillin, imipenem, imipenem/EDTA, imipenem/relebactam, latamoxef, lenampicillin, loracarbef, mecillinam, meropenem, meropenem/nacubactam, meropenem/vaborbactam, metampicillin, meticillin, mezlocillin, mezlocillin/sulbactam, nacubactam, nafcillin, oxacillin, panipenem, penamcillin, penicillin/novobiocin, penicillin/sulbactam, pheneticillin, phenoxymethylpenicillin, piperacillin, piperacillin/sulbactam, piperacillin/tazobactam, piridicillin, pivampicillin, pivmecillinam, procaine benzylpenicillin, propicillin, razupenem, ritipenem, ritipenem acoxil, sarmoxicillin, sulbactam, sulbenicillin, sultamicillin, talampicillin, tazobactam, tebipenem, temocillin, ticarcillin, and ticarcillin/clavulanic acid)
- "carbapenems"
(biapenem, doripenem, ertapenem, imipenem, imipenem/EDTA, imipenem/relebactam, meropenem, meropenem/nacubactam, meropenem/vaborbactam, panipenem, razupenem, ritipenem, ritipenem acoxil, and tebipenem)
- "cephalosporins"
(cefacetrile, cefaclor, cefadroxil, cefalexin, cefaloridine, cefalotin, cefamandole, cefapirin, cefatrizine, cefazedone, cefazolin, cefcapene, cefcapene pivoxil, cefdinir, cefditoren, cefditoren pivoxil, cefepime, cefepime/clavulanic acid, cefepime/tazobactam, cefetamet, cefe-

tamet pivoxil, cefetecol, cefetizole, cefixime, cefmenoxime, cefmetazole, cefodizime, cefonicid, cefoperazone, cefoperazone/sulbactam, ceforanide, cefoselis, cefotaxime, cefotaxime/clavulanic acid, cefotaxime/sulbactam, cefotetan, cefotiam, cefotiam hexetil, cefovecin, cefoxitin, cefoxitin screening, cefozopran, cefpimizole, cefpiramide, cefpirome, cefpodoxime, cefpodoxime proxetil, cefpodoxime/clavulanic acid, cefprozil, cefquinome, cefroxadine, cefsulodin, cefsumide, ceftaroline, ceftaroline/avibactam, ceftazidime, ceftazidime/avibactam, ceftazidime/clavulanic acid, cefteram, cefteram pivoxil, ceftazole, ceftibuten, ceftiofur, ceftizoxime, ceftizoxime alapivoxil, ceftobiprole, ceftobiprole medocaril, ceftolozane/tazobactam, ceftriaxone, ceftriaxone/beta-lactamase inhibitor, cefuroxime, cefuroxime axetil, cephradine, latamoxef, and loracarbef)

- "cephalosporins_1st"
(cefacetrile, cefadroxil, cefalexin, cefaloridine, cefalotin, cefapirin, cefatrizine, cefazedone, cefazolin, cefroxadine, ceftazole, and cephradine)
- "cephalosporins_2nd"
(cefaclor, cefamandole, cefmetazole, cefonicid, ceforanide, cefotetan, cefotiam, cefoxitin, cefoxitin screening, cefprozil, cefuroxime, cefuroxime axetil, and loracarbef)
- "cephalosporins_3rd"
(cefcapene, cefcapene pivoxil, cefdinir, cefditoren, cefditoren pivoxil, cefetamet, cefetamet pivoxil, cefixime, cefmenoxime, cefodizime, cefoperazone, cefoperazone/sulbactam, cefotaxime, cefotaxime/clavulanic acid, cefotaxime/sulbactam, cefotiam hexetil, cefovecin, cefpimizole, cefpiramide, cefpodoxime, cefpodoxime proxetil, cefpodoxime/clavulanic acid, cefsulodin, ceftazidime, ceftazidime/avibactam, ceftazidime/clavulanic acid, cefteram, cefteram pivoxil, ceftibuten, ceftiofur, ceftizoxime, ceftizoxime alapivoxil, ceftriaxone, ceftriaxone/beta-lactamase inhibitor, and latamoxef)
- "cephalosporins_4th"
(cefepime, cefepime/clavulanic acid, cefepime/tazobactam, cefetecol, cefoselis, cefozopran, cefpirome, and cefquinome)
- "cephalosporins_5th"
(ceftaroline, ceftaroline/avibactam, ceftobiprole, ceftobiprole medocaril, and ceftolozane/tazobactam)
- "cephalosporins_except_caz"
(cefacetrile, cefaclor, cefadroxil, cefalexin, cefaloridine, cefalotin, cefamandole, cefapirin, cefatrizine, cefazedone, cefazolin, cefcapene, cefcapene pivoxil, cefdinir, cefditoren, cefditoren pivoxil, cefepime, cefepime/clavulanic acid, cefepime/tazobactam, cefetamet, cefetamet pivoxil, cefetecol, cefetizole, cefixime, cefmenoxime, cefmetazole, cefodizime, cefonicid, cefoperazone, cefoperazone/sulbactam, ceforanide, cefoselis, cefotaxime, cefotaxime/clavulanic acid, cefotaxime/sulbactam, cefotetan, cefotiam, cefotiam hexetil, cefovecin, cefoxitin, cefoxitin screening, cefozopran, cefpimizole, cefpiramide, cefpirome, cefpodoxime, cefpodoxime proxetil, cefpodoxime/clavulanic acid, cefprozil, cefquinome, cefroxadine, cefsulodin, cefsumide, ceftaroline, ceftaroline/avibactam, ceftazidime/avibactam, ceftazidime/clavulanic acid, cefteram, cefteram pivoxil, ceftazole, ceftibuten, ceftiofur, ceftizoxime, ceftizoxime alapivoxil, ceftobiprole, ceftobiprole medocaril, ceftolozane/tazobactam, ceftriaxone, ceftriaxone/beta-lactamase inhibitor, cefuroxime, cefuroxime axetil, cephradine, latamoxef, and loracarbef)
- "fluoroquinolones"
(besifloxacin, ciprofloxacin, clinafloxacin, danofloxacin, delafloxacin, difloxacin, enoxacin, enrofloxacin, finafloxacin, fleroxacin, garenoxacin, gatifloxacin, gemifloxacin, grepafloxacin, lascufloxacin, levofloxacin, levonadifloxacin, lomefloxacin, marbofloxacin, metioxate, miloxacin, moxifloxacin, nadifloxacin, nifuroquine, norfloxacin, ofloxacin, orbifloxacin, pazufloxacin,

- pefloxacin, pradofloxacin, premafloxacin, prulifloxacin, rufloxacin, sarafloxacin, sitafloxacin, sparfloxacin, temafloxacin, tilbroquinol, tioxacin, tosufloxacin, and trovafloxacin)
- "glycopeptides"
(avoparcin, dalbavancin, norvancomycin, oritavancin, ramoplanin, teicoplanin, teicoplanin-macromethod, telavancin, vancomycin, and vancomycin-macromethod)
 - "glycopeptides_except_lipo"
(avoparcin, norvancomycin, ramoplanin, teicoplanin, teicoplanin-macromethod, vancomycin, and vancomycin-macromethod)
 - "lincosamides"
(acetylmidecamycin, acetylspiramycin, clindamycin, gamithromycin, kitasamycin, lincomycin, meleumycin, nafithromycin, pirlimycin, primycin, solithromycin, tildipirosin, tilmicosin, tulathromycin, tylosin, and tylvalosin)
 - "lipoglycopeptides"
(dalbavancin, oritavancin, and telavancin)
 - "macrolides"
(acetylmidecamycin, acetylspiramycin, azithromycin, clarithromycin, dirithromycin, erythromycin, flurithromycin, gamithromycin, josamycin, kitasamycin, meleumycin, midecamycin, miocamycin, nafithromycin, oleandomycin, pirlimycin, primycin, rokitamycin, roxithromycin, solithromycin, spiramycin, telithromycin, tildipirosin, tilmicosin, troleandomycin, tulathromycin, tylosin, and tylvalosin)
 - "oxazolidinones"
(cadazolid, cycloserine, linezolid, tedizolid, and thiacetazone)
 - "penicillins"
(amoxicillin, amoxicillin/clavulanic acid, amoxicillin/sulbactam, ampicillin, ampicillin/sulbactam, apalcillin, aspoxicillin, avibactam, azidocillin, azlocillin, aztreonam, aztreonam/avibactam, aztreonam/nacubactam, bacampicillin, benzathine benzylpenicillin, benzathine phenoxymethylpenicillin, benzylpenicillin, carbenicillin, carindacillin, cefepime/nacubactam, ciclacillin, clometocillin, cloxacillin, dicloxacillin, epicillin, flucloxacillin, hetacillin, lenampicillin, mecillinam, metampicillin, meticillin, mezlocillin, mezlocillin/sulbactam, nacubactam, nafcillin, oxacillin, penamecillin, penicillin/novobiocin, penicillin/sulbactam, pheneticillin, phenoxymethylpenicillin, piperacillin, piperacillin/sulbactam, piperacillin/tazobactam, piridicillin, pivampicillin, pivmecillinam, procaine benzylpenicillin, propicillin, sarmoxicillin, sulbactam, sulbenicillin, sultamicillin, talampicillin, tazobactam, temocillin, ticarcillin, and ticarcillin/clavulanic acid)
 - "polymyxins"
(colistin, polymyxin B, and polymyxin B/polysorbate 80)
 - "quinolones"
(besifloxacin, cinoxacin, ciprofloxacin, clinafloxacin, danofloxacin, delafloxacin, difloxacin, enoxacin, enrofloxacin, finafloxacin, fleroxacin, flumequine, garenoxacin, gatifloxacin, gemifloxacin, grepafloxacin, lascufloxacin, levofloxacin, levonadifloxacin, lomefloxacin, marbofloxacin, metioxate, miloxacin, moxifloxacin, nadifloxacin, nalidixic acid, nemonoxacin, nifuroquine, nitroxoline, norfloxacin, ofloxacin, orbifloxacin, oxolinic acid, pazufloxacin, pefloxacin, pipemidic acid, piromidic acid, pradofloxacin, premafloxacin, prulifloxacin, rosoxacin, rufloxacin, sarafloxacin, sitafloxacin, sparfloxacin, temafloxacin, tilbroquinol, tioxacin, tosufloxacin, and trovafloxacin)
 - "streptogramins"
(pristinamycin and quinupristin/dalfopristin)
 - "tetracyclines"

(cetocycline, chlortetracycline, clomocycline, demeclocycline, doxycycline, eravacycline, lymecycline, metacycline, minocycline, omadacycline, oxytetracycline, penimepicycline, rolitetracycline, sarecycline, tetracycline, and tigecycline)

- "tetracyclines_except_tgc"
(cetocycline, chlortetracycline, clomocycline, demeclocycline, doxycycline, eravacycline, lymecycline, metacycline, minocycline, omadacycline, oxytetracycline, penimepicycline, rolitetracycline, sarecycline, and tetracycline)
- "trimethoprim"
(brodimoprim, sulfadiazine, sulfadiazine/tetroxoprim, sulfadiazine/trimethoprim, sulfadimethoxine, sulfadimidine, sulfadimidine/trimethoprim, sulfafurazole, sulfaisodimidine, sulfalene, sulfamazone, sulfamerazine, sulfamerazine/trimethoprim, sulfamethizole, sulfamethoxazole, sulfamethoxypyridazine, sulfametomidine, sulfametoxydiazine, sulfametrole/trimethoprim, sulfamoxole, sulfamoxole/trimethoprim, sulfanilamide, sulfaperin, sulfaphenazole, sulfapyridine, sulfathiazole, sulfathiourea, trimethoprim, and trimethoprim/sulfamethoxazole)
- "ureidopenicillins"
(azlocillin, mezlocillin, piperacillin, and piperacillin/tazobactam)

Examples

```
x <- custom_eucast_rules(
  AMC == "R" & genus == "Klebsiella" ~ aminopenicillins == "R",
  AMC == "I" & genus == "Klebsiella" ~ aminopenicillins == "I"
)
x

# run the custom rule set (verbose = TRUE will return a logbook instead of the data set):
eucast_rules(example_isolates,
  rules = "custom",
  custom_rules = x,
  info = FALSE,
  verbose = TRUE
)

# combine rule sets
x2 <- c(
  x,
  custom_eucast_rules(TZP == "R" ~ carbapenems == "R")
)
x2
```

dosage

Data Set with Treatment Dosages as Defined by EUCAST

Description

EUCAST breakpoints used in this package are based on the dosages in this data set. They can be retrieved with `eucast_dosage()`.

Usage

dosage

Format

A [tibble](#) with 336 observations and 9 variables:

- `ab`
Antibiotic ID as used in this package (such as AMC), using the official EARS-Net (European Antimicrobial Resistance Surveillance Network) codes where available
- `name`
Official name of the antimicrobial drug as used by WHONET/EARS-Net or the WHO
- `type`
Type of the dosage, either "high_dosage", "standard_dosage", or "uncomplicated_utili"
- `dose`
Dose, such as "2 g" or "25 mg/kg"
- `dose_times`
Number of times a dose must be administered
- `administration`
Route of administration, either "im", "iv", or "oral"
- `notes`
Additional dosage notes
- `original_txt`
Original text in the PDF file of EUCAST
- `eucast_version`
Version number of the EUCAST Clinical Breakpoints guideline to which these dosages apply

Details

This data set is based on 'EUCAST Clinical Breakpoint Tables' v12.0 (2022) and 'EUCAST Clinical Breakpoint Tables' v11.0 (2021).

Direct download:

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Examples

dosage

eucast_rules

*Apply EUCAST Rules***Description**

Apply rules for clinical breakpoints and intrinsic resistance as defined by the European Committee on Antimicrobial Susceptibility Testing (EUCAST, <https://www.eucast.org>), see *Source*. Use `eucast_dosage()` to get a `data.frame` with advised dosages of a certain bug-drug combination, which is based on the `dosage` data set.

To improve the interpretation of the antibiogram before EUCAST rules are applied, some non-EUCAST rules can be applied at default, see *Details*.

Usage

```
eucast_rules(
  x,
  col_mo = NULL,
  info = interactive(),
  rules = getOption("AMR_eucastrules", default = c("breakpoints", "expert")),
  verbose = FALSE,
  version_breakpoints = 12,
  version_expertrules = 3.3,
  ampc_cephalosporin_resistance = NA,
  only_sir_columns = FALSE,
  custom_rules = NULL,
  ...
)
```

```
eucast_dosage(ab, administration = "iv", version_breakpoints = 12)
```

Arguments

<code>x</code>	a data set with antibiotic columns, such as amox, AMX and AMC
<code>col_mo</code>	column name of the names or codes of the microorganisms (see <code>as.mo()</code>) - the default is the first column of class <code>mo</code> . Values will be coerced using <code>as.mo()</code> .
<code>info</code>	a <code>logical</code> to indicate whether progress should be printed to the console - the default is only print while in interactive sessions
<code>rules</code>	a <code>character</code> vector that specifies which rules should be applied. Must be one or more of "breakpoints", "expert", "other", "custom", "all", and defaults to <code>c("breakpoints", "expert")</code> . The default value can be set to another value using the <code>package option</code> <code>AMR_eucastrules</code> : <code>options(AMR_eucastrules = "all")</code> . If using "custom", be sure to fill in argument <code>custom_rules</code> too. Custom rules can be created with <code>custom_eucast_rules()</code> .
<code>verbose</code>	a <code>logical</code> to turn Verbose mode on and off (default is off). In Verbose mode, the function does not apply rules to the data, but instead returns a data set in logbook

form with extensive info about which rows and columns would be effected and in which way. Using Verbose mode takes a lot more time.

version_breakpoints	the version number to use for the EUCAST Clinical Breakpoints guideline. Can be either "12.0", "11.0", or "10.0".
version_expertrules	the version number to use for the EUCAST Expert Rules and Intrinsic Resistance guideline. Can be either "3.3", "3.2", or "3.1".
ampc_cephalosporin_resistance	a character value that should be applied to cefotaxime, ceftriaxone and ceftazidime for AmpC de-repressed cephalosporin-resistant mutants - the default is NA. Currently only works when version_expertrules is 3.2 and higher; these version of 'EUCAST Expert Rules on Enterobacterales' state that results of cefotaxime, ceftriaxone and ceftazidime should be reported with a note, or results should be suppressed (emptied) for these three drugs. A value of NA (the default) for this argument will remove results for these three drugs, while e.g. a value of "R" will make the results for these drugs resistant. Use NULL or FALSE to not alter results for these three drugs of AmpC de-repressed cephalosporin-resistant mutants. Using TRUE is equal to using "R". For EUCAST Expert Rules v3.2, this rule applies to: <i>Citrobacter braakii</i> , <i>Citrobacter freundii</i> , <i>Citrobacter gillenii</i> , <i>Citrobacter murlinae</i> , <i>Citrobacter rodentium</i> , <i>Citrobacter sedlakii</i> , <i>Citrobacter werkmanii</i> , <i>Citrobacter youngae</i> , <i>Enterobacter</i> , <i>Hafnia alvei</i> , <i>Klebsiella aerogenes</i> , <i>Morganella morganii</i> , <i>Providencia</i> , and <i>Serratia</i> .
only_sir_columns	a logical to indicate whether only antibiotic columns must be detected that were transformed to class sir (see as.sir()) on beforehand (default is FALSE)
custom_rules	custom rules to apply, created with custom_eucast_rules()
...	column name of an antibiotic, see section <i>Antibiotics</i> below
ab	any (vector of) text that can be coerced to a valid antibiotic drug code with as.ab()
administration	route of administration, either "im", "iv", or "oral"

Details

Note: This function does not translate MIC values to SIR values. Use [as.sir\(\)](#) for that.

Note: When ampicillin (AMP, J01CA01) is not available but amoxicillin (AMX, J01CA04) is, the latter will be used for all rules where there is a dependency on ampicillin. These drugs are interchangeable when it comes to expression of antimicrobial resistance.

The file containing all EUCAST rules is located here: https://github.com/msberends/AMR/blob/main/data-raw/eucast_rules.tsv. **Note:** Old taxonomic names are replaced with the current taxonomy where applicable. For example, *Ochrobactrum anthropi* was renamed to *Brucella anthropi* in 2020; the original EUCAST rules v3.1 and v3.2 did not yet contain this new taxonomic name. The AMR package contains the full microbial taxonomy updated until 11 December, 2022, see [microorganisms](#).

Custom Rules:

Custom rules can be created using `custom_eucast_rules()`, e.g.:

```
x <- custom_eucast_rules(AMC == "R" & genus == "Klebsiella" ~ aminopenicillins == "R",
                        AMC == "I" & genus == "Klebsiella" ~ aminopenicillins == "I")

eucast_rules(example_isolates, rules = "custom", custom_rules = x)
```

'Other' Rules:

Before further processing, two non-EUCAST rules about drug combinations can be applied to improve the efficacy of the EUCAST rules, and the reliability of your data (analysis). These rules are:

1. A drug **with** enzyme inhibitor will be set to S if the same drug **without** enzyme inhibitor is S
2. A drug **without** enzyme inhibitor will be set to R if the same drug **with** enzyme inhibitor is R

Important examples include amoxicillin and amoxicillin/clavulanic acid, and trimethoprim and trimethoprim/sulfamethoxazole. Needless to say, for these rules to work, both drugs must be available in the data set.

Since these rules are not officially approved by EUCAST, they are not applied at default. To use these rules, include "other" to the rules argument, or use `eucast_rules(..., rules = "all")`. You can also set the [package option](#) `AMR_eucastrules`, i.e. `run options(AMR_eucastrules = "all")`.

Value

The input of `x`, possibly with edited values of antibiotics. Or, if `verbose = TRUE`, a `data.frame` with all original and new values of the affected bug-drug combinations.

Antibiotics

To define antibiotics column names, leave as it is to determine it automatically with `guess_ab_col()` or input a text (case-insensitive), or use NULL to skip a column (e.g. TIC = NULL to skip ticarcillin). Manually defined but non-existing columns will be skipped with a warning.

The following antibiotics are eligible for the functions `eucast_rules()` and `mdro()`. These are shown below in the format 'name (antimicrobial ID, ATC code)', sorted alphabetically:

Amikacin (AMK, [S01AE08](#)), amoxicillin (AMX, [J01MA02](#)), amoxicillin/clavulanic acid (AMC, [J01MA23](#)), ampicillin (AMP, [J01MA04](#)), ampicillin/sulbactam (SAM, [J01MA08](#)), arbekacin (ARB, [J01MA19](#)), aspoxicillin (APX, [J01MA16](#)), azidocillin (AZD, [J01MA15](#)), azithromycin (AZM, [J01MA11](#)), azlocillin (AZL, [J01MA25](#)), aztreonam (ATM, [J01MA12](#)), bacampicillin (BAM, [J01MA24](#)), bekanamycin (BEK, [J01MA07](#)), benzathine benzylpenicillin (BNB, [J01MA14](#)), benzathine phenoxymethylpenicillin (BNP, [D10AF05](#)), benzylpenicillin (PEN, [J01MA06](#)), besifloxacin (BES, [J01MA01](#)), biapenem (BIA, [J01MA18](#)), carbenicillin (CRB, [J01MA03](#)), carindacillin (CRN, [J01MA17](#)), cefacetile (CAC, [J01MA10](#)), cefaclor (CEC, [J01MA21](#)), cefadroxil (CFR, [J01MA09](#)), cefalexin (LEX, [J01MA05](#)), cefaloridine (RID, [P01AA05](#)), cefalotin (CEP, [J01MA22](#)), cefamandole (MAN, [J01MA13](#)), cefapirin (HAP, [J01CA01](#)), cefatrizine (CTZ, [J01CA04](#)), cefazedone (CZD, [J01CA12](#)), cefazolin (CZO, [J01CR05](#)), cefcapene (CCP, [J01CA13](#)), cefdinir (CDR, [J01AA02](#)), cefditoren (DIT, [J01FA10](#)), cefepime (FEP, [J01FA09](#)), cefetamet (CAT, [J01CR02](#)), cefixime (CFM, [J01AA08](#)), cefmenoxime (CMX, [J01FA06](#)), cefmetazole (CMZ, [J01CF04](#)), cefodizime (DIZ, [J01CF05](#)), cefonicid (CID, [J01CR01](#)), cefoperazone (CFP, [J01CA19](#)),

cefoperazone/sulbactam (CSL, J01CE04), ceforanide (CND, J01CA09), cefotaxime (CTX, J01DF01), cefotaxime/clavulanic acid (CTC, J01CA06), cefotetan (CTT, J01CE08), cefotiam (CTF, J01CE10), cefoxitin (FOX, J01CE01), ceftazidime (ZOP, J01CA03), cefpiramide (CPM, J01CA05), cefpirome (CPO, J01CE07), cefpodoxime (CPD, J01CF02), ceftazidime (CPR, J01CF01), cefroxadine (CRD, J01CA07), cefsulodin (CFS, J01CA18), ceftaroline (CPT, J01CA11), ceftazidime (CAZ, J01CA14), ceftazidime/clavulanic acid (CCV, J01CF03), ceftazidime (CEM, J01CA10), ceftazidime (CTL, J01CF06), ceftibuten (CTB, J01CE06), ceftizoxime (CZX, J01CE05), ceftibiprole medocaril (CFM1, J01CE02), ceftolozane/tazobactam (CZT, J01CA02), ceftriaxone (CRO, J01CA08), ceftriaxone/beta-lactamase inhibitor (CEB, J01CE09), cefuroxime (CXM, J01CE03), cephradine (CED, J01CG01), chloramphenicol (CHL, J01CA16), ciprofloxacin (CIP, J01CR04), clarithromycin (CLR, J01CA15), clindamycin (CLI, J01CG02), clometocillin (CLM, J01CA17), cloxacillin (CLO, J01CR03), colistin (COL, J01DB10), cycloserine (CYC, J01DC04), dalbavancin (DAL, J01DB05), daptomycin (DAP, J01DB01), delafloxacin (DFX, J01DB02), dibekacin (DKB, J01DB03), dicloxacillin (DIC, J01DC03), dirithromycin (DIR, J01DB08), doripenem (DOR, J01DB07), doxycycline (DOX, J01DB06), enoxacin (ENX, J01DB04), epicillin (EPC, J01DD17), erapenem (ETP, J01DD15), erythromycin (ERY, J01DD16), fleroxacin (FLE, J01DE01), flucloxacillin (FLC, J01DD10), flurithromycin (FLR1, J01DD08), fosfomicin (FOS, J01DD05), framycetin (FRM, J01DC09), fusidic acid (FUS, J01DD09), garenoxacin (GRN, J01DC06), gatifloxacin (GAT, J01DD12), gemifloxacin (GEM, J01DD62), gentamicin (GEN, J01DC11), grepafloxacin (GRX, J01DD01), hetacillin (HET, J01DD51), imipenem (IPM, J01DC05), imipenem/relebactam (IMR, J01DC07), isepamicin (ISE, J01DC01), josamycin (JOS, J01DE03), kanamycin (KAN, J01DD11), lascufloxacin (LSC, J01DE02), latamoxef (LTM, J01DD13), levofloxacin (LVX, J01DC10), levonadifloxacin (LND, J01DB11), lincosamin (LIN, J01DD03), linezolid (LNZ, J01DI02), lomefloxacin (LOM, J01DD02), loracarbef (LOR, J01DD52), mecillinam (MEC, J01DD18), meropenem (MEM, J01DB12), meropenem/vaborbactam (MEV, J01DD14), metampicillin (MTM, J01DD07), meticillin (MET, J01DI01), mezlocillin (MEZ, J01DI54), micronomicin (MCR, J01DD04), midecamycin (MID, J01DD63), minocycline (MNO, J01DC02), mio-camycin (MCM, J01DB09), moxifloxacin (MFX, J01DD06), nadifloxacin (NAD, J01DC08), nafcillin (NAF, J01DH05), nalidixic acid (NAL, J01DH04), neomycin (NEO, J01DH03), netilmicin (NET, J01DH51), nitrofurantoin (NIT, J01DH56), norfloxacin (NOR, J01DH02), ofloxacin (OFX, J01DH52), olean-domycin (OLE, J01DH55), oritavancin (ORI, J01DH06), oxacillin (OXA, J01XA02), panipenem (PAN, J01XA01), pazufloxacin (PAZ, J01XC01), pefloxacin (PEF, J01FA13), penamecillin (PNM, J01FA01), pheneticillin (PHE, J01FA14), phenoxymethylpenicillin (PHN, J01FA07), piperacillin (PIP, J01FA03), piperacillin/tazobactam (TZP, J01FA11), pivampicillin (PVM, J01FA05), pivmecillinam (PME, J01FA12), plazomicin (PLZ, J01FA16), polymyxin B (PLB, J01FA02), pristinamycin (PRI, J01FA15), procaine benzylpenicillin (PRB, J01FA08), propicillin (PRP, J01FF02), prulifloxacin (PRU, J01FG01), quin-upristin/dalfopristin (QDA, J01FG02), ribostamycin (RST, J04AB02), rifampicin (RIF, J01XX09), rokitamycin (ROK, J01XX08), roxithromycin (RXT, J01AA07), rufloxacin (RFL, J01XB01), sisomicin (SIS, J01XB02), sitafloxacin (SIT, J01XE01), solithromycin (SOL, J01AA12), sparfloxacin (SPX, J01EA01), spiramycin (SPI, J01XX01), streptoduoicin (STR, J01BA01), streptomycin (STR1, J01GB06), sulbactam (SUL, J01GB12), sulbenicillin (SBC, J01GB13), sulfadiazine (SDI, J01GB09), sulfadi-azine/trimethoprim (SLT1, D09AA01), sulfadimethoxine (SUD, J01GB03), sulfadimidine (SDM, J01GB11), sulfadimidine/trimethoprim (SLT2, J01GB04), sulfafurazole (SLF, S01AA22), sulfaisodimidine (SLF1, J01GB05), sulfalene (SLF2, J01GB07), sulfamazone (SZO, J01GB14), sulfamerazine (SLF3, J01GB10), sulfamerazine/trimethoprim (SLT3, J01GB08), sulfamethizole (SLF4, J01GA02), sulfamethoxazole (SMX, J01GA01), sulfamethoxy-pyridazine (SLF5, J01GB01), sulfametomidine (SLF6, J01EE01), sulfametoxydiazine (SLF7, J01MB02), sulfametrole/trimethoprim (SLT4, J01FF01), sulfamoxole (SLF8, J01XA04), sulfamoxole/trimethoprim (SLT5, J01XA05), sulfanilamide (SLF9, J01XA03), sulfaperin (SLF10, J04AB01), sulfaphenazole (SLF11, J01XX11), sulfapyridine (SLF12, J01EC02), sulfathiazole (SUT, J01ED01), sulfathiourea (SLF13, J01EB03), sultamicillin (SLT6, J01EB05), ta-

lampicillin (TAL, [J01EB01](#)), tazobactam (TAZ, [J01ED02](#)), tebipenem (TBP, [J01ED09](#)), tedizolid (TZD, [J01ED07](#)), teicoplanin (TEC, [J01EB02](#)), telavancin (TLV, [J01EC01](#)), telithromycin (TLT, [J01ED05](#)), temafloxacin (TMX, [J01ED03](#)), temocillin (TEM, [J01ED04](#)), tetracycline (TCY, [J01EC03](#)), ticarcillin (TIC, [J01EB06](#)), ticarcillin/clavulanic acid (TCC, [J01ED06](#)), tigecycline (TGC, [J01ED08](#)), tilbroquinol (TBQ, [J01EB04](#)), tobramycin (TOB, [J01EB07](#)), tosufloxacin (TFX, [J01EB08](#)), trimethoprim (TMP, [J01EE02](#)), trimethoprim/sulfamethoxazole (SXT, [J01EE05](#)), troleandomycin (TRL, [J01EE07](#)), trovafloxacin (TVA, [J01EE03](#)), vancomycin (VAN, [J01EE04](#))

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Source

- EUCAST Expert Rules. Version 2.0, 2012. Leclercq et al. **EUCAST expert rules in antimicrobial susceptibility testing**. *Clin Microbiol Infect.* 2013;19(2):141-60; doi:10.1111/j.14690691.2011.03703.x
- EUCAST Expert Rules, Intrinsic Resistance and Exceptional Phenotypes Tables. Version 3.1, 2016. ([link](#))
- EUCAST Intrinsic Resistance and Unusual Phenotypes. Version 3.2, 2020. ([link](#))
- EUCAST Intrinsic Resistance and Unusual Phenotypes. Version 3.3, 2021. ([link](#))
- EUCAST Breakpoint tables for interpretation of MICs and zone diameters. Version 9.0, 2019. ([link](#))
- EUCAST Breakpoint tables for interpretation of MICs and zone diameters. Version 10.0, 2020. ([link](#))
- EUCAST Breakpoint tables for interpretation of MICs and zone diameters. Version 11.0, 2021. ([link](#))
- EUCAST Breakpoint tables for interpretation of MICs and zone diameters. Version 12.0, 2022. ([link](#))

Examples

```
a <- data.frame(
  mo = c(
    "Staphylococcus aureus",
    "Enterococcus faecalis",
    "Escherichia coli",
    "Klebsiella pneumoniae",
    "Pseudomonas aeruginosa"
  ),
  VAN = "-", # Vancomycin
  AMX = "-", # Amoxicillin
```

```

COL = "-", # Colistin
CAZ = "-", # Ceftazidime
CMX = "-", # Cefuroxime
PEN = "S", # Benzylpenicillin
FOX = "S", # Ceftazidime
stringsAsFactors = FALSE
)

head(a)

# apply EUCAST rules: some results will be changed
b <- eucast_rules(a)

head(b)

# do not apply EUCAST rules, but rather get a data.frame
# containing all details about the transformations:
c <- eucast_rules(a, verbose = TRUE)
head(c)

# Dosage guidelines:

eucast_dosage(c("tobra", "genta", "cipro"), "iv")

eucast_dosage(c("tobra", "genta", "cipro"), "iv", version_breakpoints = 10)

```

example_isolates

Data Set with 2 000 Example Isolates

Description

A data set containing 2 000 microbial isolates with their full antibiograms. This data set contains randomised fictitious data, but reflects reality and can be used to practise AMR data analysis. For examples, please read [the tutorial on our website](#).

Usage

```
example_isolates
```

Format

A [tibble](#) with 2 000 observations and 46 variables:

- date
Date of receipt at the laboratory
- patient
ID of the patient

- age
Age of the patient
- gender
Gender of the patient, either "F" or "M"
- ward
Ward type where the patient was admitted, either "Clinical", "ICU", or "Outpatient"
- mo
ID of microorganism created with `as.mo()`, see also the `microorganisms` data set
- PEN:RIF
40 different antibiotics with class `sir` (see `as.sir()`); these column names occur in the `antibiotics` data set and can be translated with `set_ab_names()` or `ab_name()`

Details

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Examples

```
example_isolates
```

```
example_isolates_unclean
```

Data Set with Unclean Data

Description

A data set containing 3 000 microbial isolates that are not cleaned up and consequently not ready for AMR data analysis. This data set can be used for practice.

Usage

```
example_isolates_unclean
```

Format

A `tibble` with 3 000 observations and 8 variables:

- patient_id
ID of the patient
- date
date of receipt at the laboratory
- hospital
ID of the hospital, from A to C

- bacteria
info about microorganism that can be transformed with `as.mo()`, see also [microorganisms](#)
- AMX:GEN
4 different antibiotics that have to be transformed with `as.sir()`

Details

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Examples

```
example_isolates_unclean
```

first_isolate	<i>Determine First Isolates</i>
---------------	---------------------------------

Description

Determine first isolates of all microorganisms of every patient per episode and (if needed) per specimen type. These functions support all four methods as summarised by Hindler *et al.* in 2007 ([doi:10.1086/511864](https://doi.org/10.1086/511864)). To determine patient episodes not necessarily based on microorganisms, use `is_new_episode()` that also supports grouping with the `dplyr` package.

Usage

```
first_isolate(  
  x = NULL,  
  col_date = NULL,  
  col_patient_id = NULL,  
  col_mo = NULL,  
  col_testcode = NULL,  
  col_specimen = NULL,  
  col_icu = NULL,  
  col_keyantimicrobials = NULL,  
  episode_days = 365,  
  testcodes_exclude = NULL,  
  icu_exclude = FALSE,  
  specimen_group = NULL,  
  type = "points",  
  method = c("phenotype-based", "episode-based", "patient-based", "isolate-based"),  
  ignore_I = TRUE,  
  points_threshold = 2,  
  info = interactive(),  
  include_unknown = FALSE,  
  include_untested_sir = TRUE,
```

```

    ...
  )

filter_first_isolate(
  x = NULL,
  col_date = NULL,
  col_patient_id = NULL,
  col_mo = NULL,
  episode_days = 365,
  method = c("phenotype-based", "episode-based", "patient-based", "isolate-based"),
  ...
)

```

Arguments

x	a data.frame containing isolates. Can be left blank for automatic determination, see <i>Examples</i> .
col_date	column name of the result date (or date that is was received on the lab) - the default is the first column with a date class
col_patient_id	column name of the unique IDs of the patients - the default is the first column that starts with 'patient' or 'patid' (case insensitive)
col_mo	column name of the names or codes of the microorganisms (see as.mo()) - the default is the first column of class <code>mo</code> . Values will be coerced using as.mo() .
col_testcode	column name of the test codes. Use <code>col_testcode = NULL</code> to not exclude certain test codes (such as test codes for screening). In that case <code>testcodes_exclude</code> will be ignored.
col_specimen	column name of the specimen type or group
col_icu	column name of the logicals (TRUE/FALSE) whether a ward or department is an Intensive Care Unit (ICU). This can also be a logical vector with the same length as rows in x.
col_keyantimicrobials	(only useful when <code>method = "phenotype-based"</code>) column name of the key antimicrobials to determine first isolates, see key_antimicrobials() . The default is the first column that starts with 'key' followed by 'ab' or 'antibiotics' or 'antimicrobials' (case insensitive). Use <code>col_keyantimicrobials = FALSE</code> to prevent this. Can also be the output of key_antimicrobials() .
episode_days	episode in days after which a genus/species combination will be determined as 'first isolate' again. The default of 365 days is based on the guideline by CLSI, see <i>Source</i> .
testcodes_exclude	a character vector with test codes that should be excluded (case-insensitive)
icu_exclude	a logical to indicate whether ICU isolates should be excluded (rows with value TRUE in the column set with <code>col_icu</code>)
specimen_group	value in the column set with <code>col_specimen</code> to filter on
type	type to determine weighed isolates; can be "keyantimicrobials" or "points", see <i>Details</i>

method	the method to apply, either "phenotype-based", "episode-based", "patient-based" or "isolate-based" (can be abbreviated), see <i>Details</i> . The default is "phenotype-based" if antimicrobial test results are present in the data, and "episode-based" otherwise.
ignore_I	logical to indicate whether antibiotic interpretations with "I" will be ignored when type = "keyantimicrobials", see <i>Details</i>
points_threshold	minimum number of points to require before differences in the antibiogram will lead to inclusion of an isolate when type = "points", see <i>Details</i>
info	a logical to indicate info should be printed - the default is TRUE only in interactive mode
include_unknown	a logical to indicate whether 'unknown' microorganisms should be included too, i.e. microbial code "UNKNOWN", which defaults to FALSE. For WHONET users, this means that all records with organism code "con" (<i>contamination</i>) will be excluded at default. Isolates with a microbial ID of NA will always be excluded as first isolate.
include_untested_sir	a logical to indicate whether also rows without antibiotic results are still eligible for becoming a first isolate. Use include_untested_sir = FALSE to always return FALSE for such rows. This checks the data set for columns of class sir and consequently requires transforming columns with antibiotic results using <code>as.sir()</code> first.
...	arguments passed on to <code>first_isolate()</code> when using <code>filter_first_isolate()</code> , otherwise arguments passed on to <code>key_antimicrobials()</code> (such as universal, gram_negative, gram_positive)

Details

To conduct epidemiological analyses on antimicrobial resistance data, only so-called first isolates should be included to prevent overestimation and underestimation of antimicrobial resistance. Different methods can be used to do so, see below.

These functions are context-aware. This means that the `x` argument can be left blank if used inside a `data.frame` call, see *Examples*.

The `first_isolate()` function is a wrapper around the `is_new_episode()` function, but more efficient for data sets containing microorganism codes or names.

All isolates with a microbial ID of NA will be excluded as first isolate.

Different methods:

According to Hindler *et al.* (2007, doi:10.1086/511864), there are different methods (algorithms) to select first isolates with increasing reliability: isolate-based, patient-based, episode-based and phenotype-based. All methods select on a combination of the taxonomic genus and species (not subspecies).

All mentioned methods are covered in the `first_isolate()` function:

Method
Isolate-based

Function to apply
`first_isolate(x, method = "isolate-based")`

(= all isolates)

Patient-based

(= first isolate per patient)

first_isolate(x, method = "patient-based")

Episode-based

(= first isolate per episode)

- 7-Day interval from initial isolate

- 30-Day interval from initial isolate

first_isolate(x, method = "episode-based"), or:

- first_isolate(x, method = "e", episode_days = 7)

- first_isolate(x, method = "e", episode_days = 30)

Phenotype-based

(= first isolate per phenotype)

- Major difference in any antimicrobial result

- Any difference in key antimicrobial results

first_isolate(x, method = "phenotype-based"), or:

- first_isolate(x, type = "points")

- first_isolate(x, type = "keyantimicrobials")

Isolate-based:

This method does not require any selection, as all isolates should be included. It does, however, respect all arguments set in the `first_isolate()` function. For example, the default setting for `include_unknown` (FALSE) will omit selection of rows without a microbial ID.

Patient-based:

To include every genus-species combination per patient once, set the `episode_days` to `Inf`. Although often inappropriate, this method makes sure that no duplicate isolates are selected from the same patient. In a large longitudinal data set, this could mean that isolates are *excluded* that were found years after the initial isolate.

Episode-based:

To include every genus-species combination per patient episode once, set the `episode_days` to a sensible number of days. Depending on the type of analysis, this could be 14, 30, 60 or 365. Short episodes are common for analysing specific hospital or ward data, long episodes are common for analysing regional and national data.

This is the most common method to correct for duplicate isolates. Patients are categorised into episodes based on their ID and dates (e.g., the date of specimen receipt or laboratory result). While this is a common method, it does not take into account antimicrobial test results. This means that e.g. a methicillin-resistant *Staphylococcus aureus* (MRSA) isolate cannot be differentiated from a wildtype *Staphylococcus aureus* isolate.

Phenotype-based:

This is a more reliable method, since it also *weighs* the antibiogram (antimicrobial test results) yielding so-called 'first weighted isolates'. There are two different methods to weigh the antibiogram:

1. Using `type = "points"` and argument `points_threshold` (default)

This method weighs *all* antimicrobial drugs available in the data set. Any difference from I to S or R (or vice versa) counts as 0.5 points, a difference from S to R (or vice versa) counts as

1 point. When the sum of points exceeds `points_threshold`, which defaults to 2, an isolate will be selected as a first weighted isolate.

All antimicrobials are internally selected using the `all_antimicrobials()` function. The output of this function does not need to be passed to the `first_isolate()` function.

2. Using `type = "keyantimicrobials"` and argument `ignore_I`

This method only weighs specific antimicrobial drugs, called *key antimicrobials*. Any difference from S to R (or vice versa) in these key antimicrobials will select an isolate as a first weighted isolate. With `ignore_I = FALSE`, also differences from I to S or R (or vice versa) will lead to this.

Key antimicrobials are internally selected using the `key_antimicrobials()` function, but can also be added manually as a variable to the data and set in the `col_keyantimicrobials` argument. Another option is to pass the output of the `key_antimicrobials()` function directly to the `col_keyantimicrobials` argument.

The default method is phenotype-based (using `type = "points"`) and episode-based (using `episode_days = 365`). This makes sure that every genus-species combination is selected per patient once per year, while taking into account all antimicrobial test results. If no antimicrobial test results are available in the data set, only the episode-based method is applied at default.

Value

A `logical` vector

Source

Methodology of this function is strictly based on:

- **M39 Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data, 5th Edition**, 2022, *Clinical and Laboratory Standards Institute (CLSI)*. <https://clsi.org/standards/products/microbiology/documents/m39/>.
- Hindler JF and Stelling J (2007). **Analysis and Presentation of Cumulative Antibigrams: A New Consensus Guideline from the Clinical and Laboratory Standards Institute**. *Clinical Infectious Diseases*, 44(6), 867-873. [doi:10.1086/511864](https://doi.org/10.1086/511864)

See Also

`key_antimicrobials()`

Examples

```
# `example_isolates` is a data set available in the AMR package.
# See ?example_isolates.

example_isolates[first_isolate(info = TRUE), ]

# get all first Gram-negatives
example_isolates[which(first_isolate(info = FALSE) & mo_is_gram_negative()), ]

if (require("dplyr")) {
  # filter on first isolates using dplyr:
  example_isolates %>%
```

```

    filter(first_isolate(info = TRUE))
  }
  if (require("dplyr")) {
    # short-hand version:
    example_isolates %>%
      filter_first_isolate(info = FALSE)
  }
  if (require("dplyr")) {
    # flag the first isolates per group:
    example_isolates %>%
      group_by(ward) %>%
      mutate(first = first_isolate(info = TRUE)) %>%
      select(ward, date, patient, mo, first)
  }

```

g.test

*G-test for Count Data***Description**

`g.test()` performs chi-squared contingency table tests and goodness-of-fit tests, just like `chisq.test()` but is more reliable (1). A *G-test* can be used to see whether the number of observations in each category fits a theoretical expectation (called a **G-test of goodness-of-fit**), or to see whether the proportions of one variable are different for different values of the other variable (called a **G-test of independence**).

Usage

```
g.test(x, y = NULL, p = rep(1/length(x), length(x)), rescale.p = FALSE)
```

Arguments

<code>x</code>	a numeric vector or matrix. <code>x</code> and <code>y</code> can also both be factors.
<code>y</code>	a numeric vector; ignored if <code>x</code> is a matrix. If <code>x</code> is a factor, <code>y</code> should be a factor of the same length.
<code>p</code>	a vector of probabilities of the same length as <code>x</code> . An error is given if any entry of <code>p</code> is negative.
<code>rescale.p</code>	a logical scalar; if <code>TRUE</code> then <code>p</code> is rescaled (if necessary) to sum to 1. If <code>rescale.p</code> is <code>FALSE</code> , and <code>p</code> does not sum to 1, an error is given.

Details

If `x` is a [matrix](#) with one row or column, or if `x` is a vector and `y` is not given, then a *goodness-of-fit test* is performed (`x` is treated as a one-dimensional contingency table). The entries of `x` must be non-negative integers. In this case, the hypothesis tested is whether the population probabilities equal those in `p`, or are all equal if `p` is not given.

If x is a `matrix` with at least two rows and columns, it is taken as a two-dimensional contingency table: the entries of x must be non-negative integers. Otherwise, x and y must be vectors or factors of the same length; cases with missing values are removed, the objects are coerced to factors, and the contingency table is computed from these. Then Pearson's chi-squared test is performed of the null hypothesis that the joint distribution of the cell counts in a 2-dimensional contingency table is the product of the row and column marginals.

The p-value is computed from the asymptotic chi-squared distribution of the test statistic.

In the contingency table case simulation is done by random sampling from the set of all contingency tables with given marginals, and works only if the marginals are strictly positive. Note that this is not the usual sampling situation assumed for a chi-squared test (such as the G -test) but rather that for Fisher's exact test.

In the goodness-of-fit case simulation is done by random sampling from the discrete distribution specified by p , each sample being of size $n = \text{sum}(x)$. This simulation is done in R and may be slow.

G-test Of Goodness-of-Fit (Likelihood Ratio Test):

Use the G -test of goodness-of-fit when you have one nominal variable with two or more values (such as male and female, or red, pink and white flowers). You compare the observed counts of numbers of observations in each category with the expected counts, which you calculate using some kind of theoretical expectation (such as a 1:1 sex ratio or a 1:2:1 ratio in a genetic cross).

If the expected number of observations in any category is too small, the G -test may give inaccurate results, and you should use an exact test instead (`fisher.test()`).

The G -test of goodness-of-fit is an alternative to the chi-square test of goodness-of-fit (`chisq.test()`); each of these tests has some advantages and some disadvantages, and the results of the two tests are usually very similar.

G-test of Independence:

Use the G -test of independence when you have two nominal variables, each with two or more possible values. You want to know whether the proportions for one variable are different among values of the other variable.

It is also possible to do a G -test of independence with more than two nominal variables. For example, Jackson et al. (2013) also had data for children under 3, so you could do an analysis of old vs. young, thigh vs. arm, and reaction vs. no reaction, all analyzed together.

Fisher's exact test (`fisher.test()`) is an **exact** test, where the G -test is still only an **approximation**. For any 2x2 table, Fisher's Exact test may be slower but will still run in seconds, even if the sum of your observations is multiple millions.

The G -test of independence is an alternative to the chi-square test of independence (`chisq.test()`), and they will give approximately the same results.

How the Test Works:

Unlike the exact test of goodness-of-fit (`fisher.test()`), the G -test does not directly calculate the probability of obtaining the observed results or something more extreme. Instead, like almost all statistical tests, the G -test has an intermediate step; it uses the data to calculate a test statistic that measures how far the observed data are from the null expectation. You then use a mathematical relationship, in this case the chi-square distribution, to estimate the probability of obtaining that value of the test statistic.

The G -test uses the log of the ratio of two likelihoods as the test statistic, which is why it is also called a likelihood ratio test or log-likelihood ratio test. The formula to calculate a G -statistic is:

$$G = 2 * \text{sum}(x * \log(x/E))$$

where E are the expected values. Since this is chi-square distributed, the p value can be calculated in R with:

```
p <- stats::pchisq(G, df, lower.tail = FALSE)
```

where df are the degrees of freedom.

If there are more than two categories and you want to find out which ones are significantly different from their null expectation, you can use the same method of testing each category vs. the sum of all categories, with the Bonferroni correction. You use G -tests for each category, of course.

Value

A list with class "htest" containing the following components:

statistic	the value the chi-squared test statistic.
parameter	the degrees of freedom of the approximate chi-squared distribution of the test statistic, NA if the p -value is computed by Monte Carlo simulation.
p.value	the p -value for the test.
method	a character string indicating the type of test performed, and whether Monte Carlo simulation or continuity correction was used.
data.name	a character string giving the name(s) of the data.
observed	the observed counts.
expected	the expected counts under the null hypothesis.
residuals	the Pearson residuals, $(\text{observed} - \text{expected}) / \sqrt{\text{expected}}$.
stdres	standardized residuals, $(\text{observed} - \text{expected}) / \sqrt{V}$, where V is the residual cell variance (Agresti, 2007, section 2.4.5 for the case where x is a matrix, $n * p * (1 - p)$ otherwise).

Source

The code for this function is identical to that of `chisq.test()`, except that:

- The calculation of the statistic was changed to $2 * \text{sum}(x * \log(x/E))$
- Yates' continuity correction was removed as it does not apply to a G -test
- The possibility to simulate p values with `simulate.p.value` was removed

References

1. McDonald, J.H. 2014. **Handbook of Biological Statistics (3rd ed.)**. Sparky House Publishing, Baltimore, Maryland. <http://www.biostathandbook.com/gtestgof.html>.

See Also

[chisq.test\(\)](#)

Examples

```

# = EXAMPLE 1 =
# Shivrain et al. (2006) crossed clearfield rice (which are resistant
# to the herbicide imazethapyr) with red rice (which are susceptible to
# imazethapyr). They then crossed the hybrid offspring and examined the
# F2 generation, where they found 772 resistant plants, 1611 moderately
# resistant plants, and 737 susceptible plants. If resistance is controlled
# by a single gene with two co-dominant alleles, you would expect a 1:2:1
# ratio.

x <- c(772, 1611, 737)
g.test(x, p = c(1, 2, 1) / 4)

# There is no significant difference from a 1:2:1 ratio.
# Meaning: resistance controlled by a single gene with two co-dominant
# alleles, is plausible.

# = EXAMPLE 2 =
# Red crossbills (Loxia curvirostra) have the tip of the upper bill either
# right or left of the lower bill, which helps them extract seeds from pine
# cones. Some have hypothesized that frequency-dependent selection would
# keep the number of right and left-billed birds at a 1:1 ratio. Groth (1992)
# observed 1752 right-billed and 1895 left-billed crossbills.

x <- c(1752, 1895)
g.test(x)

# There is a significant difference from a 1:1 ratio.
# Meaning: there are significantly more left-billed birds.

```

get_episode

Determine Clinical or Epidemic Episodes

Description

These functions determine which items in a vector can be considered (the start of) a new episode. This can be used to determine clinical episodes for any epidemiological analysis. The `get_episode()` function returns the index number of the episode per group, while the `is_new_episode()` function returns TRUE for every new `get_episode()` index. Both absolute and relative episode determination are supported.

Usage

```
get_episode(x, episode_days = NULL, case_free_days = NULL, ...)
```

```
is_new_episode(x, episode_days = NULL, case_free_days = NULL, ...)
```

Arguments

x	vector of dates (class Date or POSIXt), will be sorted internally to determine episodes
episode_days	episode length in days to specify the time period after which a new episode begins, can also be less than a day or Inf, see <i>Details</i>
case_free_days	(inter-epidemic) interval length in days after which a new episode will start, can also be less than a day or Inf, see <i>Details</i>
...	ignored, only in place to allow future extensions

Details

Episodes can be determined in two ways: absolute and relative.

1. Absolute

This method uses `episode_days` to define an episode length in days, after which a new episode will start. A common use case in AMR data analysis is microbial epidemiology: episodes of *S. aureus* bacteraemia in ICU patients for example. The episode length could then be 30 days, so that new *S. aureus* isolates after an ICU episode of 30 days will be considered a different (or new) episode.

Thus, this method counts **since the start of the previous episode**.

2. Relative

This method uses `case_free_days` to quantify the duration of case-free days (the inter-epidemic interval), after which a new episode will start. A common use case is infectious disease epidemiology: episodes of norovirus outbreaks in a hospital for example. The case-free period could then be 14 days, so that new norovirus cases after that time will be considered a different (or new) episode.

Thus, this methods counts **since the last case in the previous episode**.

In a table:

Date	Using <code>episode_days = 7</code>	Using <code>case_free_days = 7</code>
2023-01-01	1	1
2023-01-02	1	1
2023-01-05	1	1
2023-01-08	2**	1
2023-02-21	3	2***
2023-02-22	3	2
2023-02-23	3	2
2023-02-24	3	2
2023-03-01	4	2

** This marks the start of a new episode, because 8 January 2023 is more than 7 days since the start of the previous episode (1 January 2023).

*** This marks the start of a new episode, because 21 January 2023 is more than 7 days since the last case in the previous episode (8 January 2023).

Either `episode_days` or `case_free_days` must be provided in the function.

Difference between `get_episode()` and `is_new_episode()`:

The `get_episode()` function returns the index number of the episode, so all cases/patients/isolates in the first episode will have the number 1, all cases/patients/isolates in the second episode will have the number 2, etc.

The `is_new_episode()` function on the other hand, returns TRUE for every new `get_episode()` index.

To specify, when setting `episode_days = 365` (using method 1 as explained above), this is how the two functions differ:

patient	date	get_episode()	is_new_episode()
A	2019-01-01	1	TRUE
A	2019-03-01	1	FALSE
A	2021-01-01	2	TRUE
B	2008-01-01	1	TRUE
B	2008-01-01	1	FALSE
C	2020-01-01	1	TRUE

Other:

The `first_isolate()` function is a wrapper around the `is_new_episode()` function, but is more efficient for data sets containing microorganism codes or names and allows for different isolate selection methods.

The `dplyr` package is not required for these functions to work, but these episode functions do support [variable grouping](#) and work conveniently inside `dplyr` verbs such as `filter()`, `mutate()` and `summarise()`.

Value

- `get_episode()`: an [integer](#) vector
- `is_new_episode()`: a [logical](#) vector

See Also

[first_isolate\(\)](#)

Examples

```
# difference between absolute and relative determination of episodes:
x <- data.frame(dates = as.Date(c(
  "2021-01-01",
  "2021-01-02",
  "2021-01-05",
  "2021-01-08",
  "2021-02-21",
  "2021-02-22",
  "2021-02-23",
  "2021-02-24",
  "2021-03-01",
  "2021-03-01"
```

```

)))
x$absolute <- get_episode(x$dates, episode_days = 7)
x$relative <- get_episode(x$dates, case_free_days = 7)
x

# `example_isolates` is a data set available in the AMR package.
# See ?example_isolates
df <- example_isolates[sample(seq_len(2000), size = 100), ]

get_episode(df$date, episode_days = 60) # indices
is_new_episode(df$date, episode_days = 60) # TRUE/FALSE

# filter on results from the third 60-day episode only, using base R
df[which(get_episode(df$date, 60) == 3), ]

# the functions also work for less than a day, e.g. to include one per hour:
get_episode(
  c(
    Sys.time(),
    Sys.time() + 60 * 60
  ),
  episode_days = 1 / 24
)

if (require("dplyr")) {
  # is_new_episode() can also be used in dplyr verbs to determine patient
  # episodes based on any (combination of) grouping variables:
  df %>%
    mutate(condition = sample(
      x = c("A", "B", "C"),
      size = 100,
      replace = TRUE
    )) %>%
    group_by(patient, condition) %>%
    mutate(new_episode = is_new_episode(date, 365)) %>%
    select(patient, date, condition, new_episode) %>%
    arrange(patient, condition, date)
}

if (require("dplyr")) {
  df %>%
    group_by(ward, patient) %>%
    transmute(date,
              patient,
              new_index = get_episode(date, 60),
              new_logical = is_new_episode(date, 60)
            ) %>%
    arrange(patient, ward, date)
}

if (require("dplyr")) {

```

```

df %>%
  group_by(ward) %>%
  summarise(
    n_patients = n_distinct(patient),
    n_episodes_365 = sum(is_new_episode(date, episode_days = 365)),
    n_episodes_60 = sum(is_new_episode(date, episode_days = 60)),
    n_episodes_30 = sum(is_new_episode(date, episode_days = 30))
  )
}

# grouping on patients and microorganisms leads to the same
# results as first_isolate() when using 'episode-based':
if (require("dplyr")) {
  x <- df %>%
    filter_first_isolate(
      include_unknown = TRUE,
      method = "episode-based"
    )

  y <- df %>%
    group_by(patient, mo) %>%
    filter(is_new_episode(date, 365)) %>%
    ungroup()

  identical(x, y)
}

# but is_new_episode() has a lot more flexibility than first_isolate(),
# since you can now group on anything that seems relevant:
if (require("dplyr")) {
  df %>%
    group_by(patient, mo, ward) %>%
    mutate(flag_episode = is_new_episode(date, 365)) %>%
    select(group_vars(.), flag_episode)
}

```

ggplot_pca

PCA Biplot with ggplot2

Description

Produces a ggplot2 variant of a so-called **biplot** for PCA (principal component analysis), but is more flexible and more appealing than the base R `biplot()` function.

Usage

```

ggplot_pca(
  x,
  choices = 1:2,

```

```

scale = 1,
pc.biplot = TRUE,
labels = NULL,
labels_textsize = 3,
labels_text_placement = 1.5,
groups = NULL,
ellipse = TRUE,
ellipse_prob = 0.68,
ellipse_size = 0.5,
ellipse_alpha = 0.5,
points_size = 2,
points_alpha = 0.25,
arrows = TRUE,
arrows_colour = "darkblue",
arrows_size = 0.5,
arrows_textsize = 3,
arrows_textangled = TRUE,
arrows_alpha = 0.75,
base_textsize = 10,
...
)

```

Arguments

x	an object returned by <code>pca()</code> , <code>prcomp()</code> or <code>princomp()</code>
choices	length 2 vector specifying the components to plot. Only the default is a biplot in the strict sense.
scale	The variables are scaled by λ^{scale} and the observations are scaled by $\lambda^{(1-\text{scale})}$ where λ are the singular values as computed by <code>princomp</code> . Normally $0 \leq \text{scale} \leq 1$, and a warning will be issued if the specified scale is outside this range.
pc.biplot	If true, use what Gabriel (1971) refers to as a "principal component biplot", with $\lambda = 1$ and observations scaled up by \sqrt{n} and variables scaled down by \sqrt{n} . Then inner products between variables approximate covariances and distances between observations approximate Mahalanobis distance.
labels	an optional vector of labels for the observations. If set, the labels will be placed below their respective points. When using the <code>pca()</code> function as input for x, this will be determined automatically based on the attribute <code>non_numeric_cols</code> , see <code>pca()</code> .
labels_textsize	the size of the text used for the labels
labels_text_placement	adjustment factor the placement of the variable names (≥ 1 means further away from the arrow head)
groups	an optional vector of groups for the labels, with the same length as labels. If set, the points and labels will be coloured according to these groups. When using the <code>pca()</code> function as input for x, this will be determined automatically based on the attribute <code>non_numeric_cols</code> , see <code>pca()</code> .

ellipse	a logical to indicate whether a normal data ellipse should be drawn for each group (set with groups)
ellipse_prob	statistical size of the ellipse in normal probability
ellipse_size	the size of the ellipse line
ellipse_alpha	the alpha (transparency) of the ellipse line
points_size	the size of the points
points_alpha	the alpha (transparency) of the points
arrows	a logical to indicate whether arrows should be drawn
arrows_colour	the colour of the arrow and their text
arrows_size	the size (thickness) of the arrow lines
arrows_textsize	the size of the text at the end of the arrows
arrows_textangled	a logical whether the text at the end of the arrows should be angled
arrows_alpha	the alpha (transparency) of the arrows and their text
base_textsize	the text size for all plot elements except the labels and arrows
...	arguments passed on to functions

Details

The colours for labels and points can be changed by adding another scale layer for colour, such as `scale_colour_viridis_d()` and `scale_colour_brewer()`.

Source

The `ggplot_pca()` function is based on the `ggbiplot()` function from the `ggbiplot` package by Vince Vu, as found on GitHub: <https://github.com/vqv/ggbiplot> (retrieved: 2 March 2020, their latest commit: [7325e88](https://github.com/vqv/ggbiplot/commit/7325e88); 12 February 2015).

As per their GPL-2 licence that demands documentation of code changes, the changes made based on the source code were:

1. Rewritten code to remove the dependency on packages `plyr`, `scales` and `grid`
2. Parametrised more options, like arrow and ellipse settings
3. Hardened all input possibilities by defining the exact type of user input for every argument
4. Added total amount of explained variance as a caption in the plot
5. Cleaned all syntax based on the `lintr` package, fixed grammatical errors and added integrity checks
6. Updated documentation

Examples

```

# `example_isolates` is a data set available in the AMR package.
# See ?example_isolates.

if (require("dplyr")) {
  # calculate the resistance per group first
  resistance_data <- example_isolates %>%
    group_by(
      order = mo_order(mo), # group on anything, like order
      genus = mo_genus(mo)
    ) %>% # and genus as we do here;
    filter(n() >= 30) %>% # filter on only 30 results per group
    summarise_if(is.sir, resistance) # then get resistance of all drugs

  # now conduct PCA for certain antimicrobial drugs
  pca_result <- resistance_data %>%
    pca(AMC, CXM, CTX, CAZ, GEN, TOB, TMP, SXT)

  summary(pca_result)

  # old base R plotting method:
  biplot(pca_result)

  # new ggplot2 plotting method using this package:
  if (require("ggplot2")) {
    ggplot_pca(pca_result)

    # still extendible with any ggplot2 function
    ggplot_pca(pca_result) +
      scale_colour_viridis_d() +
      labs(title = "Title here")
  }
}

```

ggplot_sir

AMR Plots with ggplot2

Description

Use these functions to create bar plots for AMR data analysis. All functions rely on [ggplot2](#) functions.

Usage

```

ggplot_sir(
  data,
  position = NULL,

```

```
x = "antibiotic",
fill = "interpretation",
facet = NULL,
breaks = seq(0, 1, 0.1),
limits = NULL,
translate_ab = "name",
combine_SI = TRUE,
minimum = 30,
language = get_AMR_locale(),
nrow = NULL,
colours = c(S = "#3CAEA3", SI = "#3CAEA3", I = "#F6D55C", IR = "#ED553B", R =
  "#ED553B"),
datalabels = TRUE,
datalabels.size = 2.5,
datalabels.colour = "grey15",
title = NULL,
subtitle = NULL,
caption = NULL,
x.title = "Antimicrobial",
y.title = "Proportion",
...
)

geom_sir(
  position = NULL,
  x = c("antibiotic", "interpretation"),
  fill = "interpretation",
  translate_ab = "name",
  minimum = 30,
  language = get_AMR_locale(),
  combine_SI = TRUE,
  ...
)

facet_sir(facet = c("interpretation", "antibiotic"), nrow = NULL)

scale_y_percent(breaks = seq(0, 1, 0.1), limits = NULL)

scale_sir_colours(..., aesthetics = "fill")

theme_sir()

labels_sir_count(
  position = NULL,
  x = "antibiotic",
  translate_ab = "name",
  minimum = 30,
  language = get_AMR_locale(),
```

```

    combine_SI = TRUE,
    datalabels.size = 3,
    datalabels.colour = "grey15"
  )

```

Arguments

data	a data.frame with column(s) of class sir (see as.sir())
position	position adjustment of bars, either "fill", "stack" or "dodge"
x	variable to show on x axis, either "antibiotic" (default) or "interpretation" or a grouping variable
fill	variable to categorise using the plots legend, either "antibiotic" (default) or "interpretation" or a grouping variable
facet	variable to split plots by, either "interpretation" (default) or "antibiotic" or a grouping variable
breaks	a numeric vector of positions
limits	a numeric vector of length two providing limits of the scale, use NA to refer to the existing minimum or maximum
translate_ab	a column name of the antibiotics data set to translate the antibiotic abbreviations to, using ab_property()
combine_SI	a logical to indicate whether all values of S and I must be merged into one, so the output only consists of S+I vs. R (susceptible vs. resistant) - the default is TRUE
minimum	the minimum allowed number of available (tested) isolates. Any isolate count lower than minimum will return NA with a warning. The default number of 30 isolates is advised by the Clinical and Laboratory Standards Institute (CLSI) as best practice, see <i>Source</i> .
language	language of the returned text - the default is the current system language (see get_AMR_locale()) and can also be set with the package option AMR_locale . Use language = NULL or language = "" to prevent translation.
nrow	(when using facet) number of rows
colours	a named vector with colour to be used for filling. The default colours are colour-blind friendly.
datalabels	show datalabels using labels_sir_count()
datalabels.size	size of the datalabels
datalabels.colour	colour of the datalabels
title	text to show as title of the plot
subtitle	text to show as subtitle of the plot
caption	text to show as caption of the plot
x.title	text to show as x axis description
y.title	text to show as y axis description

... other arguments passed on to `geom_sir()` or, in case of `scale_sir_colours()`, named values to set colours. The default colours are colour-blind friendly, while maintaining the convention that e.g. 'susceptible' should be green and 'resistant' should be red. See *Examples*.

aesthetics aesthetics to apply the colours to - the default is "fill" but can also be (a combination of) "alpha", "colour", "fill", "linetype", "shape" or "size"

Details

At default, the names of antibiotics will be shown on the plots using `ab_name()`. This can be set with the `translate_ab` argument. See `count_df()`.

The Functions:

`geom_sir()` will take any variable from the data that has an `sir` class (created with `as.sir()`) using `sir_df()` and will plot bars with the percentage S, I, and R. The default behaviour is to have the bars stacked and to have the different antibiotics on the x axis.

`facet_sir()` creates 2d plots (at default based on S/I/R) using `ggplot2::facet_wrap()`.

`scale_y_percent()` transforms the y axis to a 0 to 100% range using `ggplot2::scale_y_continuous()`.

`scale_sir_colours()` sets colours to the bars (green for S, yellow for I, and red for R). with multilingual support. The default colours are colour-blind friendly, while maintaining the convention that e.g. 'susceptible' should be green and 'resistant' should be red.

`theme_sir()` is a `[ggplot2 theme][ggplot2::theme()` with minimal distraction.

`labels_sir_count()` print datalabels on the bars with percentage and amount of isolates using `ggplot2::geom_text()`.

`ggplot_sir()` is a wrapper around all above functions that uses data as first input. This makes it possible to use this function after a pipe (`%>%`). See *Examples*.

Examples

```
if (require("ggplot2") && require("dplyr")) {
  # get antimicrobial results for drugs against a UTI:
  ggplot(example_isolates %>% select(AMX, NIT, FOS, TMP, CIP)) +
    geom_sir()
}
if (require("ggplot2") && require("dplyr")) {
  # prettify the plot using some additional functions:
  df <- example_isolates %>% select(AMX, NIT, FOS, TMP, CIP)
  ggplot(df) +
    geom_sir() +
    scale_y_percent() +
    scale_sir_colours() +
    labels_sir_count() +
    theme_sir()
}
if (require("ggplot2") && require("dplyr")) {
  # or better yet, simplify this using the wrapper function - a single command:
  example_isolates %>%
    select(AMX, NIT, FOS, TMP, CIP) %>%
    ggplot_sir()
}
```

```

}
if (require("ggplot2") && require("dplyr")) {
  # get only proportions and no counts:
  example_isolates %>%
    select(AMX, NIT, FOS, TMP, CIP) %>%
    ggplot_sir(datalabels = FALSE)
}
if (require("ggplot2") && require("dplyr")) {
  # add other ggplot2 arguments as you like:
  example_isolates %>%
    select(AMX, NIT, FOS, TMP, CIP) %>%
    ggplot_sir(
      width = 0.5,
      colour = "black",
      size = 1,
      linetype = 2,
      alpha = 0.25
    )
}
if (require("ggplot2") && require("dplyr")) {
  # you can alter the colours with colour names:
  example_isolates %>%
    select(AMX) %>%
    ggplot_sir(colours = c(SI = "yellow"))
}
if (require("ggplot2") && require("dplyr")) {
  # but you can also use the built-in colour-blind friendly colours for
  # your plots, where "S" is green, "I" is yellow and "R" is red:
  data.frame(
    x = c("Value1", "Value2", "Value3"),
    y = c(1, 2, 3),
    z = c("Value4", "Value5", "Value6")
  ) %>%
  ggplot() +
  geom_col(aes(x = x, y = y, fill = z)) +
  scale_sir_colours(Value4 = "S", Value5 = "I", Value6 = "R")
}
if (require("ggplot2") && require("dplyr")) {
  # resistance of ciprofloxacin per age group
  example_isolates %>%
    mutate(first_isolate = first_isolate()) %>%
    filter(
      first_isolate == TRUE,
      mo == as.mo("Escherichia coli")
    ) %>%
    # age_groups() is also a function in this AMR package:
    group_by(age_group = age_groups(age)) %>%
    select(age_group, CIP) %>%
    ggplot_sir(x = "age_group")
}
if (require("ggplot2") && require("dplyr")) {
  # a shorter version which also adjusts data label colours:
  example_isolates %>%

```

```

    select(AMX, NIT, FOS, TMP, CIP) %>%
    ggplot_sir(colours = FALSE)
  }
  if (require("ggplot2") && require("dplyr")) {
    # it also supports groups (don't forget to use the group var on `x` or `facet`):
    example_isolates %>%
      filter(mo_is_gram_negative(), ward != "Outpatient") %>%
      # select only UTI-specific drugs
      select(ward, AMX, NIT, FOS, TMP, CIP) %>%
      group_by(ward) %>%
      ggplot_sir(
        x = "ward",
        facet = "antibiotic",
        nrow = 1,
        title = "AMR of Anti-UTI Drugs Per Ward",
        x.title = "Ward",
        datalabels = FALSE
      )
  }
}

```

guess_ab_col

Guess Antibiotic Column

Description

This tries to find a column name in a data set based on information from the [antibiotics](#) data set. Also supports WHONET abbreviations.

Usage

```

guess_ab_col(
  x = NULL,
  search_string = NULL,
  verbose = FALSE,
  only_sir_columns = FALSE
)

```

Arguments

x	a data.frame
search_string	a text to search x for, will be checked with as.ab() if this value is not a column in x
verbose	a logical to indicate whether additional info should be printed
only_sir_columns	a logical to indicate whether only antibiotic columns must be detected that were transformed to class sir (see as.sir()) on beforehand (default is FALSE)

Details

You can look for an antibiotic (trade) name or abbreviation and it will search `x` and the [antibiotics](#) data set for any column containing a name or code of that antibiotic.

Value

A column name of `x`, or NULL when no result is found.

Examples

```
df <- data.frame(
  amox = "S",
  tetr = "R"
)

guess_ab_col(df, "amoxicillin")
guess_ab_col(df, "J01AA07") # ATC code of tetracycline

guess_ab_col(df, "J01AA07", verbose = TRUE)
# NOTE: Using column 'tetr' as input for J01AA07 (tetracycline).

# WHONET codes
df <- data.frame(
  AMP_ND10 = "R",
  AMC_ED20 = "S"
)
guess_ab_col(df, "ampicillin")
guess_ab_col(df, "J01CR02")
guess_ab_col(df, as.ab("augmentin"))
```

intrinsic_resistant *Data Set with Bacterial Intrinsic Resistance*

Description

Data set containing defined intrinsic resistance by EUCAST of all bug-drug combinations.

Usage

```
intrinsic_resistant
```

Format

A [tibble](#) with 134 634 observations and 2 variables:

- `mo`
Microorganism ID
- `ab`
Antibiotic ID

Details

This data set is based on 'EUCAST Expert Rules' and 'EUCAST Intrinsic Resistance and Unusual Phenotypes' v3.3 (2021).

Direct download:

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

They **allow for machine reading EUCAST and CLSI guidelines**, which is almost impossible with the MS Excel and PDF files distributed by EUCAST and CLSI.

Examples

```
intrinsic_resistant
```

```
italicise_taxonomy    Italicise Taxonomic Families, Genera, Species, Subspecies
```

Description

According to the binomial nomenclature, the lowest four taxonomic levels (family, genus, species, subspecies) should be printed in italics. This function finds taxonomic names within strings and makes them italic.

Usage

```
italicise_taxonomy(string, type = c("markdown", "ansi"))
```

```
italicize_taxonomy(string, type = c("markdown", "ansi"))
```

Arguments

string	a character (vector)
type	type of conversion of the taxonomic names, either "markdown" or "ansi", see Details

Details

This function finds the taxonomic names and makes them italic based on the [microorganisms](#) data set.

The taxonomic names can be italicised using markdown (the default) by adding * before and after the taxonomic names, or using ANSI colours by adding \033[3m before and \033[23m after the taxonomic names. If multiple ANSI colours are not available, no conversion will occur.

This function also supports abbreviation of the genus if it is followed by a species, such as "E. coli" and "K. pneumoniae ozaenae".

Examples

```
italicise_taxonomy("An overview of Staphylococcus aureus isolates")
italicise_taxonomy("An overview of S. aureus isolates")

cat(italicise_taxonomy("An overview of S. aureus isolates", type = "ansi"))
```

 join

 Join *microorganisms* to a Data Set

Description

Join the data set [microorganisms](#) easily to an existing data set or to a [character](#) vector.

Usage

```
inner_join_microorganisms(x, by = NULL, suffix = c("2", ""), ...)
left_join_microorganisms(x, by = NULL, suffix = c("2", ""), ...)
right_join_microorganisms(x, by = NULL, suffix = c("2", ""), ...)
full_join_microorganisms(x, by = NULL, suffix = c("2", ""), ...)
semi_join_microorganisms(x, by = NULL, ...)
anti_join_microorganisms(x, by = NULL, ...)
```

Arguments

x	existing data set to join, or character vector. In case of a character vector, the resulting data.frame will contain a column 'x' with these values.
by	a variable to join by - if left empty will search for a column with class mo (created with as.mo()) or will be "mo" if that column name exists in x, could otherwise be a column name of x with values that exist in <code>microorganisms\$mo</code> (such as <code>by = "bacteria_id"</code>), or another column in microorganisms (but then it should be named, like <code>by = c("bacteria_id" = "fullname")</code>)
suffix	if there are non-joined duplicate variables in x and y, these suffixes will be added to the output to disambiguate them. Should be a character vector of length 2.
...	ignored, only in place to allow future extensions

Details

Note: As opposed to the `join()` functions of [dplyr](#), [character](#) vectors are supported and at default existing columns will get a suffix "2" and the newly joined columns will not get a suffix.

If the [dplyr](#) package is installed, their join functions will be used. Otherwise, the much slower [merge\(\)](#) and [interaction\(\)](#) functions from base R will be used.

Value

a [data.frame](#)

Examples

```
left_join_microorganisms(as.mo("K. pneumoniae"))
left_join_microorganisms("B_KLBSL_PNMN")

df <- data.frame(
  date = seq(
    from = as.Date("2018-01-01"),
    to = as.Date("2018-01-07"),
    by = 1
  ),
  bacteria = as.mo(c(
    "S. aureus", "MRSA", "MSSA", "STAAUR",
    "E. coli", "E. coli", "E. coli"
  ))
  stringsAsFactors = FALSE
)
colnames(df)

df_joined <- left_join_microorganisms(df, "bacteria")
colnames(df_joined)

if (require("dplyr")) {
  example_isolates %>%
    left_join_microorganisms() %>%
    colnames()
}
```

key_antimicrobials *(Key) Antimicrobials for First Weighted Isolates*

Description

These functions can be used to determine first weighted isolates by considering the phenotype for isolate selection (see [first_isolate\(\)](#)). Using a phenotype-based method to determine first isolates is more reliable than methods that disregard phenotypes.

Usage

```
key_antimicrobials(
  x = NULL,
  col_mo = NULL,
  universal = c("ampicillin", "amoxicillin/clavulanic acid", "cefuroxime",
    "piperacillin/tazobactam", "ciprofloxacin", "trimethoprim/sulfamethoxazole"),
```

```

gram_negative = c("gentamicin", "tobramycin", "colistin", "cefotaxime", "ceftazidime",
  "meropenem"),
gram_positive = c("vancomycin", "teicoplanin", "tetracycline", "erythromycin",
  "oxacillin", "rifampin"),
antifungal = c("anidulafungin", "caspofungin", "fluconazole", "miconazole", "nystatin",
  "voriconazole"),
only_sir_columns = FALSE,
...
)

all_antimicrobials(x = NULL, only_sir_columns = FALSE, ...)

antimicrobials_equal(
  y,
  z,
  type = c("points", "keyantimicrobials"),
  ignore_I = TRUE,
  points_threshold = 2,
  ...
)

```

Arguments

x	a data.frame with antibiotics columns, like AMX or amox. Can be left blank to determine automatically
col_mo	column name of the names or codes of the microorganisms (see as.mo()) - the default is the first column of class mo . Values will be coerced using as.mo() .
universal	names of broad-spectrum antimicrobial drugs, case-insensitive. Set to NULL to ignore. See <i>Details</i> for the default antimicrobial drugs
gram_negative	names of antibiotic drugs for Gram-positives , case-insensitive. Set to NULL to ignore. See <i>Details</i> for the default antibiotic drugs
gram_positive	names of antibiotic drugs for Gram-negatives , case-insensitive. Set to NULL to ignore. See <i>Details</i> for the default antibiotic drugs
antifungal	names of antifungal drugs for fungi , case-insensitive. Set to NULL to ignore. See <i>Details</i> for the default antifungal drugs
only_sir_columns	a logical to indicate whether only columns must be included that were transformed to class sir (see as.sir()) on beforehand (default is FALSE)
...	ignored, only in place to allow future extensions
y, z	character vectors to compare
type	type to determine weighed isolates; can be "keyantimicrobials" or "points", see <i>Details</i>
ignore_I	logical to indicate whether antibiotic interpretations with "I" will be ignored when type = "keyantimicrobials", see <i>Details</i>
points_threshold	minimum number of points to require before differences in the antibiogram will lead to inclusion of an isolate when type = "points", see <i>Details</i>

Details

The `key_antimicrobials()` and `all_antimicrobials()` functions are context-aware. This means that the `x` argument can be left blank if used inside a `data.frame` call, see *Examples*.

The function `key_antimicrobials()` returns a `character` vector with 12 antimicrobial results for every isolate. The function `all_antimicrobials()` returns a `character` vector with all antimicrobial drug results for every isolate. These vectors can then be compared using `antimicrobials_equal()`, to check if two isolates have generally the same antibiogram. Missing and invalid values are replaced with a dot (".") by `key_antimicrobials()` and ignored by `antimicrobials_equal()`.

Please see the `first_isolate()` function how these important functions enable the 'phenotype-based' method for determination of first isolates.

The default antimicrobial drugs used for **all rows** (set in `universal`) are:

- Ampicillin
- Amoxicillin/clavulanic acid
- Cefuroxime
- Ciprofloxacin
- Piperacillin/tazobactam
- Trimethoprim/sulfamethoxazole

The default antimicrobial drugs used for **Gram-negative bacteria** (set in `gram_negative`) are:

- Cefotaxime
- Ceftazidime
- Colistin
- Gentamicin
- Meropenem
- Tobramycin

The default antimicrobial drugs used for **Gram-positive bacteria** (set in `gram_positive`) are:

- Erythromycin
- Oxacillin
- Rifampin
- Teicoplanin
- Tetracycline
- Vancomycin

The default antimicrobial drugs used for **fungi** (set in `antifungal`) are:

- Anidulafungin
- Caspofungin
- Fluconazole
- Miconazole
- Nystatin
- Voriconazole

See Also

[first_isolate\(\)](#)

Examples

```
# `example_isolates` is a data set available in the AMR package.
# See ?example_isolates.

# output of the `key_antimicrobials()` function could be like this:
strainA <- "SSRR.S.R..S"
strainB <- "SSIRSSSRSS"

# those strings can be compared with:
antimicrobials_equal(strainA, strainB, type = "keyantimicrobials")
# TRUE, because I is ignored (as well as missing values)

antimicrobials_equal(strainA, strainB, type = "keyantimicrobials", ignore_I = FALSE)
# FALSE, because I is not ignored and so the 4th [character] differs

if (require("dplyr")) {
  # set key antibiotics to a new variable
  my_patients <- example_isolates %>%
    mutate(keyab = key_antimicrobials(antifungal = NULL)) %>% # no need to define `x`
    mutate(
      # now calculate first isolates
      first_regular = first_isolate(col_keyantimicrobials = FALSE),
      # and first WEIGHTED isolates
      first_weighted = first_isolate(col_keyantimicrobials = "keyab")
    )

  # Check the difference in this data set, 'weighted' results in more isolates:
  sum(my_patients$first_regular, na.rm = TRUE)
  sum(my_patients$first_weighted, na.rm = TRUE)
}
```

kurtosis

Kurtosis of the Sample

Description

Kurtosis is a measure of the "tailedness" of the probability distribution of a real-valued random variable. A normal distribution has a kurtosis of 3 and a excess kurtosis of 0.

Usage

```
kurtosis(x, na.rm = FALSE, excess = FALSE)
```

```
## Default S3 method:
kurtosis(x, na.rm = FALSE, excess = FALSE)

## S3 method for class 'matrix'
kurtosis(x, na.rm = FALSE, excess = FALSE)

## S3 method for class 'data.frame'
kurtosis(x, na.rm = FALSE, excess = FALSE)
```

Arguments

x	a vector of values, a matrix or a data.frame
na.rm	a logical to indicate whether NA values should be stripped before the computation proceeds
excess	a logical to indicate whether the <i>excess kurtosis</i> should be returned, defined as the kurtosis minus 3.

See Also

[skewness\(\)](#)

Examples

```
kurtosis(rnorm(10000))
kurtosis(rnorm(10000), excess = TRUE)
```

like

Vectorised Pattern Matching with Keyboard Shortcut

Description

Convenient wrapper around [grepl\(\)](#) to match a pattern: `x %like% pattern`. It always returns a [logical](#) vector and is always case-insensitive (use `x %like_case% pattern` for case-sensitive matching). Also, `pattern` can be as long as `x` to compare items of each index in both vectors, or they both can have the same length to iterate over all cases.

Usage

```
like(x, pattern, ignore.case = TRUE)

x %like% pattern

x %unlike% pattern

x %like_case% pattern

x %unlike_case% pattern
```

Arguments

x	a character vector where matches are sought, or an object which can be coerced by <code>as.character()</code> to a character vector.
pattern	a character vector containing regular expressions (or a character string for <code>fixed = TRUE</code>) to be matched in the given character vector. Coerced by <code>as.character()</code> to a character string if possible.
ignore.case	if FALSE, the pattern matching is <i>case sensitive</i> and if TRUE, case is ignored during matching.

Details

These `like()` and `%like%/unlike%` functions:

- Are case-insensitive (use `%like_case%/unlike_case%` for case-sensitive matching)
- Support multiple patterns
- Check if `pattern` is a valid regular expression and sets `fixed = TRUE` if not, to greatly improve speed (vectorised over `pattern`)
- Always use compatibility with Perl unless `fixed = TRUE`, to greatly improve speed

Using RStudio? The `%like%/unlike%` functions can also be directly inserted in your code from the Addins menu and can have its own keyboard shortcut like Shift+Ctrl+L or Shift+Cmd+L (see menu Tools > Modify Keyboard Shortcuts...). If you keep pressing your shortcut, the inserted text will be iterated over `%like% -> %unlike% -> %like_case% -> %unlike_case%`.

Value

A [logical](#) vector

Source

Idea from the [like function from the data.table package](#), although altered as explained in *Details*.

See Also

[grepl\(\)](#)

Examples

```
a <- "This is a test"
b <- "TEST"
a %like% b
b %like% a

# also supports multiple patterns
a <- c("Test case", "Something different", "Yet another thing")
b <- c("case", "diff", "yet")
a %like% b
a %unlike% b
```

```

a[1] %like% b
a %like% b[1]

# get isolates whose name start with 'Enterococcus' (case-insensitive)
example_isolates[which(mo_name() %like% "^enterococcus"), ]

if (require("dplyr")) {
  example_isolates %>%
    filter(mo_name() %like% "ent")
}

```

mdro

Determine Multidrug-Resistant Organisms (MDRO)

Description

Determine which isolates are multidrug-resistant organisms (MDRO) according to international, national and custom guidelines.

Usage

```

mdro(
  x = NULL,
  guideline = "CMI2012",
  col_mo = NULL,
  info = interactive(),
  pct_required_classes = 0.5,
  combine_SI = TRUE,
  verbose = FALSE,
  only_sir_columns = FALSE,
  ...
)

custom_mdرو_guideline(..., as_factor = TRUE)

brmo(x = NULL, only_sir_columns = FALSE, ...)

mrgn(x = NULL, only_sir_columns = FALSE, ...)

mdr_tb(x = NULL, only_sir_columns = FALSE, ...)

mdr_cmi2012(x = NULL, only_sir_columns = FALSE, ...)

eucast_exceptional_phenotypes(x = NULL, only_sir_columns = FALSE, ...)

```

Arguments

x	a data.frame with antibiotics columns, like AMX or amox. Can be left blank for automatic determination.
guideline	a specific guideline to follow, see sections <i>Supported international / national guidelines</i> and <i>Using Custom Guidelines</i> below. When left empty, the publication by Magiorakos <i>et al.</i> (see below) will be followed.
col_mo	column name of the names or codes of the microorganisms (see as.mo()) - the default is the first column of class mo . Values will be coerced using as.mo() .
info	a logical to indicate whether progress should be printed to the console - the default is only print while in interactive sessions
pct_required_classes	minimal required percentage of antimicrobial classes that must be available per isolate, rounded down. For example, with the default guideline, 17 antimicrobial classes must be available for <i>S. aureus</i> . Setting this <code>pct_required_classes</code> argument to <code>0.5</code> (default) means that for every <i>S. aureus</i> isolate at least 8 different classes must be available. Any lower number of available classes will return NA for that isolate.
combine_SI	a logical to indicate whether all values of S and I must be merged into one, so resistance is only considered when isolates are R, not I. As this is the default behaviour of the mdro() function, it follows the redefinition by EUCAST about the interpretation of I (increased exposure) in 2019, see section 'Interpretation of S, I and R' below. When using <code>combine_SI = FALSE</code> , resistance is considered when isolates are R or I.
verbose	a logical to turn Verbose mode on and off (default is off). In Verbose mode, the function does not return the MDRO results, but instead returns a data set in logbook form with extensive info about which isolates would be MDRO-positive, or why they are not.
only_sir_columns	a logical to indicate whether only antibiotic columns must be detected that were transformed to class <code>sir</code> (see as.sir()) on beforehand (default is FALSE)
...	in case of custom_mdro_guideline() : a set of rules, see section <i>Using Custom Guidelines</i> below. Otherwise: column name of an antibiotic, see section <i>Antibiotics</i> below.
as_factor	a logical to indicate whether the returned value should be an ordered factor (TRUE, default), or otherwise a character vector

Details

These functions are context-aware. This means that the `x` argument can be left blank if used inside a [data.frame](#) call, see *Examples*.

For the `pct_required_classes` argument, values above 1 will be divided by 100. This is to support both fractions (`0.75` or `3/4`) and percentages (`75`).

Note: Every test that involves the Enterobacteriaceae family, will internally be performed using its newly named *order* Enterobacterales, since the Enterobacteriaceae family has been taxonomically reclassified by Adeolu *et al.* in 2016. Before that, Enterobacteriaceae was the only family under

the Enterobacteriales (with an i) order. All species under the old Enterobacteriaceae family are still under the new Enterobacterales (without an i) order, but divided into multiple families. The way tests are performed now by this `mdro()` function makes sure that results from before 2016 and after 2016 are identical.

Value

- CMI 2012 paper - function `mdr_cmi2012()` or `mdro()`:
Ordered **factor** with levels Negative < Multi-drug-resistant (MDR) < Extensively drug-resistant (XDR) < Pandrug-resistant (PDR)
- TB guideline - function `mdr_tb()` or `mdro(..., guideline = "TB")`:
Ordered **factor** with levels Negative < Mono-resistant < Poly-resistant < Multi-drug-resistant < Extensively drug-resistant
- German guideline - function `mrgn()` or `mdro(..., guideline = "MRGN")`:
Ordered **factor** with levels Negative < 3MRGN < 4MRGN
- Everything else, except for custom guidelines:
Ordered **factor** with levels Negative < Positive, unconfirmed < Positive. The value "Positive, unconfirmed" means that, according to the guideline, it is not entirely sure if the isolate is multi-drug resistant and this should be confirmed with additional (e.g. molecular) tests

Supported International / National Guidelines

Currently supported guidelines are (case-insensitive):

- `guideline = "CMI2012"` (default)
Magiorakos AP, Srinivasan A *et al.* "Multidrug-resistant, extensively drug-resistant and pandrug-resistant bacteria: an international expert proposal for interim standard definitions for acquired resistance." *Clinical Microbiology and Infection* (2012) ([link](#))
- `guideline = "EUCAST3.3"` (or simply `guideline = "EUCAST"`)
The European international guideline - EUCAST Expert Rules Version 3.3 "Intrinsic Resistance and Unusual Phenotypes" ([link](#))
- `guideline = "EUCAST3.2"`
The European international guideline - EUCAST Expert Rules Version 3.2 "Intrinsic Resistance and Unusual Phenotypes" ([link](#))
- `guideline = "EUCAST3.1"`
The European international guideline - EUCAST Expert Rules Version 3.1 "Intrinsic Resistance and Exceptional Phenotypes Tables" ([link](#))
- `guideline = "TB"`
The international guideline for multi-drug resistant tuberculosis - World Health Organization "Companion handbook to the WHO guidelines for the programmatic management of drug-resistant tuberculosis" ([link](#))
- `guideline = "MRGN"`
The German national guideline - Mueller et al. (2015) *Antimicrobial Resistance and Infection Control* 4:7; doi:10.1186/s1375601500476

- guideline = "BRMO"

The Dutch national guideline - Rijksinstituut voor Volksgezondheid en Milieu "WIP-richtlijn BRMO (Bijzonder Resistente Micro-Organismen) (ZKH)" ([link](#))

Please suggest your own (country-specific) guidelines by letting us know: <https://github.com/msberends/AMR/issues/new>.

Using Custom Guidelines

Custom guidelines can be set with the `custom_mdro_guideline()` function. This is of great importance if you have custom rules to determine MDROs in your hospital, e.g., rules that are dependent on ward, state of contact isolation or other variables in your data.

If you are familiar with the `case_when()` function of the `dplyr` package, you will recognise the input method to set your own rules. Rules must be set using what R considers to be the 'formula notation'. The rule is written *before* the tilde (~) and the consequence of the rule is written *after* the tilde:

```
custom <- custom_mdro_guideline(CIP == "R" & age > 60 ~ "Elderly Type A",
                               ERY == "R" & age > 60 ~ "Elderly Type B")
```

If a row/an isolate matches the first rule, the value after the first ~ (in this case 'Elderly Type A') will be set as MDRO value. Otherwise, the second rule will be tried and so on. The number of rules is unlimited.

You can print the rules set in the console for an overview. Colours will help reading it if your console supports colours.

```
custom
#> A set of custom MDRO rules:
#> 1. CIP is "R" and age is higher than 60 -> Elderly Type A
#> 2. ERY is "R" and age is higher than 60 -> Elderly Type B
#> 3. Otherwise -> Negative
#>
#> Unmatched rows will return NA.
```

The outcome of the function can be used for the guideline argument in the `mdro()` function:

```
x <- mdro(example_isolates,
          guideline = custom)
table(x)
#>      Negative Elderly Type A Elderly Type B
#>      1070          198          732
```

Rules can also be combined with other custom rules by using `c()`:

```
x <- mdro(example_isolates,
          guideline = c(custom,
                       custom_mdro_guideline(ERY == "R" & age > 50 ~ "Elderly Type C")))
table(x)
#>      Negative Elderly Type A Elderly Type B Elderly Type C
#>      961          198          732          109
```


The rules set (the custom object in this case) could be exported to a shared file location using `saveRDS()` if you collaborate with multiple users. The custom rules set could then be imported using `readRDS()`.

Antibiotics

To define antibiotics column names, leave as it is to determine it automatically with `guess_ab_col()` or input a text (case-insensitive), or use NULL to skip a column (e.g. TIC = NULL to skip ticarcillin). Manually defined but non-existing columns will be skipped with a warning.

The following antibiotics are eligible for the functions `eucast_rules()` and `mdro()`. These are shown below in the format 'name (antimicrobial ID, ATC code)', sorted alphabetically:

Amikacin (AMK, [S01AE08](#)), amoxicillin (AMX, [J01MA02](#)), amoxicillin/clavulanic acid (AMC, [J01MA23](#)), ampicillin (AMP, [J01MA04](#)), ampicillin/sulbactam (SAM, [J01MA08](#)), arbekacin (ARB, [J01MA19](#)), aspoxicillin (APX, [J01MA16](#)), azidocillin (AZD, [J01MA15](#)), azithromycin (AZM, [J01MA11](#)), azlocillin (AZL, [J01MA25](#)), aztreonam (ATM, [J01MA12](#)), bacampicillin (BAM, [J01MA24](#)), bekanamycin (BEK, [J01MA07](#)), benzathine benzylpenicillin (BNB, [J01MA14](#)), benzathine phenoxymethylpenicillin (BNP, [D10AF05](#)), benzylpenicillin (PEN, [J01MA06](#)), besifloxacin (BES, [J01MA01](#)), biapenem (BIA, [J01MA18](#)), carbenicillin (CRB, [J01MA03](#)), carindacillin (CRN, [J01MA17](#)), cefacetrile (CAC, [J01MA10](#)), cefaclor (CEC, [J01MA21](#)), cefadroxil (CFR, [J01MA09](#)), cefalexin (LEX, [J01MA05](#)), cefaloridine (RID, [P01AA05](#)), cefalotin (CEP, [J01MA22](#)), cefamandole (MAN, [J01MA13](#)), cefapirin (HAP, [J01CA01](#)), cefatrizine (CTZ, [J01CA04](#)), cefazedone (CZD, [J01CA12](#)), cefazolin (CZO, [J01CR05](#)), cefcapene (CCP, [J01CA13](#)), cefdinir (CDR, [J01AA02](#)), cefditoren (DIT, [J01FA10](#)), cefepime (FEP, [J01FA09](#)), cefetamet (CAT, [J01CR02](#)), cefixime (CFM, [J01AA08](#)), cefmenoxime (CMX, [J01FA06](#)), cefmetazole (CMZ, [J01CF04](#)), cefodizime (DIZ, [J01CF05](#)), cefonicid (CID, [J01CR01](#)), cefoperazone (CFP, [J01CA19](#)), cefoperazone/sulbactam (CSL, [J01CE04](#)), ceforanide (CND, [J01CA09](#)), cefotaxime (CTX, [J01DF01](#)), cefotaxime/clavulanic acid (CTC, [J01CA06](#)), cefotetan (CTT, [J01CE08](#)), cefotiam (CTF, [J01CE10](#)), cefoxitin (FOX, [J01CE01](#)), cefozopran (ZOP, [J01CA03](#)), cefpiramide (CPM, [J01CA05](#)), cefpirome (CPO, [J01CE07](#)), cefpodoxime (CPD, [J01CF02](#)), cefprozil (CPR, [J01CF01](#)), cefroxadine (CRD, [J01CA07](#)), cefsulodin (CFS, [J01CA18](#)), ceftaroline (CPT, [J01CA11](#)), ceftazidime (CAZ, [J01CA14](#)), ceftazidime/clavulanic acid (CCV, [J01CF03](#)), ceftaram (CEM, [J01CA10](#)), ceftazole (CTL, [J01CF06](#)), ceftibuten (CTB, [J01CE06](#)), ceftizoxime (CZX, [J01CE05](#)), ceftobiprole medocaril (CFM1, [J01CE02](#)), ceftolozane/tazobactam (CZT, [J01CA02](#)), ceftriaxone (CRO, [J01CA08](#)), ceftriaxone/beta-lactamase inhibitor (CEB, [J01CE09](#)), cefuroxime (CXM, [J01CE03](#)), cephradine (CED, [J01CG01](#)), chloramphenicol (CHL, [J01CA16](#)), ciprofloxacin (CIP, [J01CR04](#)), clarithromycin (CLR, [J01CA15](#)), clindamycin (CLI, [J01CG02](#)), clometocillin (CLM, [J01CA17](#)), cloxacillin (CLO, [J01CR03](#)), colistin (COL, [J01DB10](#)), cycloserine (CYC, [J01DC04](#)), dalbavancin (DAL, [J01DB05](#)), daptomycin (DAP, [J01DB01](#)), delafloxacin (DFX, [J01DB02](#)), dibekacin (DKB, [J01DB03](#)), dicloxacillin (DIC, [J01DC03](#)), dirithromycin (DIR, [J01DB08](#)), doripenem (DOR, [J01DB07](#)), doxycycline (DOX, [J01DB06](#)), enoxacin (ENX, [J01DB04](#)), epicillin (EPC, [J01DD17](#)), ertapenem (ETP, [J01DD15](#)), erythromycin (ERY, [J01DD16](#)), fleroxacin (FLE, [J01DE01](#)), flucloxacillin (FLC, [J01DD10](#)), flurithromycin (FLR1, [J01DD08](#)), fosfomycin (FOS, [J01DD05](#)), framycetin (FRM, [J01DC09](#)), fusidic acid (FUS, [J01DD09](#)), garenoxacin (GRN, [J01DC06](#)), gatifloxacin (GAT, [J01DD12](#)), gemifloxacin (GEM, [J01DD62](#)), gentamicin (GEN, [J01DC11](#)), grepafloxacin (GRX, [J01DD01](#)), hetacillin (HET, [J01DD51](#)), imipenem (IPM, [J01DC05](#)), imipenem/relebactam (IMR, [J01DC07](#)), isepamicin (ISE, [J01DC01](#)), josamycin (JOS, [J01DE03](#)), kanamycin (KAN, [J01DD11](#)), lascufloxacin (LSC, [J01DE02](#)), latamoxef (LTM, [J01DD13](#)), levofloxacin (LVX, [J01DC10](#)), levonadifloxacin (LND, [J01DB11](#)), lincomycin (LIN, [J01DD03](#)), linezolid (LNZ, [J01DI02](#)), lomefloxacin (LOM, [J01DD02](#)), loracarbef (LOR, [J01DD52](#)), mecillinam (MEC, [J01DD18](#)), meropenem (MEM, [J01DB12](#)), meropenem/vaborbactam (MEV, [J01DD14](#)), metampicillin (MTM, [J01DD07](#)), meticillin (MET, [J01DI01](#)), mezlocillin (MEZ, [J01DI54](#)),

miconomicin (MCR, J01DD04), midecamycin (MID, J01DD63), minocycline (MNO, J01DC02), miorcamycin (MCM, J01DB09), moxifloxacin (MFX, J01DD06), nadifloxacin (NAD, J01DC08), nafcillin (NAF, J01DH05), nalidixic acid (NAL, J01DH04), neomycin (NEO, J01DH03), netilmicin (NET, J01DH51), nitrofurantoin (NIT, J01DH56), norfloxacin (NOR, J01DH02), ofloxacin (OFX, J01DH52), oleanomycin (OLE, J01DH55), oritavancin (ORI, J01DH06), oxacillin (OXA, J01XA02), panipenem (PAN, J01XA01), pazufloxacin (PAZ, J01XC01), pefloxacin (PEF, J01FA13), penamecillin (PNM, J01FA01), pheneticillin (PHE, J01FA14), phenoxymethylpenicillin (PHN, J01FA07), piperacillin (PIP, J01FA03), piperacillin/tazobactam (TZP, J01FA11), pivampicillin (PVM, J01FA05), pivmecillinam (PME, J01FA12), plazomicin (PLZ, J01FA16), polymyxin B (PLB, J01FA02), pristinamycin (PRI, J01FA15), procaine benzylpenicillin (PRB, J01FA08), propicillin (PRP, J01FF02), prulifloxacin (PRU, J01FG01), quinupristin/dalfopristin (QDA, J01FG02), ribostamycin (RST, J04AB02), rifampicin (RIF, J01XX09), rokitamycin (ROK, J01XX08), roxithromycin (RXT, J01AA07), rufloxacin (RFL, J01XB01), sisomicin (SIS, J01XB02), sitafloxacin (SIT, J01XE01), solithromycin (SOL, J01AA12), sparfloxacin (SPX, J01EA01), spiramycin (SPI, J01XX01), streptoduocin (STR, J01BA01), streptomycin (STR1, J01GB06), sulbactam (SUL, J01GB12), sulbenicillin (SBC, J01GB13), sulfadiazine (SDI, J01GB09), sulfadiazine/trimethoprim (SLT1, D09AA01), sulfadimethoxine (SUD, J01GB03), sulfadimidine (SDM, J01GB11), sulfadimidine/trimethoprim (SLT2, J01GB04), sulfafurazole (SLF, S01AA22), sulfaisodimidine (SLF1, J01GB05), sulfalene (SLF2, J01GB07), sulfamazone (SZO, J01GB14), sulfamerazine (SLF3, J01GB10), sulfamerazine/trimethoprim (SLT3, J01GB08), sulfamethizole (SLF4, J01GA02), sulfamethoxazole (SMX, J01GA01), sulfamethoxyipyridazine (SLF5, J01GB01), sulfametomidine (SLF6, J01EE01), sulfametoxydiazine (SLF7, J01MB02), sulfametrole/trimethoprim (SLT4, J01FF01), sulfamoxole (SLF8, J01XA04), sulfamoxole/trimethoprim (SLT5, J01XA05), sulfanilamide (SLF9, J01XA03), sulfaperin (SLF10, J04AB01), sulfaphenazole (SLF11, J01XX11), sulfapyridine (SLF12, J01EC02), sulfathiazole (SUT, J01ED01), sulfathiourea (SLF13, J01EB03), sultamicillin (SLT6, J01EB05), talampicillin (TAL, J01EB01), tazobactam (TAZ, J01ED02), tebipenem (TBP, J01ED09), tedizolid (TZD, J01ED07), teicoplanin (TEC, J01EB02), telavancin (TLV, J01EC01), telithromycin (TLT, J01ED05), temafloxacin (TMX, J01ED03), temocillin (TEM, J01ED04), tetracycline (TCY, J01EC03), ticarcillin (TIC, J01EB06), ticarcillin/clavulanic acid (TCC, J01ED06), tigecycline (TGC, J01ED08), tilbroquinol (TBQ, J01EB04), tobramycin (TOB, J01EB07), tosufloxacin (TFX, J01EB08), trimethoprim (TMP, J01EE02), trimethoprim/sulfamethoxazole (SXT, J01EE05), troleandomycin (TRL, J01EE07), trovafloxacin (TVA, J01EE03), vancomycin (VAN, J01EE04)

Interpretation of SIR

In 2019, the European Committee on Antimicrobial Susceptibility Testing (EUCAST) has decided to change the definitions of susceptibility testing categories S, I, and R as shown below (<https://www.eucast.org/newsiandr/>):

- **S - Susceptible, standard dosing regimen**

A microorganism is categorised as "Susceptible, standard dosing regimen", when there is a high likelihood of therapeutic success using a standard dosing regimen of the agent.

- **I - Susceptible, increased exposure**

A microorganism is categorised as "Susceptible, Increased exposure" when there is a high likelihood of therapeutic success because exposure to the agent is increased by adjusting the dosing regimen or by its concentration at the site of infection.

- **R = Resistant**

A microorganism is categorised as "Resistant" when there is a high likelihood of therapeutic failure even when there is increased exposure.

- *Exposure* is a function of how the mode of administration, dose, dosing interval, infusion time, as well as distribution and excretion of the antimicrobial agent will influence the infecting organism at the site of infection.

This AMR package honours this insight. Use `susceptibility()` (equal to `proportion_SI()`) to determine antimicrobial susceptibility and `count_susceptible()` (equal to `count_SI()`) to count susceptible isolates.

Source

See the supported guidelines above for the [list](#) of publications used for this function.

Examples

```
out <- mdro(example_isolates, guideline = "EUCAST")
str(out)
table(out)

out <- mdro(example_isolates,
  guideline = custom_mdرو_guideline(
    AMX == "R" ~ "Custom MDRO 1",
    VAN == "R" ~ "Custom MDRO 2"
  )
)
table(out)

if (require("dplyr")) {
  example_isolates %>%
    mdرو() %>%
    table()

  # no need to define `x` when used inside dplyr verbs:
  example_isolates %>%
    mutate(MDRO = mdرو()) %>%
    pull(MDRO) %>%
    table()
}
```

mean_amr_distance

Calculate the Mean AMR Distance

Description

Calculates a normalised mean for antimicrobial resistance between multiple observations, to help to identify similar isolates without comparing antibiograms by hand.

Usage

```
mean_amr_distance(x, ...)

## S3 method for class 'sir'
mean_amr_distance(x, ..., combine_SI = TRUE)

## S3 method for class 'data.frame'
mean_amr_distance(x, ..., combine_SI = TRUE)

amr_distance_from_row(amr_distance, row)
```

Arguments

x	a vector of class <code>sir</code> , <code>mic</code> or <code>disk</code> , or a <code>data.frame</code> containing columns of any of these classes
...	variables to select (supports <code>tidyselect</code> language such as <code>column1:column4</code> and <code>where(is.mic)</code> , and can thus also be <code>antibiotic selectors</code>)
combine_SI	a <code>logical</code> to indicate whether all values of S and I must be merged into one, so the input only consists of S+I vs. R (susceptible vs. resistant) - the default is TRUE
amr_distance	the outcome of <code>mean_amr_distance()</code>
row	an index, such as a row number

Details

The mean AMR distance is effectively **the Z-score**; a normalised numeric value to compare AMR test results which can help to identify similar isolates, without comparing antibiograms by hand.

MIC values (see `as.mic()`) are transformed with `log2()` first; their distance is thus calculated as $(\log_2(x) - \text{mean}(\log_2(x))) / \text{sd}(\log_2(x))$.

SIR values (see `as.sir()`) are transformed using "S" = 1, "I" = 2, and "R" = 3. If `combine_SI` is TRUE (default), the "I" will be considered to be 1.

For data sets, the mean AMR distance will be calculated per column, after which the mean per row will be returned, see *Examples*.

Use `amr_distance_from_row()` to subtract distances from the distance of one row, see *Examples*.

Interpretation

Isolates with distances less than 0.01 difference from each other should be considered similar. Differences lower than 0.025 should be considered suspicious.

Examples

```
sir <- random_sir(10)
sir
mean_amr_distance(sir)

mic <- random_mic(10)
```

```

mic
mean_amr_distance(mic)
# equal to the Z-score of their log2:
(log2(mic) - mean(log2(mic))) / sd(log2(mic))

disk <- random_disk(10)
disk
mean_amr_distance(disk)

y <- data.frame(
  id = LETTERS[1:10],
  amox = random_sir(10, ab = "amox", mo = "Escherichia coli"),
  cipr = random_disk(10, ab = "cipr", mo = "Escherichia coli"),
  gent = random_mic(10, ab = "gent", mo = "Escherichia coli"),
  tobr = random_mic(10, ab = "tobr", mo = "Escherichia coli")
)
y
mean_amr_distance(y)
y$amr_distance <- mean_amr_distance(y, where(is.mic))
y[order(y$amr_distance), ]

if (require("dplyr")) {
  y %>%
    mutate(
      amr_distance = mean_amr_distance(y),
      check_id_C = amr_distance_from_row(amr_distance, id == "C")
    ) %>%
    arrange(check_id_C)
}
if (require("dplyr")) {
  # support for groups
  example_isolates %>%
    filter(mo_genus() == "Enterococcus" & mo_species() != "") %>%
    select(mo, TCY, carbapenems()) %>%
    group_by(mo) %>%
    mutate(dist = mean_amr_distance(.)) %>%
    arrange(mo, dist)
}

```

Description

A data set containing the full microbial taxonomy (**last updated: 11 December, 2022**) of five kingdoms from the List of Prokaryotic names with Standing in Nomenclature (LPSN) and the Global Biodiversity Information Facility (GBIF). This data set is the backbone of this AMR package. MO codes can be looked up using [as.mo\(\)](#).

Usage

microorganisms

Format

A [tibble](#) with 52 142 observations and 22 variables:

- `mo`
ID of microorganism as used by this package
- `fullname`
Full name, like "Escherichia coli". For the taxonomic ranks genus, species and subspecies, this is the 'pasted' text of genus, species, and subspecies. For all taxonomic ranks higher than genus, this is the name of the taxon.
- `status`
Status of the taxon, either "accepted" or "synonym"
- `kingdom, phylum, class, order, family, genus, species, subspecies`
Taxonomic rank of the microorganism
- `rank`
Text of the taxonomic rank of the microorganism, such as "species" or "genus"
- `ref`
Author(s) and year of related scientific publication. This contains only the *first surname* and year of the *latest* authors, e.g. "Wallis *et al.* 2006 *emend.* Smith and Jones 2018" becomes "Smith *et al.*, 2018". This field is directly retrieved from the source specified in the column `source`. Moreover, accents were removed to comply with CRAN that only allows ASCII characters, e.g. "Váňová" becomes "Vanova".
- `lpsn`
Identifier ('Record number') of the List of Prokaryotic names with Standing in Nomenclature (LPSN). This will be the first/highest LPSN identifier to keep one identifier per row. For example, *Acetobacter ascendens* has LPSN Record number 7864 and 11011. Only the first is available in the microorganisms data set.
- `lpsn_parent`
LPSN identifier of the parent taxon
- `lpsn_renamed_to`
LPSN identifier of the currently valid taxon
- `gbif`
Identifier ('taxonID') of the Global Biodiversity Information Facility (GBIF)
- `gbif_parent`
GBIF identifier of the parent taxon
- `gbif_renamed_to`
GBIF identifier of the currently valid taxon
- `source`
Either "GBIF", "LPSN", or "manually added" (see *Source*)
- `prevalence`
Prevalence of the microorganism according to Bartlett *et al.* (2022, [doi:10.1099/mic.0.001269](https://doi.org/10.1099/mic.0.001269)), see `mo_matching_score()` for the full explanation

- `snomed`
Systematized Nomenclature of Medicine (SNOMED) code of the microorganism, version of 1 July, 2021 (see *Source*). Use `mo_snomed()` to retrieve it quickly, see `mo_property()`.

Details

Please note that entries are only based on the List of Prokaryotic names with Standing in Nomenclature (LPSN) and the Global Biodiversity Information Facility (GBIF) (see below). Since these sources incorporate entries based on (recent) publications in the International Journal of Systematic and Evolutionary Microbiology (IJSEM), it can happen that the year of publication is sometimes later than one might expect.

For example, *Staphylococcus pettenkoferi* was described for the first time in Diagnostic Microbiology and Infectious Disease in 2002 ([doi:10.1016/s07328893\(02\)003991](https://doi.org/10.1016/s07328893(02)003991)), but it was not before 2007 that a publication in IJSEM followed ([doi:10.1099/ijs.0.643810](https://doi.org/10.1099/ijs.0.643810)). Consequently, the AMR package returns 2007 for `mo_year("S. pettenkoferi")`.

Included Taxa

Included taxonomic data are:

- All ~36 000 (sub)species from the kingdoms of Archaea and Bacteria
- ~7 900 (sub)species from the kingdom of Fungi. The kingdom of Fungi is a very large taxon with almost 300,000 different (sub)species, of which most are not microbial (but rather macroscopic, like mushrooms). Because of this, not all fungi fit the scope of this package. Only relevant fungi are covered (such as all species of *Aspergillus*, *Candida*, *Cryptococcus*, *Histoplasma*, *Pneumocystis*, *Saccharomyces* and *Trichophyton*).
- ~5 100 (sub)species from the kingdom of Protozoa
- ~1 400 (sub)species from ~40 other relevant genera from the kingdom of Animalia (such as *Strongyloides* and *Taenia*)
- All ~9 800 previously accepted names of all included (sub)species (these were taxonomically renamed)
- The complete taxonomic tree of all included (sub)species: from kingdom to subspecies
- The identifier of the parent taxons
- The year and first author of the related scientific publication

Manual additions:

For convenience, some entries were added manually:

- ~1 500 entries for the city-like serovars of *Salmonellae*
- 11 entries of *Streptococcus* (beta-haemolytic: groups A, B, C, D, F, G, H, K and unspecified; other: *viridans*, *milleri*)
- 2 entries of *Staphylococcus* (coagulase-negative (CoNS) and coagulase-positive (CoPS))
- 1 entry of *Blastocystis* (*B. hominis*), although it officially does not exist (Noel *et al.* 2005, PMID 15634993)
- 1 entry of *Moraxella* (*M. catarrhalis*), which was formally named *Branhamella catarrhalis* (Catlin, 1970) though this change was never accepted within the field of clinical microbiology

- 6 other 'undefined' entries (unknown, unknown Gram negatives, unknown Gram positives, unknown yeast, unknown fungus, and unknown anaerobic bacteria)

The syntax used to transform the original data to a cleansed R format, can be found here: https://github.com/msberends/AMR/blob/main/data-raw/reproduction_of_microorganisms.R.

Direct download:

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

About the Records from LPSN (see *Source*)

LPSN is the main source for bacteriological taxonomy of this AMR package.

The List of Prokaryotic names with Standing in Nomenclature (LPSN) provides comprehensive information on the nomenclature of prokaryotes. LPSN is a free to use service founded by Jean P. Euzéby in 1997 and later on maintained by Aidan C. Parte.

Source

- Parte, AC *et al.* (2020). **List of Prokaryotic names with Standing in Nomenclature (LPSN) moves to the DSMZ**. International Journal of Systematic and Evolutionary Microbiology, 70, 5607-5612; doi:10.1099/ijsem.0.004332. Accessed from <https://lpsn.dsmz.de> on 11 December, 2022.
- GBIF Secretariat (2022). GBIF Backbone Taxonomy. Checklist dataset doi:10.15468/39omei. Accessed from <https://www.gbif.org> on 11 December, 2022.
- Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS). US Edition of SNOMED CT from 1 September 2020. Value Set Name 'Microorganism', OID 2.16.840.1.114222.4.11.1009 (v12). URL: <https://phinvads.cdc.gov>
- Grimont *et al.* (2007). Antigenic Formulae of the Salmonella Serovars, 9th Edition. WHO Collaborating Centre for Reference and Research on *Salmonella* (WHOCC-SALM).
- Bartlett *et al.* (2022). **A comprehensive list of bacterial pathogens infecting humans** *Microbiology* 168:001269; doi:10.1099/mic.0.001269

See Also

[as.mo\(\)](#), [mo_property\(\)](#), [microorganisms.codes](#), [intrinsic_resistant](#)

Examples

```
microorganisms
```

microorganisms.codes *Data Set with 5 910 Common Microorganism Codes*

Description

A data set containing commonly used codes for microorganisms, from laboratory systems and WHONET. Define your own with `set_mo_source()`. They will all be searched when using `as.mo()` and consequently all the `mo_*` functions.

Usage

```
microorganisms.codes
```

Format

A [tibble](#) with 5 910 observations and 2 variables:

- code
Commonly used code of a microorganism
- mo
ID of the microorganism in the [microorganisms](#) data set

Details

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

[as.mo\(\) microorganisms](#)

Examples

```
microorganisms.codes
```

mo_matching_score *Calculate the Matching Score for Microorganisms*

Description

This algorithm is used by `as.mo()` and all the `mo_*` functions to determine the most probable match of taxonomic records based on user input.

Usage

```
mo_matching_score(x, n)
```

Arguments

x	Any user input value(s)
n	A full taxonomic name, that exists in <code>microorganisms\$fullname</code>

Matching Score for Microorganisms

With ambiguous user input in `as.mo()` and all the `mo_*` functions, the returned results are chosen based on their matching score using `mo_matching_score()`. This matching score m , is calculated as:

$$m_{(x,n)} = \frac{l_n - 0.5 \cdot \min \begin{cases} l_n \\ \text{lev}(x, n) \end{cases}}{l_n \cdot p_n \cdot k_n}$$

where:

- x is the user input;
- n is a taxonomic name (genus, species, and subspecies);
- l_n is the length of n ;
- lev is the **Levenshtein distance function** (counting any insertion as 1, and any deletion or substitution as 2) that is needed to change x into n ;
- p_n is the human pathogenic prevalence group of n , as described below;
- k_n is the taxonomic kingdom of n , set as Bacteria = 1, Fungi = 2, Protozoa = 3, Archaea = 4, others = 5.

The grouping into human pathogenic prevalence p is based on recent work from Bartlett *et al.* (2022, [doi:10.1099/mic.0.001269](https://doi.org/10.1099/mic.0.001269)) who extensively studied medical-scientific literature to categorise all bacterial species into these groups:

- **Established**, if a taxonomic species has infected at least three persons in three or more references. These records have prevalence = 1.0 in the `microorganisms` data set;
- **Putative**, if a taxonomic species has fewer than three known cases. These records have prevalence = 1.25 in the `microorganisms` data set.

Furthermore,

- Any genus present in the **established** list also has prevalence = 1.0 in the `microorganisms` data set;
- Any other genus present in the **putative** list has prevalence = 1.25 in the `microorganisms` data set;
- Any other species or subspecies of which the genus is present in the two aforementioned groups, has prevalence = 1.5 in the `microorganisms` data set;
- Any *non-bacterial* genus, species or subspecies of which the genus is present in the following list, has prevalence = 1.5 in the `microorganisms` data set: *Absidia*, *Acanthamoeba*, *Acremonium*, *Aedes*, *Alternaria*, *Amoeba*, *Ancylostoma*, *Angiostrongylus*, *Anisakis*, *Anopheles*, *Apophysomyces*, *Aspergillus*, *Aureobasidium*, *Basidiobolus*, *Beauveria*, *Blastocystis*, *Blastomyces*, *Candida*, *Capillaria*, *Chaetomium*, *Chrysonilia*, *Cladophialophora*, *Cladosporium*,

Conidiobolus, Contracaecum, Cordylobia, Cryptococcus, Curvularia, Demodex, Dermato-
bia, Dientamoeba, Diphylobothrium, Dirofilaria, Echinostoma, Entamoeba, Enterobius, Ex-
ophiala, Exserohilum, Fasciola, Fonsecaea, Fusarium, Giardia, Haloarcula, Halobacterium,
Halococcus, Hendersonula, Heterophyes, Histomonas, Histoplasma, Hymenolepis, Hypomyces,
Hysterothylacium, Leishmania, Malassezia, Malbranchea, Metagonimus, Meyerozyma, Mi-
crosporidium, Microsporum, Mortierella, Mucor, Mycoentrospora, Necator, Nectria, Ochro-
conis, Oesophagostomum, Oidiiodendron, Opisthorchis, Pediculus, Phlebotomus, Phoma, Pichia,
Piedraia, Pithomyces, Pityrosporum, Pneumocystis, Pseudallescheria, Pseudoterranova, Pulex,
Rhizomucor, Rhizopus, Rhodotorula, Saccharomyces, Sarcoptes, Scolecobasidium, Scopular-
iopsis, Scytalidium, Spirometra, Sporobolomyces, Stachybotrys, Strongyloides, Syngamus,
Taenia, Toxocara, Trichinella, Trichobilharzia, Trichoderma, Trichomonas, Trichophyton,
Trichosporon, Trichostrongylus, Trichuris, Tritirachium, Trombicula, Trypanosoma, Tunga,
 or *Wuchereria*;

- All other records have prevalence = 2.0 in the [microorganisms](#) data set.

When calculating the matching score, all characters in x and n are ignored that are other than A-Z, a-z, 0-9, spaces and parentheses.

All matches are sorted descending on their matching score and for all user input values, the top match will be returned. This will lead to the effect that e.g., "E. coli" will return the microbial ID of *Escherichia coli* ($m = 0.688$, a highly prevalent microorganism found in humans) and not *Entamoeba coli* ($m = 0.159$, a less prevalent microorganism in humans), although the latter would alphabetically come first.

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Note

This algorithm was originally described in: Berends MS *et al.* (2022). **AMR: An R Package for Working with Antimicrobial Resistance Data**. *Journal of Statistical Software*, 104(3), 1-31; [doi:10.18637/jss.v104.i03](#).

Later, the work of Bartlett A *et al.* about bacterial pathogens infecting humans (2022, [doi:10.1099/mic.0.001269](#)) was incorporated.

Author(s)

Dr. Matthijs Berends, 2018

Examples

```
mo_reset_session()

as.mo("E. coli")
```

```
mo_uncertainties()

mo_matching_score(
  x = "E. coli",
  n = c("Escherichia coli", "Entamoeba coli")
)
```

mo_property

Get Properties of a Microorganism

Description

Use these functions to return a specific property of a microorganism based on the latest accepted taxonomy. All input values will be evaluated internally with `as.mo()`, which makes it possible to use microbial abbreviations, codes and names as input. See *Examples*.

Usage

```
mo_name(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_fullname(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_shortcode(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_subspecies(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_species(
```

```
    x,  
    language = get_AMR_locale(),  
    keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
    ...  
)  
  
mo_genus(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_family(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_order(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_class(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_phylum(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_kingdom(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)
```

```
mo_domain(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_type(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_status(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_pathogenicity(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_gramstain(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_is_gram_negative(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_is_gram_positive(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)
```

```
mo_is_yeast(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_is_intrinsic_resistant(  
  x,  
  ab,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_snomed(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_ref(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_authors(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_year(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),  
  ...  
)  
  
mo_lpsn(  
  x,  
  language = get_AMR_locale(),  
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
```

```
    ...
)

mo_gbif(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_rank(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_taxonomy(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_synonyms(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_current(x, language = get_AMR_locale(), ...)

mo_info(
  x,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

mo_url(
  x,
  open = FALSE,
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)
```



```

mo_property(
  x,
  property = "fullname",
  language = get_AMR_locale(),
  keep_synonyms = getOption("AMR_keep_synonyms", FALSE),
  ...
)

```

Arguments

x	any character (vector) that can be coerced to a valid microorganism code with as.mo() . Can be left blank for auto-guessing the column containing microorganism codes if used in a data set, see <i>Examples</i> .
language	language to translate text like "no growth", which defaults to the system language (see get_AMR_locale())
keep_synonyms	a logical to indicate if old, previously valid taxonomic names must be preserved and not be corrected to currently accepted names. The default is FALSE, which will return a note if old taxonomic names were processed. The default can be set with the package option <code>AMR_keep_synonyms</code> , i.e. <code>options(AMR_keep_synonyms = TRUE)</code> or <code>options(AMR_keep_synonyms = FALSE)</code> .
...	other arguments passed on to as.mo() , such as 'minimum_matching_score', 'ignore_pattern', and 'remove_from_input'
ab	any (vector of) text that can be coerced to a valid antibiotic drug code with as.ab()
open	browse the URL using browseURL()
property	one of the column names of the microorganisms data set: "mo", "fullname", "status", "kingdom", "phylum", "class", "order", "family", "genus", "species", "subspecies", "rank", "ref", "source", "lpsn", "lpsn_parent", "lpsn_renamed_to", "gbif", "gbif_parent", "gbif_renamed_to", "prevalence", or "snomed", or must be "shortname"

Details

All functions will, at default, **not** keep old taxonomic properties, as synonyms are automatically replaced with the current taxonomy. Take for example *Enterobacter aerogenes*, which was initially named in 1960 but renamed to *Klebsiella aerogenes* in 2017:

- `mo_genus("Enterobacter aerogenes")` will return "Klebsiella" (with a note about the renaming)
- `mo_genus("Enterobacter aerogenes", keep_synonyms = TRUE)` will return "Enterobacter" (with a once-per-session warning that the name is outdated)
- `mo_ref("Enterobacter aerogenes")` will return "Tindall et al., 2017" (with a note)
- `mo_ref("Enterobacter aerogenes", keep_synonyms = TRUE)` will return "Hormaeche et al., 1960" (with a warning)

The short name ([mo_shortcode\(\)](#)) returns the first character of the genus and the full species, such as "E. coli", for species and subspecies. Exceptions are abbreviations of staphylococci (such

as "CoNS", Coagulase-Negative Staphylococci) and beta-haemolytic streptococci (such as "GBS", Group B Streptococci). Please bear in mind that e.g. *E. coli* could mean *Escherichia coli* (kingdom of Bacteria) as well as *Entamoeba coli* (kingdom of Protozoa). Returning to the full name will be done using `as.mo()` internally, giving priority to bacteria and human pathogens, i.e. "E. coli" will be considered *Escherichia coli*. As a result, `mo_fullname(mo_shortcode("Entamoeba coli"))` returns "Escherichia coli".

Since the top-level of the taxonomy is sometimes referred to as 'kingdom' and sometimes as 'domain', the functions `mo_kingdom()` and `mo_domain()` return the exact same results.

Determination of human pathogenicity (`mo_pathogenicity()`) is strongly based on Bartlett *et al.* (2022, doi:10.1099/mic.0.001269). This function returns a **factor** with the levels *Pathogenic*, *Potentially pathogenic*, *Non-pathogenic*, and *Unknown*.

Determination of the Gram stain (`mo_gramstain()`) will be based on the taxonomic kingdom and phylum. Originally, Cavalier-Smith defined the so-called subkingdoms Negibacteria and Posibacteria (2002, PMID 11837318), and only considered these phyla as Posibacteria: Actinobacteria, Chloroflexi, Firmicutes, and Tenericutes. These phyla were later renamed to Actinomycetota, Chloroflexota, Bacillota, and Mycoplasmatota (2021, PMID 34694987). Bacteria in these phyla are considered Gram-positive in this AMR package, except for members of the class Negativicutes (within phylum Bacillota) which are Gram-negative. All other bacteria are considered Gram-negative. Species outside the kingdom of Bacteria will return a value NA. Functions `mo_is_gram_negative()` and `mo_is_gram_positive()` always return TRUE or FALSE (or NA when the input is NA or the MO code is UNKNOWN), thus always return FALSE for species outside the taxonomic kingdom of Bacteria.

Determination of yeasts (`mo_is_yeast()`) will be based on the taxonomic kingdom and class. *Budding yeasts* are fungi of the phylum Ascomycota, class Saccharomycetes (also called Hemiascomycetes). *True yeasts* are aggregated into the underlying order Saccharomycetales. Thus, for all microorganisms that are member of the taxonomic class Saccharomycetes, the function will return TRUE. It returns FALSE otherwise (or NA when the input is NA or the MO code is UNKNOWN).

Determination of intrinsic resistance (`mo_is_intrinsic_resistant()`) will be based on the **intrinsic_resistant** data set, which is based on 'EUCAST Expert Rules' and 'EUCAST Intrinsic Resistance and Unusual Phenotypes' v3.3 (2021). The `mo_is_intrinsic_resistant()` function can be vectorised over both argument *x* (input for microorganisms) and *ab* (input for antibiotics).

The function `mo_url()` will return the direct URL to the online database entry, which also shows the scientific reference of the concerned species.

SNOMED codes (`mo_snomed()`) are from the version of 1 July, 2021. See *Source* and the **microorganisms** data set for more info.

Old taxonomic names (so-called 'synonyms') can be retrieved with `mo_synonyms()` (which will have the scientific reference as *name*), the current taxonomic name can be retrieved with `mo_current()`. Both functions return full names.

All output will be translated where possible.

Value

- An **integer** in case of `mo_year()`
- An **ordered factor** in case of `mo_pathogenicity()`
- A **list** in case of `mo_taxonomy()`, `mo_synonyms()`, `mo_snomed()` and `mo_info()`
- A named **character** in case of `mo_url()`
- A **character** in all other cases

Matching Score for Microorganisms

This function uses `as.mo()` internally, which uses an advanced algorithm to translate arbitrary user input to valid taxonomy using a so-called matching score. You can read about this public algorithm on the [MO matching score page](#).

Source

1. Berends MS *et al.* (2022). **AMR: An R Package for Working with Antimicrobial Resistance Data**. *Journal of Statistical Software*, 104(3), 1-31; doi:10.18637/jss.v104.i03
2. Becker K *et al.* (2014). **Coagulase-Negative Staphylococci**. *Clin Microbiol Rev.* 27(4): 870-926; doi:10.1128/CMR.0010913
3. Becker K *et al.* (2019). **Implications of identifying the recently defined members of the *S. aureus* complex, *S. argenteus* and *S. schweitzeri*: A position paper of members of the ESCMID Study Group for staphylococci and Staphylococcal Diseases (ESGS)**. *Clin Microbiol Infect*; doi:10.1016/j.cmi.2019.02.028
4. Becker K *et al.* (2020). **Emergence of coagulase-negative staphylococci** *Expert Rev Anti Infect Ther.* 18(4):349-366; doi:10.1080/14787210.2020.1730813
5. Lancefield RC (1933). **A serological differentiation of human and other groups of hemolytic streptococci**. *J Exp Med.* 57(4): 571-95; doi:10.1084/jem.57.4.571
6. Berends MS *et al.* (2022). **Trends in Occurrence and Phenotypic Resistance of Coagulase-Negative Staphylococci (CoNS) Found in Human Blood in the Northern Netherlands between 2013 and 2019** *Microorganisms* 10(9), 1801; doi:10.3390/microorganisms10091801
7. Parte, AC *et al.* (2020). **List of Prokaryotic names with Standing in Nomenclature (LPSN) moves to the DSMZ**. *International Journal of Systematic and Evolutionary Microbiology*, 70, 5607-5612; doi:10.1099/ijsem.0.004332. Accessed from <https://lpsn.dsmz.de> on 11 December, 2022.
8. GBIF Secretariat (2022). GBIF Backbone Taxonomy. Checklist dataset doi:10.15468/39omei. Accessed from <https://www.gbif.org> on 11 December, 2022.
9. Public Health Information Network Vocabulary Access and Distribution System (PHIN VADS). US Edition of SNOMED CT from 1 September 2020. Value Set Name 'Microorganism', OID 2.16.840.1.114222.4.11.1009 (v12). URL: <https://phinvads.cdc.gov>
10. Bartlett A *et al.* (2022). **A comprehensive list of bacterial pathogens infecting humans** *Microbiology* 168:001269; doi:10.1099/mic.0.001269

Reference Data Publicly Available

All data sets in this AMR package (about microorganisms, antibiotics, SIR interpretation, EUCAST rules, etc.) are publicly and freely available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. We also provide tab-separated plain text files that are machine-readable and suitable for input in any software program, such as laboratory information systems. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

See Also

Data set [microorganisms](#)

Examples

```
# taxonomic tree -----
mo_kingdom("Klebsiella pneumoniae")
mo_phylum("Klebsiella pneumoniae")
mo_class("Klebsiella pneumoniae")
mo_order("Klebsiella pneumoniae")
mo_family("Klebsiella pneumoniae")
mo_genus("Klebsiella pneumoniae")
mo_species("Klebsiella pneumoniae")
mo_subspecies("Klebsiella pneumoniae")

# full names and short names -----
mo_name("Klebsiella pneumoniae")
mo_fullname("Klebsiella pneumoniae")
mo_shortname("Klebsiella pneumoniae")

# other properties -----
mo_pathogenicity("Klebsiella pneumoniae")
mo_gramstain("Klebsiella pneumoniae")
mo_snomed("Klebsiella pneumoniae")
mo_type("Klebsiella pneumoniae")
mo_rank("Klebsiella pneumoniae")
mo_url("Klebsiella pneumoniae")
mo_is_yeast(c("Candida", "Trichophyton", "Klebsiella"))

# scientific reference -----
mo_ref("Klebsiella aerogenes")
mo_authors("Klebsiella aerogenes")
mo_year("Klebsiella aerogenes")
mo_lpsn("Klebsiella aerogenes")
mo_gbif("Klebsiella aerogenes")
mo_synonyms("Klebsiella aerogenes")

# abbreviations known in the field -----
mo_genus("MRSA")
mo_species("MRSA")
mo_shortname("VISA")
mo_gramstain("VISA")

mo_genus("EHEC")
mo_species("EIEC")
mo_name("UPEC")
```

```

# known subspecies -----

mo_fullname("K. pneu rh")
mo_shortcode("K. pneu rh")

# Becker classification, see ?as.mo -----

mo_fullname("Staph epidermidis")
mo_fullname("Staph epidermidis", Becker = TRUE)
mo_shortcode("Staph epidermidis")
mo_shortcode("Staph epidermidis", Becker = TRUE)

# Lancefield classification, see ?as.mo -----

mo_fullname("Strep agalactiae")
mo_fullname("Strep agalactiae", Lancefield = TRUE)
mo_shortcode("Strep agalactiae")
mo_shortcode("Strep agalactiae", Lancefield = TRUE)

# language support -----

mo_gramstain("Klebsiella pneumoniae", language = "de") # German
mo_gramstain("Klebsiella pneumoniae", language = "nl") # Dutch
mo_gramstain("Klebsiella pneumoniae", language = "es") # Spanish
mo_gramstain("Klebsiella pneumoniae", language = "el") # Greek
mo_gramstain("Klebsiella pneumoniae", language = "uk") # Ukrainian

# mo_type is equal to mo_kingdom, but mo_kingdom will remain untranslated
mo_kingdom("Klebsiella pneumoniae")
mo_type("Klebsiella pneumoniae")
mo_kingdom("Klebsiella pneumoniae", language = "zh") # Chinese, no effect
mo_type("Klebsiella pneumoniae", language = "zh") # Chinese, translated

mo_fullname("S. pyogenes", Lancefield = TRUE, language = "de")
mo_fullname("S. pyogenes", Lancefield = TRUE, language = "uk")

# other -----

# gram stains and intrinsic resistance can be used as a filter in dplyr verbs
if (require("dplyr")) {
  example_isolates %>%
    filter(mo_is_gram_positive()) %>%
    count(mo_genus(), sort = TRUE)
}
if (require("dplyr")) {
  example_isolates %>%
    filter(mo_is_intrinsic_resistant(ab = "vanco")) %>%
    count(mo_genus(), sort = TRUE)
}

```

```

}

# get a list with the complete taxonomy (from kingdom to subspecies)
mo_taxonomy("Klebsiella pneumoniae")

# get a list with the taxonomy, the authors, Gram-stain,
# SNOMED codes, and URL to the online database
mo_info("Klebsiella pneumoniae")

```

mo_source

User-Defined Reference Data Set for Microorganisms

Description

These functions can be used to predefine your own reference to be used in `as.mo()` and consequently all `mo_*` functions (such as `mo_genus()` and `mo_gramstain()`).

This is **the fastest way** to have your organisation (or analysis) specific codes picked up and translated by this package, since you don't have to bother about it again after setting it up once.

Usage

```

set_mo_source(
  path,
  destination = getOption("AMR_mo_source", "~/mo_source.rds")
)

get_mo_source(destination = getOption("AMR_mo_source", "~/mo_source.rds"))

```

Arguments

path	location of your reference file, this can be any text file (comma-, tab- or pipe-separated) or an Excel file (see <i>Details</i>). Can also be "", NULL or FALSE to delete the reference file.
destination	destination of the compressed data file - the default is the user's home directory.

Details

The reference file can be a text file separated with commas (CSV) or tabs or pipes, an Excel file (either 'xls' or 'xlsx' format) or an R object file (extension '.rds'). To use an Excel file, you will need to have the `readxl` package installed.

`set_mo_source()` will check the file for validity: it must be a `data.frame`, must have a column named "mo" which contains values from `microorganisms$mo` or `microorganisms$fullname` and must have a reference column with your own defined values. If all tests pass, `set_mo_source()` will read the file into R and will ask to export it to `"~/mo_source.rds"`. The CRAN policy disallows packages to write to the file system, although *'exceptions may be allowed in interactive sessions if*

the package obtains confirmation from the user'. For this reason, this function only works in interactive sessions so that the user can **specifically confirm and allow** that this file will be created. The destination of this file can be set with the `destination` argument and defaults to the user's home directory. It can also be set with the `package option AMR_mo_source`, e.g. `options(AMR_mo_source = "my/location/file.rds")`.

The created compressed data file "mo_source.rds" will be used at default for MO determination (function `as.mo()` and consequently all `mo_*` functions like `mo_genus()` and `mo_gramstain()`). The location and timestamp of the original file will be saved as an `attribute` to the compressed data file.

The function `get_mo_source()` will return the data set by reading "mo_source.rds" with `readRDS()`. If the original file has changed (by checking the location and timestamp of the original file), it will call `set_mo_source()` to update the data file automatically if used in an interactive session.

Reading an Excel file (.xlsx) with only one row has a size of 8-9 kB. The compressed file created with `set_mo_source()` will then have a size of 0.1 kB and can be read by `get_mo_source()` in only a couple of microseconds (millionths of a second).

How to Setup

Imagine this data on a sheet of an Excel file. The first column contains the organisation specific codes, the second column contains valid taxonomic names:

	A	B
1	Organisation XYZ	mo
2	lab_mo_ecoli	Escherichia coli
3	lab_mo_kpneumoniae	Klebsiella pneumoniae
4		

We save it as "home/me/ourcodes.xlsx". Now we have to set it as a source:

```
set_mo_source("home/me/ourcodes.xlsx")
#> NOTE: Created mo_source file '/Users/me/mo_source.rds' (0.3 kB) from
#>      '/Users/me/Documents/ourcodes.xlsx' (9 kB), columns
#>      "Organisation XYZ" and "mo"
```

It has now created a file "~/.mo_source.rds" with the contents of our Excel file. Only the first column with foreign values and the 'mo' column will be kept when creating the RDS file.

And now we can use it in our functions:

```
as.mo("lab_mo_ecoli")
#> Class 'mo'
#> [1] B_ESCHR_COLI

mo_genus("lab_mo_kpneumoniae")
#> [1] "Klebsiella"

# other input values still work too
```

```
as.mo(c("Escherichia coli", "E. coli", "lab_mo_ecoli"))
#> NOTE: Translation to one microorganism was guessed with uncertainty.
#>      Use mo_uncertainties() to review it.
#> Class 'mo'
#> [1] B_ESCHR_COLI B_ESCHR_COLI B_ESCHR_COLI
```

If we edit the Excel file by, let's say, adding row 4 like this:

	A	B
1	Organisation XYZ	mo
2	lab_mo_ecoli	Escherichia coli
3	lab_mo_kpneumoniae	Klebsiella pneumoniae
4	lab_Staph_aureus	Staphylococcus aureus
5		

...any new usage of an MO function in this package will update your data file:

```
as.mo("lab_mo_ecoli")
#> NOTE: Updated mo_source file '/Users/me/mo_source.rds' (0.3 kB) from
#>      '/Users/me/Documents/ourcodes.xlsx' (9 kB), columns
#>      "Organisation XYZ" and "mo"
#> Class 'mo'
#> [1] B_ESCHR_COLI
```

```
mo_genus("lab_Staph_aureus")
#> [1] "Staphylococcus"
```

To delete the reference data file, just use "", NULL or FALSE as input for `set_mo_source()`:

```
set_mo_source(NULL)
#> Removed mo_source file '/Users/me/mo_source.rds'
```

If the original file (in the previous case an Excel file) is moved or deleted, the `mo_source.rds` file will be removed upon the next use of `as.mo()` or any `mo_*` function.

Description

Performs a principal component analysis (PCA) based on a data set with automatic determination for afterwards plotting the groups and labels, and automatic filtering on only suitable (i.e. non-empty and numeric) variables.

Usage

```
pca(
  x,
  ...,
  retx = TRUE,
  center = TRUE,
  scale. = TRUE,
  tol = NULL,
  rank. = NULL
)
```

Arguments

x	a data.frame containing numeric columns
...	columns of x to be selected for PCA, can be unquoted since it supports quasiquotation.
retx	a logical value indicating whether the rotated variables should be returned.
center	a logical value indicating whether the variables should be shifted to be zero centered. Alternately, a vector of length equal the number of columns of x can be supplied. The value is passed to scale .
scale.	a logical value indicating whether the variables should be scaled to have unit variance before the analysis takes place. The default is FALSE for consistency with S, but in general scaling is advisable. Alternatively, a vector of length equal the number of columns of x can be supplied. The value is passed to scale .
tol	a value indicating the magnitude below which components should be omitted. (Components are omitted if their standard deviations are less than or equal to tol times the standard deviation of the first component.) With the default null setting, no components are omitted (unless rank. is specified less than $\min(\dim(x))$). Other settings for tol could be $tol = 0$ or $tol = \sqrt{.Machine\$double.eps}$, which would omit essentially constant components.
rank.	optionally, a number specifying the maximal rank, i.e., maximal number of principal components to be used. Can be set as alternative or in addition to tol, useful notably when the desired rank is considerably smaller than the dimensions of the matrix.

Details

The [pca\(\)](#) function takes a [data.frame](#) as input and performs the actual PCA with the R function [prcomp\(\)](#).

The result of the [pca\(\)](#) function is a [prcomp](#) object, with an additional attribute `non_numeric_cols` which is a vector with the column names of all columns that do not contain [numeric](#) values. These are probably the groups and labels, and will be used by [ggplot_pca\(\)](#).

Value

An object of classes [pca](#) and [prcomp](#)

Examples

```

# `example_isolates` is a data set available in the AMR package.
# See ?example_isolates.

if (require("dplyr")) {
  # calculate the resistance per group first
  resistance_data <- example_isolates %>%
    group_by(
      order = mo_order(mo), # group on anything, like order
      genus = mo_genus(mo)
    ) %>% # and genus as we do here;
    filter(n() >= 30) %>% # filter on only 30 results per group
    summarise_if(is.sir, resistance) # then get resistance of all drugs

  # now conduct PCA for certain antimicrobial drugs
  pca_result <- resistance_data %>%
    pca(AMC, CXM, CTX, CAZ, GEN, TOB, TMP, SXT)

  pca_result
  summary(pca_result)

  # old base R plotting method:
  biplot(pca_result)
  # new ggplot2 plotting method using this package:
  if (require("ggplot2")) {
    ggplot_pca(pca_result)

    ggplot_pca(pca_result) +
      scale_colour_viridis_d() +
      labs(title = "Title here")
  }
}

```

plot

Plotting for Classes sir, mic and disk

Description

Functions to plot classes sir, mic and disk, with support for base R and ggplot2.

Usage

```

## S3 method for class 'mic'
plot(
  x,
  mo = NULL,
  ab = NULL,

```

```
    guideline = "EUCAST",
    main = deparse(substitute(x)),
    ylab = translate_AMR("Frequency", language = language),
    xlab = translate_AMR("Minimum Inhibitory Concentration (mg/L)", language = language),
    colours_SIR = c("#3CAEA3", "#F6D55C", "#ED553B"),
    language = get_AMR_locale(),
    expand = TRUE,
    ...
)

## S3 method for class 'mic'
autoplot(
  object,
  mo = NULL,
  ab = NULL,
  guideline = "EUCAST",
  title = deparse(substitute(object)),
  ylab = translate_AMR("Frequency", language = language),
  xlab = translate_AMR("Minimum Inhibitory Concentration (mg/L)", language = language),
  colours_SIR = c("#3CAEA3", "#F6D55C", "#ED553B"),
  language = get_AMR_locale(),
  expand = TRUE,
  ...
)

## S3 method for class 'mic'
fortify(object, ...)

## S3 method for class 'disk'
plot(
  x,
  main = deparse(substitute(x)),
  ylab = translate_AMR("Frequency", language = language),
  xlab = translate_AMR("Disk diffusion diameter (mm)", language = language),
  mo = NULL,
  ab = NULL,
  guideline = "EUCAST",
  colours_SIR = c("#3CAEA3", "#F6D55C", "#ED553B"),
  language = get_AMR_locale(),
  expand = TRUE,
  ...
)

## S3 method for class 'disk'
autoplot(
  object,
  mo = NULL,
  ab = NULL,
```

```

    title = deparse(substitute(object)),
    ylab = translate_AMR("Frequency", language = language),
    xlab = translate_AMR("Disk diffusion diameter (mm)", language = language),
    guideline = "EUCAST",
    colours_SIR = c("#3CAEA3", "#F6D55C", "#ED553B"),
    language = get_AMR_locale(),
    expand = TRUE,
    ...
)

## S3 method for class 'disk'
fortify(object, ...)

## S3 method for class 'sir'
plot(
  x,
  ylab = translate_AMR("Percentage", language = language),
  xlab = translate_AMR("Antimicrobial Interpretation", language = language),
  main = deparse(substitute(x)),
  language = get_AMR_locale(),
  ...
)

## S3 method for class 'sir'
autoplot(
  object,
  title = deparse(substitute(object)),
  xlab = translate_AMR("Antimicrobial Interpretation", language = language),
  ylab = translate_AMR("Frequency", language = language),
  colours_SIR = c("#3CAEA3", "#F6D55C", "#ED553B"),
  language = get_AMR_locale(),
  ...
)

## S3 method for class 'sir'
fortify(object, ...)

```

Arguments

<code>x, object</code>	values created with <code>as.mic()</code> , <code>as.disk()</code> or <code>as.sir()</code> (or their <code>random_*</code> variants, such as <code>random_mic()</code>)
<code>mo</code>	any (vector of) text that can be coerced to a valid microorganism code with <code>as.mo()</code>
<code>ab</code>	any (vector of) text that can be coerced to a valid antimicrobial drug code with <code>as.ab()</code>
<code>guideline</code>	interpretation guideline to use - the default is the latest included EUCAST guideline, see <i>Details</i>
<code>main, title</code>	title of the plot

xlab, ylab	axis title
colours_SIR	colours to use for filling in the bars, must be a vector of three values (in the order S, I and R). The default colours are colour-blind friendly.
language	language to be used to translate 'Susceptible', 'Increased exposure'/'Intermediate' and 'Resistant' - the default is system language (see <code>get_AMR_locale()</code>) and can be overwritten by setting the package option <code>AMR_locale</code> , e.g. <code>options(AMR_locale = "de")</code> , see translate . Use <code>language = NULL</code> or <code>language = ""</code> to prevent translation.
expand	a logical to indicate whether the range on the x axis should be expanded between the lowest and highest value. For MIC values, intermediate values will be factors of 2 starting from the highest MIC value. For disk diameters, the whole diameter range will be filled.
...	arguments passed on to methods

Details

The interpretation of "I" will be named "Increased exposure" for all EUCAST guidelines since 2019, and will be named "Intermediate" in all other cases.

For interpreting MIC values as well as disk diffusion diameters, supported guidelines to be used as input for the guideline argument are: "EUCAST 2022", "EUCAST 2021", "EUCAST 2020", "EUCAST 2019", "EUCAST 2018", "EUCAST 2017", "EUCAST 2016", "EUCAST 2015", "EUCAST 2014", "EUCAST 2013", "CLSI 2022", "CLSI 2021", "CLSI 2020", "CLSI 2019", "CLSI 2018", "CLSI 2017", "CLSI 2016", "CLSI 2015", "CLSI 2014", and "CLSI 2013".

Simply using "CLSI" or "EUCAST" as input will automatically select the latest version of that guideline.

Value

The `autoplot()` functions return a [ggplot](#) model that is extendible with any `ggplot2` function.

The `fortify()` functions return a [data.frame](#) as an extension for usage in the `ggplot2::ggplot()` function.

Examples

```
some_mic_values <- random_mic(size = 100)
some_disk_values <- random_disk(size = 100, mo = "Escherichia coli", ab = "cipro")
some_sir_values <- random_sir(50, prob_SIR = c(0.55, 0.05, 0.30))

plot(some_mic_values)
plot(some_disk_values)
plot(some_sir_values)

# when providing the microorganism and antibiotic, colours will show interpretations:
plot(some_mic_values, mo = "S. aureus", ab = "ampicillin")
plot(some_disk_values, mo = "Escherichia coli", ab = "cipro")
plot(some_disk_values, mo = "Escherichia coli", ab = "cipro", language = "uk")
```

```

if (require("ggplot2")) {
  autoplot(some_mic_values)
}
if (require("ggplot2")) {
  autoplot(some_disk_values, mo = "Escherichia coli", ab = "cipro")
}
if (require("ggplot2")) {
  autoplot(some_sir_values)
}

```

proportion

Calculate Antimicrobial Resistance

Description

These functions can be used to calculate the (co-)resistance or susceptibility of microbial isolates (i.e. percentage of S, SI, I, IR or R). All functions support quasiquotation with pipes, can be used in `summarise()` from the `dplyr` package and also support grouped variables, see *Examples*.

`resistance()` should be used to calculate resistance, `susceptibility()` should be used to calculate susceptibility.

Usage

```
resistance(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)
```

```
susceptibility(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)
```

```
sir_confidence_interval(
```

```

  ...,
  ab_result = "R",
  minimum = 30,
  as_percent = FALSE,
  only_all_tested = FALSE,
  confidence_level = 0.95,
  side = "both",
  collapse = FALSE

```

```
)
```

```
proportion_R(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)
```

```
proportion_IR(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)
```

```
proportion_I(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)
```

```
proportion_SI(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)
```

```

proportion_S(..., minimum = 30, as_percent = FALSE, only_all_tested = FALSE)

proportion_df(
  data,
  translate_ab = "name",
  language = get_AMR_locale(),
  minimum = 30,
  as_percent = FALSE,
  combine_SI = TRUE,
  confidence_level = 0.95
)

sir_df(
  data,
  translate_ab = "name",
  language = get_AMR_locale(),
  minimum = 30,
  as_percent = FALSE,
  combine_SI = TRUE,
  confidence_level = 0.95
)

```

Arguments

`...` one or more vectors (or columns) with antibiotic interpretations. They will be transformed internally with `as.sir()` if needed. Use multiple columns to calculate (the lack of) co-resistance: the probability where one of two drugs have a resistant or susceptible result. See *Examples*.

`minimum` the minimum allowed number of available (tested) isolates. Any isolate count lower than `minimum` will return NA with a warning. The default number of 30 isolates is advised by the Clinical and Laboratory Standards Institute (CLSI) as best practice, see *Source*.

`as_percent` a **logical** to indicate whether the output must be returned as a hundred fold with % sign (a character). A value of 0.123456 will then be returned as "12.3%".

`only_all_tested` (for combination therapies, i.e. using more than one variable for `...`): a **logical** to indicate that isolates must be tested for all antibiotics, see section *Combination Therapy* below

`ab_result` antibiotic results to test against, must be one or more values of "S", "I", or "R"

`confidence_level` the confidence level for the returned confidence interval. For the calculation, the number of S or SI isolates, and R isolates are compared with the total number of available isolates with R, S, or I by using `binom.test()`, i.e., the Clopper-Pearson method.

`side` the side of the confidence interval to return. The default is "both" for a length 2 vector, but can also be (abbreviated as) "min"/"left"/"lower"/"less" or "max"/"right"/"higher"/"greater".

collapse	a logical to indicate whether the output values should be 'collapsed', i.e. be merged together into one value, or a character value to use for collapsing
data	a data.frame containing columns with class sir (see as.sir())
translate_ab	a column name of the antibiotics data set to translate the antibiotic abbreviations to, using ab_property()
language	language of the returned text - the default is the current system language (see get_AMR_locale()) and can also be set with the package option AMR_locale . Use <code>language = NULL</code> or <code>language = ""</code> to prevent translation.
combine_SI	a logical to indicate whether all values of S and I must be merged into one, so the output only consists of S+I vs. R (susceptible vs. resistant) - the default is TRUE

Details

The function [resistance\(\)](#) is equal to the function [proportion_R\(\)](#). The function [susceptibility\(\)](#) is equal to the function [proportion_SI\(\)](#).

Use [sir_confidence_interval\(\)](#) to calculate the confidence interval, which relies on [binom.test\(\)](#), i.e., the Clopper-Pearson method. This function returns a vector of length 2 at default for antimicrobial *resistance*. Change the side argument to "left"/"min" or "right"/"max" to return a single value, and change the `ab_result` argument to e.g. `c("S", "I")` to test for antimicrobial *susceptibility*, see Examples.

Remember that you should filter your data to let it contain only first isolates! This is needed to exclude duplicates and to reduce selection bias. Use [first_isolate\(\)](#) to determine them in your data set with one of the four available algorithms.

These functions are not meant to count isolates, but to calculate the proportion of resistance/susceptibility. Use the [count\(\)](#) functions to count isolates. The function [susceptibility\(\)](#) is essentially equal to `count_susceptible() / count_all()`. *Low counts can influence the outcome - the proportion functions may camouflage this, since they only return the proportion (albeit being dependent on the minimum argument).*

The function [proportion_df\(\)](#) takes any variable from data that has an [sir](#) class (created with [as.sir\(\)](#)) and calculates the proportions S, I, and R. It also supports grouped variables. The function [sir_df\(\)](#) works exactly like [proportion_df\(\)](#), but adds the number of isolates.

Value

A [double](#) or, when `as_percent = TRUE`, a [character](#).

Combination Therapy

When using more than one variable for . . . (= combination therapy), use `only_all_tested` to only count isolates that are tested for all antibiotics/variables that you test them for. See this example for two antibiotics, Drug A and Drug B, about how [susceptibility\(\)](#) works to calculate the %SI:

```
-----
              only_all_tested = FALSE  only_all_tested = TRUE
-----
Drug A      Drug B  include as  include as  include as  include as
```


		numerator	denominator	numerator	denominator
S or I	S or I	X	X	X	X
R	S or I	X	X	X	X
<NA>	S or I	X	X	-	-
S or I	R	X	X	X	X
R	R	-	X	-	X
<NA>	R	-	-	-	-
S or I	<NA>	X	X	-	-
R	<NA>	-	-	-	-
<NA>	<NA>	-	-	-	-

Please note that, in combination therapies, for `only_all_tested = TRUE` applies that:

$$\begin{aligned} \text{count_S}() + \text{count_I}() + \text{count_R}() &= \text{count_all}() \\ \text{proportion_S}() + \text{proportion_I}() + \text{proportion_R}() &= 1 \end{aligned}$$

and that, in combination therapies, for `only_all_tested = FALSE` applies that:

$$\begin{aligned} \text{count_S}() + \text{count_I}() + \text{count_R}() &\geq \text{count_all}() \\ \text{proportion_S}() + \text{proportion_I}() + \text{proportion_R}() &\geq 1 \end{aligned}$$

Using `only_all_tested` has no impact when only using one antibiotic as input.

Interpretation of SIR

In 2019, the European Committee on Antimicrobial Susceptibility Testing (EUCAST) has decided to change the definitions of susceptibility testing categories S, I, and R as shown below (<https://www.eucast.org/newsiandr/>):

- **S - Susceptible, standard dosing regimen**

A microorganism is categorised as "Susceptible, standard dosing regimen", when there is a high likelihood of therapeutic success using a standard dosing regimen of the agent.

- **I - Susceptible, increased exposure**

A microorganism is categorised as "Susceptible, Increased exposure" when there is a high likelihood of therapeutic success because exposure to the agent is increased by adjusting the dosing regimen or by its concentration at the site of infection.

- **R = Resistant**

A microorganism is categorised as "Resistant" when there is a high likelihood of therapeutic failure even when there is increased exposure.

- *Exposure* is a function of how the mode of administration, dose, dosing interval, infusion time, as well as distribution and excretion of the antimicrobial agent will influence the infecting organism at the site of infection.

This AMR package honours this insight. Use `susceptibility()` (equal to `proportion_SI()`) to determine antimicrobial susceptibility and `count_susceptible()` (equal to `count_SI()`) to count susceptible isolates.

Source

M39 Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data, 5th Edition, 2022, *Clinical and Laboratory Standards Institute (CLSI)*. <https://clsi.org/standards/products/microbiology/documents/m39/>.

See Also

`count()` to count resistant and susceptible isolates.

Examples

```
# example_isolates is a data set available in the AMR package.
# run ?example_isolates for more info.
example_isolates
```

```
# base R -----
# determines %R
resistance(example_isolates$AMX)
sir_confidence_interval(example_isolates$AMX)
sir_confidence_interval(example_isolates$AMX,
  confidence_level = 0.975
)
sir_confidence_interval(example_isolates$AMX,
  confidence_level = 0.975,
  collapse = ", "
)

# determines %S+I:
susceptibility(example_isolates$AMX)
sir_confidence_interval(example_isolates$AMX,
  ab_result = c("S", "I")
)

# be more specific
proportion_S(example_isolates$AMX)
proportion_SI(example_isolates$AMX)
proportion_I(example_isolates$AMX)
proportion_IR(example_isolates$AMX)
proportion_R(example_isolates$AMX)

# dplyr -----

if (require("dplyr")) {
  example_isolates %>%
    group_by(ward) %>%
    summarise(
      r = resistance(CIP),
      n = n_sir(CIP)
    ) # n_sir works like n_distinct in dplyr, see ?n_sir
}
if (require("dplyr")) {
```

```

example_isolates %>%
  group_by(ward) %>%
  summarise(
    cipro_R = resistance(CIP),
    ci_min = sir_confidence_interval(CIP, side = "min"),
    ci_max = sir_confidence_interval(CIP, side = "max"),
  )
}
if (require("dplyr")) {
  # scoped dplyr verbs with antibiotic selectors
  # (you could also use across() of course)
  example_isolates %>%
    group_by(ward) %>%
    summarise_at(
      c(aminoglycosides(), carbapenems()),
      resistance
    )
}
if (require("dplyr")) {
  example_isolates %>%
    group_by(ward) %>%
    summarise(
      R = resistance(CIP, as_percent = TRUE),
      SI = susceptibility(CIP, as_percent = TRUE),
      n1 = count_all(CIP), # the actual total; sum of all three
      n2 = n_sir(CIP), # same - analogous to n_distinct
      total = n()
    ) # NOT the number of tested isolates!

  # Calculate co-resistance between amoxicillin/clav acid and gentamicin,
  # so we can see that combination therapy does a lot more than mono therapy:
  example_isolates %>% susceptibility(AMC) # %SI = 76.3%
  example_isolates %>% count_all(AMC) # n = 1879

  example_isolates %>% susceptibility(GEN) # %SI = 75.4%
  example_isolates %>% count_all(GEN) # n = 1855

  example_isolates %>% susceptibility(AMC, GEN) # %SI = 94.1%
  example_isolates %>% count_all(AMC, GEN) # n = 1939

  # See Details on how `only_all_tested` works. Example:
  example_isolates %>%
    summarise(
      numerator = count_susceptible(AMC, GEN),
      denominator = count_all(AMC, GEN),
      proportion = susceptibility(AMC, GEN)
    )

  example_isolates %>%
    summarise(
      numerator = count_susceptible(AMC, GEN, only_all_tested = TRUE),
      denominator = count_all(AMC, GEN, only_all_tested = TRUE),

```

```

    proportion = susceptibility(AMC, GEN, only_all_tested = TRUE)
  )

example_isolates %>%
  group_by(ward) %>%
  summarise(
    cipro_p = susceptibility(CIP, as_percent = TRUE),
    cipro_n = count_all(CIP),
    genta_p = susceptibility(GEN, as_percent = TRUE),
    genta_n = count_all(GEN),
    combination_p = susceptibility(CIP, GEN, as_percent = TRUE),
    combination_n = count_all(CIP, GEN)
  )

# Get proportions S/I/R immediately of all sir columns
example_isolates %>%
  select(AMX, CIP) %>%
  proportion_df(translate = FALSE)

# It also supports grouping variables
# (use sir_df to also include the count)
example_isolates %>%
  select(ward, AMX, CIP) %>%
  group_by(ward) %>%
  sir_df(translate = FALSE)
}

```

random

Random MIC Values/Disk Zones/SIR Generation

Description

These functions can be used for generating random MIC values and disk diffusion diameters, for AMR data analysis practice. By providing a microorganism and antimicrobial drug, the generated results will reflect reality as much as possible.

Usage

```
random_mic(size = NULL, mo = NULL, ab = NULL, ...)
```

```
random_disk(size = NULL, mo = NULL, ab = NULL, ...)
```

```
random_sir(size = NULL, prob_SIR = c(0.33, 0.33, 0.33), ...)
```

Arguments

size desired size of the returned vector. If used in a [data.frame](#) call or dplyr verb, will get the current (group) size if left blank.

mo	any character that can be coerced to a valid microorganism code with <code>as.mo()</code>
ab	any character that can be coerced to a valid antimicrobial drug code with <code>as.ab()</code>
...	ignored, only in place to allow future extensions
prob_SIR	a vector of length 3: the probabilities for "S" (1st value), "I" (2nd value) and "R" (3rd value)

Details

The base R function `sample()` is used for generating values.

Generated values are based on the EUCAST 2022 guideline as implemented in the [clinical_breakpoints](#) data set. To create specific generated values per bug or drug, set the `mo` and/or `ab` argument.

Value

class `mic` for `random_mic()` (see `as.mic()`) and class `disk` for `random_disk()` (see `as.disk()`)

Examples

```
random_mic(25)
random_disk(25)
random_sir(25)

# make the random generation more realistic by setting a bug and/or drug:
random_mic(25, "Klebsiella pneumoniae") # range 0.0625-64
random_mic(25, "Klebsiella pneumoniae", "meropenem") # range 0.0625-16
random_mic(25, "Streptococcus pneumoniae", "meropenem") # range 0.0625-4

random_disk(25, "Klebsiella pneumoniae") # range 8-50
random_disk(25, "Klebsiella pneumoniae", "ampicillin") # range 11-17
random_disk(25, "Streptococcus pneumoniae", "ampicillin") # range 12-27
```

resistance_predict *Predict Antimicrobial Resistance*

Description

Create a prediction model to predict antimicrobial resistance for the next years on statistical solid ground. Standard errors (SE) will be returned as columns `se_min` and `se_max`. See *Examples* for a real live example.

Usage

```
resistance_predict(  
  x,  
  col_ab,  
  col_date = NULL,  
  year_min = NULL,  
  year_max = NULL,  
  year_every = 1,  
  minimum = 30,  
  model = NULL,  
  I_as_S = TRUE,  
  preserve_measurements = TRUE,  
  info = interactive(),  
  ...  
)  
  
sir_predict(  
  x,  
  col_ab,  
  col_date = NULL,  
  year_min = NULL,  
  year_max = NULL,  
  year_every = 1,  
  minimum = 30,  
  model = NULL,  
  I_as_S = TRUE,  
  preserve_measurements = TRUE,  
  info = interactive(),  
  ...  
)  
  
## S3 method for class 'resistance_predict'  
plot(x, main = paste("Resistance Prediction of", x_name), ...)  
  
ggplot_sir_predict(  
  x,  
  main = paste("Resistance Prediction of", x_name),  
  ribbon = TRUE,  
  ...  
)  
  
## S3 method for class 'resistance_predict'  
autoplot(  
  object,  
  main = paste("Resistance Prediction of", x_name),  
  ribbon = TRUE,  
  ...  
)
```

Arguments

x	a data.frame containing isolates. Can be left blank for automatic determination, see <i>Examples</i> .
col_ab	column name of x containing antimicrobial interpretations ("R", "I" and "S")
col_date	column name of the date, will be used to calculate years if this column doesn't consist of years already - the default is the first column of with a date class
year_min	lowest year to use in the prediction model, defaults to the lowest year in col_date
year_max	highest year to use in the prediction model - the default is 10 years after today
year_every	unit of sequence between lowest year found in the data and year_max
minimum	minimal amount of available isolates per year to include. Years containing less observations will be estimated by the model.
model	the statistical model of choice. This could be a generalised linear regression model with binomial distribution (i.e. using <code>glm(..., family = binomial)</code>), assuming that a period of zero resistance was followed by a period of increasing resistance leading slowly to more and more resistance. See <i>Details</i> for all valid options.
I_as_S	a logical to indicate whether values "I" should be treated as "S" (will otherwise be treated as "R"). The default, TRUE, follows the redefinition by EUCAST about the interpretation of I (increased exposure) in 2019, see section <i>Interpretation of S, I and R</i> below.
preserve_measurements	a logical to indicate whether predictions of years that are actually available in the data should be overwritten by the original data. The standard errors of those years will be NA.
info	a logical to indicate whether textual analysis should be printed with the name and <code>summary()</code> of the statistical model.
...	arguments passed on to functions
main	title of the plot
ribbon	a logical to indicate whether a ribbon should be shown (default) or error bars
object	model data to be plotted

Details

Valid options for the statistical model (argument `model`) are:

- "binomial" or "binom" or "logit": a generalised linear regression model with binomial distribution
- "loglin" or "poisson": a generalised log-linear regression model with poisson distribution
- "lin" or "linear": a linear regression model

Value

A `data.frame` with extra class `resistance_predict` with columns:

- `year`
- `value`, the same as `estimated` when `preserve_measurements = FALSE`, and a combination of observed and estimated otherwise
- `se_min`, the lower bound of the standard error with a minimum of 0 (so the standard error will never go below 0%)
- `se_max` the upper bound of the standard error with a maximum of 1 (so the standard error will never go above 100%)
- `observations`, the total number of available observations in that year, i.e. $S + I + R$
- `observed`, the original observed resistant percentages
- `estimated`, the estimated resistant percentages, calculated by the model

Furthermore, the model itself is available as an attribute: `attributes(x)$model`, see *Examples*.

Interpretation of SIR

In 2019, the European Committee on Antimicrobial Susceptibility Testing (EUCAST) has decided to change the definitions of susceptibility testing categories S, I, and R as shown below (<https://www.eucast.org/newsiandr/>):

- **S - Susceptible, standard dosing regimen**
A microorganism is categorised as "Susceptible, standard dosing regimen", when there is a high likelihood of therapeutic success using a standard dosing regimen of the agent.
- **I - Susceptible, increased exposure**
A microorganism is categorised as "Susceptible, Increased exposure" when there is a high likelihood of therapeutic success because exposure to the agent is increased by adjusting the dosing regimen or by its concentration at the site of infection.
- **R = Resistant**
A microorganism is categorised as "Resistant" when there is a high likelihood of therapeutic failure even when there is increased exposure.
 - *Exposure* is a function of how the mode of administration, dose, dosing interval, infusion time, as well as distribution and excretion of the antimicrobial agent will influence the infecting organism at the site of infection.

This AMR package honours this insight. Use `susceptibility()` (equal to `proportion_SI()`) to determine antimicrobial susceptibility and `count_susceptible()` (equal to `count_SI()`) to count susceptible isolates.

See Also

The `proportion()` functions to calculate resistance

Models: `lm()` `glm()`

Examples

```

x <- resistance_predict(example_isolates,
  col_ab = "AMX",
  year_min = 2010,
  model = "binomial"
)
plot(x)

if (require("ggplot2")) {
  ggplot_sir_predict(x)
}

# using dplyr:
if (require("dplyr")) {
  x <- example_isolates %>%
    filter_first_isolate() %>%
    filter(mo_genus(mo) == "Staphylococcus") %>%
    resistance_predict("PEN", model = "binomial")
  print(plot(x))

  # get the model from the object
  mymodel <- attributes(x)$model
  summary(mymodel)
}

# create nice plots with ggplot2 yourself
if (require("dplyr") && require("ggplot2")) {
  data <- example_isolates %>%
    filter(mo == as.mo("E. coli")) %>%
    resistance_predict(
      col_ab = "AMX",
      col_date = "date",
      model = "binomial",
      info = FALSE,
      minimum = 15
    )
  head(data)
  autoplot(data)
}

```

skewness

Skewness of the Sample

Description

Skewness is a measure of the asymmetry of the probability distribution of a real-valued random variable about its mean.

When negative ('left-skewed'): the left tail is longer; the mass of the distribution is concentrated on the right of a histogram. When positive ('right-skewed'): the right tail is longer; the mass of the distribution is concentrated on the left of a histogram. A normal distribution has a skewness of 0.

Usage

```
skewness(x, na.rm = FALSE)

## Default S3 method:
skewness(x, na.rm = FALSE)

## S3 method for class 'matrix'
skewness(x, na.rm = FALSE)

## S3 method for class 'data.frame'
skewness(x, na.rm = FALSE)
```

Arguments

x	a vector of values, a matrix or a data.frame
na.rm	a logical value indicating whether NA values should be stripped before the computation proceeds

See Also

[kurtosis\(\)](#)

Examples

```
skewness(runif(1000))
```

translate

Translate Strings from the AMR Package

Description

For language-dependent output of AMR functions, such as [mo_name\(\)](#), [mo_gramstain\(\)](#), [mo_type\(\)](#) and [ab_name\(\)](#).

Usage

```
get_AMR_locale()

set_AMR_locale(language)

reset_AMR_locale()

translate_AMR(x, language = get_AMR_locale())
```

Arguments

language	language to choose. Use one of these supported language names or ISO-639-1 codes: English (en), Chinese (zh), Czech (cs), Danish (da), Dutch (nl), Finnish (fi), French (fr), German (de), Greek (el), Italian (it), Japanese (ja), Norwegian (no), Polish (pl), Portuguese (pt), Romanian (ro), Russian (ru), Spanish (es), Swedish (sv), Turkish (tr), or Ukrainian (uk).
x	text to translate

Details

The currently 20 supported languages are English (en), Chinese (zh), Czech (cs), Danish (da), Dutch (nl), Finnish (fi), French (fr), German (de), Greek (el), Italian (it), Japanese (ja), Norwegian (no), Polish (pl), Portuguese (pt), Romanian (ro), Russian (ru), Spanish (es), Swedish (sv), Turkish (tr), and Ukrainian (uk). All these languages have translations available for all antimicrobial drugs and colloquial microorganism names.

To permanently silence the once-per-session language note on a non-English operating system, you can set the [package option AMR_locale](#) in your `.Rprofile` file like this:

```
# Open .Rprofile file
utils::file.edit("~/Rprofile")

# Then add e.g. Italian support to that file using:
options(AMR_locale = "Italian")
```

And then save the file.

Please read about adding or updating a language in [our Wiki](#).

Changing the Default Language:

The system language will be used at default (as returned by `Sys.getenv("LANG")` or, if `LANG` is not set, `Sys.getlocale("LC_COLLATE")`), if that language is supported. But the language to be used can be overwritten in two ways and will be checked in this order:

1. Setting the [package option AMR_locale](#), either by using e.g. `set_AMR_locale("German")` or by running e.g. `options(AMR_locale = "German")`.

Note that setting an R option only works in the same session. Save the command `options(AMR_locale = "(your language)")` to your `.Rprofile` file to apply it for every session. Run `utils::file.edit("~/Rprofile")` to edit your `.Rprofile` file.

2. Setting the system variable `LANGUAGE` or `LANG`, e.g. by adding `LANGUAGE="de_DE.utf8"` to your `.Renviron` file in your home directory.

Thus, if the [package option AMR_locale](#) is set, the system variables `LANGUAGE` and `LANG` will be ignored.

Examples

```
# Current settings (based on system language)
ab_name("Ciprofloxacin")
mo_name("Coagulase-negative Staphylococcus (CoNS)")
```

```

# setting another language
set_AMR_locale("Spanish")
ab_name("Ciprofloxacin")
mo_name("Coagulase-negative Staphylococcus (CoNS)")

# setting yet another language
set_AMR_locale("Greek")
ab_name("Ciprofloxacin")
mo_name("Coagulase-negative Staphylococcus (CoNS)")

# setting yet another language
set_AMR_locale("Ukrainian")
ab_name("Ciprofloxacin")
mo_name("Coagulase-negative Staphylococcus (CoNS)")

# set_AMR_locale() understands endonyms, English exonyms, and ISO-639-1:
set_AMR_locale("Deutsch")
set_AMR_locale("German")
set_AMR_locale("de")
ab_name("amox/clav")

# reset to system default
reset_AMR_locale()
ab_name("amox/clav")

```

 WHOCC

WHOCC: WHO Collaborating Centre for Drug Statistics Methodology

Description

All antimicrobial drugs and their official names, ATC codes, ATC groups and defined daily dose (DDD) are included in this package, using the WHO Collaborating Centre for Drug Statistics Methodology.

WHOCC

This package contains **all ~550 antibiotic, antimycotic and antiviral drugs** and their Anatomical Therapeutic Chemical (ATC) codes, ATC groups and Defined Daily Dose (DDD) from the World Health Organization Collaborating Centre for Drug Statistics Methodology (WHOCC, <https://www.whocc.no>) and the Pharmaceuticals Community Register of the European Commission (https://ec.europa.eu/health/documents/community-register/html/reg_hum_atc.htm).

These have become the gold standard for international drug utilisation monitoring and research.

The WHOCC is located in Oslo at the Norwegian Institute of Public Health and funded by the Norwegian government. The European Commission is the executive of the European Union and promotes its general interest.

NOTE: The WHOCC copyright does not allow use for commercial purposes, unlike any other info from this package. See https://www.whocc.no/copyright_disclaimer/.

Examples

```
as.ab("meropenem")
ab_name("J01DH02")

ab_tradenames("flucloxacillin")
```

WHONET

Data Set with 500 Isolates - WHONET Example

Description

This example data set has the exact same structure as an export file from WHONET. Such files can be used with this package, as this example data set shows. The antibiotic results are from our [example_isolates](#) data set. All patient names were created using online surname generators and are only in place for practice purposes.

Usage

WHONET

Format

A [tibble](#) with 500 observations and 53 variables:

- Identification number
ID of the sample
- Specimen number
ID of the specimen
- Organism
Name of the microorganism. Before analysis, you should transform this to a valid microbial class, using [as.mo\(\)](#).
- Country
Country of origin
- Laboratory
Name of laboratory
- Last name
Fictitious last name of patient
- First name
Fictitious initial of patient
- Sex
Fictitious gender of patient
- Age
Fictitious age of patient
- Age category
Age group, can also be looked up using [age_groups\(\)](#)

- Date of admission
Date of hospital admission
- Specimen date
Date when specimen was received at laboratory
- Specimen type
Specimen type or group
- Specimen type (Numeric)
Translation of "Specimen type"
- Reason
Reason of request with Differential Diagnosis
- Isolate number
ID of isolate
- Organism type
Type of microorganism, can also be looked up using `mo_type()`
- Serotype
Serotype of microorganism
- Beta-lactamase
Microorganism produces beta-lactamase?
- ESBL
Microorganism produces extended spectrum beta-lactamase?
- Carbapenemase
Microorganism produces carbapenemase?
- MRSA screening test
Microorganism is possible MRSA?
- Inducible clindamycin resistance
Clindamycin can be induced?
- Comment
Other comments
- Date of data entry
Date this data was entered in WHONET
- AMP_ND10:CIP_EE
28 different antibiotics. You can lookup the abbreviations in the `antibiotics` data set, or use e.g. `ab_name("AMP")` to get the official name immediately. Before analysis, you should transform this to a valid antibiotic class, using `as.sir()`.

Details

Like all data sets in this package, this data set is publicly available for download in the following formats: R, MS Excel, Apache Feather, Apache Parquet, SPSS, SAS, and Stata. Please visit [our website for the download links](#). The actual files are of course available on [our GitHub repository](#).

Examples

WHONET

Index

- * **datasets**
 - antibiotics, 23
 - as.disk, 41
 - as.mic, 42
 - as.sir, 52
 - clinical_breakpoints, 67
 - dosage, 78
 - example_isolates, 85
 - example_isolates_unclean, 86
 - intrinsic_resistant, 108
 - microorganisms, 125
 - microorganisms.codes, 129
 - WHONET, 165
- %like% (like), 115
- %like_case% (like), 115
- %unlike% (like), 115
- %unlike_case% (like), 115
- 3MRGN (mdro), 117
- 4MRGN (mdro), 117

- ab, 37, 40
- ab (as.ab), 36
- ab_*, 4, 23, 37
- ab_atc (ab_property), 5
- ab_atc(), 7, 59
- ab_atc_group1 (ab_property), 5
- ab_atc_group2 (ab_property), 5
- ab_cid (ab_property), 5
- ab_cid(), 7
- ab_class (antibiotic_class_selectors), 26
- ab_class(), 28
- ab_ddd (ab_property), 5
- ab_ddd(), 7
- ab_ddd_units (ab_property), 5
- ab_from_text, 3
- ab_from_text(), 38
- ab_group (ab_property), 5
- ab_group(), 4
- ab_info (ab_property), 5

- ab_info(), 7
- ab_loinc (ab_property), 5
- ab_loinc(), 24
- ab_name (ab_property), 5
- ab_name(), 4, 86, 105, 162
- ab_name(AMP), 166
- ab_property, 5
- ab_property(), 4, 24, 69, 104, 152
- ab_selector
 - (antibiotic_class_selectors), 26
- ab_selector(), 28
- ab_synonyms (ab_property), 5
- ab_synonyms(), 7
- ab_tradenames (ab_property), 5
- ab_tradenames(), 7
- ab_url (ab_property), 5
- ab_url(), 7
- abs(), 44
- acos(), 44
- acosh(), 44
- add_custom_antimicrobials, 9
- add_custom_antimicrobials(), 9, 10, 13, 37
- add_custom_microorganisms, 11
- add_custom_microorganisms(), 10, 12
- administrable_iv
 - (antibiotic_class_selectors), 26
- administrable_iv(), 28
- administrable_per_os
 - (antibiotic_class_selectors), 26
- administrable_per_os(), 28
- age, 14
- age(), 15, 16
- age_groups, 15
- age_groups(), 15, 165
- all(), 44

- all_antimicrobials
 - (key_antimicrobials), 111
- all_antimicrobials(), 91, 113
- aminoglycosides
 - (antibiotic_class_selectors), 26
- aminoglycosides(), 18, 28
- aminopenicillins
 - (antibiotic_class_selectors), 26
- aminopenicillins(), 29
- AMR_cleaning_regex, 47
- AMR_custom_ab, 10
- AMR_custom_mo, 12
- amr_distance_from_row
 - (mean_amr_distance), 123
- amr_distance_from_row(), 124
- AMR_eucastrules, 80, 82
- AMR_guideline, 53, 55
- AMR_ignore_pattern, 46
- AMR_include_PKPD, 54
- AMR_include_screening, 54
- AMR_keep_synonyms, 46, 137
- AMR_locale, 6, 64, 66, 69, 104, 149, 152, 163
- AMR_mo_source, 143
- anti_join_microorganisms (join), 110
- antibiogram, 17
- antibiogram(), 19, 20
- antibiotic selectors, 18, 124
- antibiotic_class_selectors, 26
- antibiotics, 4, 6–10, 18, 23, 23, 26–28, 36–38, 66, 69, 86, 104, 107, 108, 152, 166
- antifungals
 - (antibiotic_class_selectors), 26
- antifungals(), 29
- antimicrobials_equal
 - (key_antimicrobials), 111
- antimicrobials_equal(), 113
- antimycobacterials
 - (antibiotic_class_selectors), 26
- antimycobacterials(), 29
- antivirals, 24, 39, 40, 62–64
- antivirals (antibiotics), 23
- any(), 44
- as.ab, 36
- as.ab(), 4, 6, 7, 18, 23, 37, 53, 59, 68, 81, 107, 137, 148, 157
- as.av, 39
- as.av(), 39, 62–64
- as.character(), 116
- as.disk, 41
- as.disk(), 55, 57, 148, 157
- as.double(), 44
- as.integer(), 44
- as.mic, 42
- as.mic(), 54, 57, 124, 148, 157
- as.mo, 45
- as.mo(), 18, 28, 47–49, 53, 54, 57, 66, 68, 80, 86–88, 110, 112, 118, 125, 128–130, 132, 137–139, 142–144, 148, 157, 165
- as.numeric(), 44
- as.POSIXlt(), 14
- as.sir, 52
- as.sir(), 18, 27, 41–44, 53–55, 67, 69, 70, 81, 86, 87, 89, 104, 105, 107, 112, 118, 124, 148, 151, 152, 166
- asin(), 44
- asinh(), 44
- atan(), 44
- atanh(), 44
- ATC (ab_property), 5
- atc_online_ddd (atc_online_property), 59
- atc_online_ddd_units
 - (atc_online_property), 59
- atc_online_groups
 - (atc_online_property), 59
- atc_online_property, 58
- attribute, 143
- autoplot.antibiogram (antibiogram), 17
- autoplot.disk (plot), 146
- autoplot.mic (plot), 146
- autoplot.resistance_predict
 - (resistance_predict), 157
- autoplot.sir (plot), 146
- av (as.av), 39
- av_*, 39, 62
- av_atc (av_property), 63
- av_atc(), 64
- av_cid (av_property), 63
- av_cid(), 64
- av_ddd (av_property), 63
- av_ddd(), 64

- av_ddd_units (av_property), 63
- av_from_text, 61
- av_from_text(), 40
- av_group (av_property), 63
- av_group(), 62
- av_info (av_property), 63
- av_info(), 64
- av_loinc (av_property), 63
- av_name (av_property), 63
- av_name(), 62
- av_property, 63
- av_property(), 62
- av_synonyms (av_property), 63
- av_synonyms(), 64
- av_tradenames (av_property), 63
- av_tradenames(), 64
- av_url (av_property), 63
- av_url(), 64
- availability, 60
- available microbial taxonomy, 47, 48

- barplot(), 19
- betalactams
 - (antibiotic_class_selectors), 26
- betalactams(), 29
- binom.test(), 151, 152
- biplot(), 99
- boxplot.stats(), 44
- BRMO (mdro), 117
- brmo (mdro), 117
- browseURL(), 137
- bug_drug_combinations, 65
- bug_drug_combinations(), 66

- c(), 120
- carbapenems
 - (antibiotic_class_selectors), 26
- carbapenems(), 18, 30
- case_when(), 18, 73, 120
- ceiling(), 44
- cephalosporins
 - (antibiotic_class_selectors), 26
- cephalosporins(), 26, 30
- cephalosporins_1st
 - (antibiotic_class_selectors), 26
- cephalosporins_1st(), 30
- cephalosporins_2nd
 - (antibiotic_class_selectors), 26
- cephalosporins_2nd(), 30
- cephalosporins_3rd
 - (antibiotic_class_selectors), 26
- cephalosporins_3rd(), 30
- cephalosporins_4th
 - (antibiotic_class_selectors), 26
- cephalosporins_4th(), 31
- cephalosporins_5th
 - (antibiotic_class_selectors), 26
- cephalosporins_5th(), 31
- character, 4, 5, 7, 14, 28, 36, 37, 39, 40, 43, 46, 48, 59, 62–64, 66, 80, 81, 88, 109, 110, 112, 113, 116, 118, 137, 138, 152, 157
- chisq.test(), 92–94
- clear_custom_antimicrobials
 - (add_custom_antimicrobials), 9
- clear_custom_antimicrobials(), 10
- clear_custom_microorganisms
 - (add_custom_microorganisms), 11
- clear_custom_microorganisms(), 13
- clinical_breakpoints, 52–54, 67, 157
- cos(), 44
- cosh(), 44
- cospi(), 44
- count, 68
- count(), 152, 154
- count_all (count), 68
- count_all(), 70
- count_df (count), 68
- count_df(), 70, 105
- count_I (count), 68
- count_IR (count), 68
- count_R (count), 68
- count_R(), 70
- count_resistant (count), 68
- count_resistant(), 68, 70
- count_S (count), 68
- count_SI (count), 68
- count_SI(), 56, 70, 123, 153, 160
- count_susceptible (count), 68

- count_susceptible(), [56](#), [68](#), [70](#), [123](#), [153](#), [160](#)
- cummax(), [44](#)
- cummin(), [44](#)
- cumprod(), [44](#)
- cumsum(), [44](#)
- custom_eucast_rules, [73](#)
- custom_eucast_rules(), [80–82](#)
- custom_mdرو_guideline (mdرو), [117](#)
- custom_mdرو_guideline(), [118](#), [120](#)
- data.frame, [7](#), [9](#), [12](#), [18](#), [38](#), [40](#), [46](#), [48](#), [51](#), [53–55](#), [61](#), [66](#), [69](#), [80](#), [82](#), [88](#), [89](#), [104](#), [107](#), [110–113](#), [115](#), [118](#), [124](#), [142](#), [145](#), [149](#), [152](#), [156](#), [159](#), [160](#), [162](#)
- Date, [166](#)
- digamma(), [44](#)
- disk, [41](#), [53](#), [55](#), [124](#)
- disk (as.disk), [41](#)
- dosage, [78](#), [80](#)
- double, [7](#), [15](#), [64](#), [152](#)
- droplevels(), [44](#)
- droplevels.mic (as.mic), [42](#)
- EUCAST (eucast_rules), [80](#)
- eucast_dosage (eucast_rules), [80](#)
- eucast_dosage(), [78](#), [80](#)
- eucast_exceptional_phenotypes (mdرو), [117](#)
- eucast_rules, [80](#)
- eucast_rules(), [28](#), [55](#), [73](#), [82](#), [121](#)
- everything(), [28](#)
- example_isolates, [85](#), [165](#)
- example_isolates_unclean, [86](#)
- exp(), [44](#)
- expm1(), [44](#)
- expression, [27](#)
- facet_sir (ggplot_sir), [102](#)
- facet_sir(), [105](#)
- factor, [16](#), [43](#), [44](#), [52](#), [56](#), [118](#), [119](#), [138](#)
- filter(), [28](#), [97](#)
- filter_first_isolate (first_isolate), [87](#)
- filter_first_isolate(), [89](#)
- first_isolate, [87](#)
- first_isolate(), [19](#), [89–91](#), [97](#), [111](#), [113](#), [114](#), [152](#)
- fisher.test(), [93](#)
- fivenum(), [44](#)
- floor(), [44](#)
- fluoroquinolones
 - (antibiotic_class_selectors), [26](#)
- fluoroquinolones(), [31](#)
- format(), [65](#), [66](#)
- format.bug_drug_combinations
 - (bug_drug_combinations), [65](#)
- formula, [73](#)
- fortify.disk (plot), [146](#)
- fortify.mic (plot), [146](#)
- fortify.sir (plot), [146](#)
- full_join_microorganisms (join), [110](#)
- g.test, [92](#)
- g.test(), [92](#)
- gamma(), [44](#)
- generic functions, [44](#)
- geom_sir (ggplot_sir), [102](#)
- geom_sir(), [105](#)
- get_AMR_locale (translate), [162](#)
- get_AMR_locale(), [6](#), [18](#), [47](#), [64](#), [66](#), [69](#), [104](#), [137](#), [149](#), [152](#)
- get_episode, [95](#)
- get_episode(), [95](#), [97](#)
- get_mo_source (mo_source), [142](#)
- get_mo_source(), [46](#), [143](#)
- ggplot, [149](#)
- ggplot2, [102](#)
- ggplot2::autoplot(), [19](#)
- ggplot2::facet_wrap(), [105](#)
- ggplot2::geom_text(), [105](#)
- ggplot2::ggplot(), [149](#)
- ggplot2::scale_y_continuous(), [105](#)
- ggplot2::theme(), [105](#)
- ggplot_pca, [99](#)
- ggplot_pca(), [101](#), [145](#)
- ggplot_sir, [102](#)
- ggplot_sir(), [105](#)
- ggplot_sir_predict
 - (resistance_predict), [157](#)
- glm(), [160](#)
- glycopeptides
 - (antibiotic_class_selectors), [26](#)
- glycopeptides(), [31](#)
- grepl(), [115](#), [116](#)
- guess_ab_col, [107](#)

- guess_ab_col(), [82](#), [121](#)
 human pathogenicity, [46](#), [48](#)
 ifelse(), [18](#)
 inner_join(join), [110](#)
 inner_join_microorganisms(join), [110](#)
 integer, [7](#), [15](#), [41](#), [64](#), [70](#), [97](#), [138](#)
 interaction(), [110](#)
 intrinsic_resistant, [25](#), [54](#), [68](#), [108](#), [128](#),
 [138](#)
 IQR(), [44](#)
 is.ab(as.ab), [36](#)
 is.av(as.av), [39](#)
 is.disk(as.disk), [41](#)
 is.mic(as.mic), [42](#)
 is.mo(as.mo), [45](#)
 is.sir(as.sir), [52](#)
 is.sir(), [55](#)
 is_new_episode(get_episode), [95](#)
 is_new_episode(), [87](#), [89](#), [95](#), [97](#)
 is_sir_eligible(as.sir), [52](#)
 is_sir_eligible(), [55](#)
 italicise_taxonomy, [109](#)
 italicise_taxonomy(), [19](#)
 italicize_taxonomy
 (italicise_taxonomy), [109](#)
 join, [110](#)
 key_antimicrobials, [111](#)
 key_antimicrobials(), [88](#), [89](#), [91](#), [113](#)
 knit_print.antibiogram(antibiogram), [17](#)
 knitr, [19](#)
 knitr::kable(), [19](#), [66](#)
 kurtosis, [114](#)
 kurtosis(), [162](#)
 labels_sir_count(ggplot_sir), [102](#)
 labels_sir_count(), [104](#), [105](#)
 left_join_microorganisms(join), [110](#)
 lgamma(), [44](#)
 like, [115](#)
 like(), [116](#)
 lincosamides
 (antibiotic_class_selectors),
 [26](#)
 lincosamides(), [31](#)
 lipoglycopeptides
 (antibiotic_class_selectors),
 [26](#)
 lipoglycopeptides(), [31](#)
 list, [3–5](#), [7](#), [61–64](#), [73](#), [123](#), [138](#)
 lm(), [160](#)
 log(), [44](#)
 log10(), [44](#)
 log1p(), [44](#)
 log2(), [44](#), [124](#)
 logical, [4](#), [7](#), [14](#), [15](#), [18](#), [19](#), [27](#), [36](#), [39](#), [41](#),
 [43](#), [46](#), [47](#), [53–55](#), [62](#), [64](#), [66](#), [68](#), [69](#),
 [80](#), [81](#), [88](#), [89](#), [91](#), [97](#), [101](#), [104](#), [107](#),
 [112](#), [115](#), [116](#), [118](#), [124](#), [137](#), [149](#),
 [151](#), [152](#), [159](#), [162](#)
 macrolides
 (antibiotic_class_selectors),
 [26](#)
 macrolides(), [31](#)
 mad(), [44](#)
 matching score, [48](#)
 matching score algorithm, [47](#)
 matrix, [92](#), [93](#), [115](#), [162](#)
 max(), [44](#)
 MDR(mdro), [117](#)
 mdr_cmi2012(mdro), [117](#)
 mdr_cmi2012(), [119](#)
 mdr_tb(mdro), [117](#)
 mdr_tb(), [119](#)
 mdro, [117](#)
 mdro(), [82](#), [118–121](#)
 mean(), [44](#)
 mean_amr_distance, [123](#)
 mean_amr_distance(), [124](#)
 median(), [44](#)
 merge(), [110](#)
 mic, [42](#), [44](#), [53](#), [54](#), [124](#)
 mic(as.mic), [42](#)
 microorganisms, [12](#), [18](#), [25](#), [48](#), [50](#), [51](#), [74](#),
 [81](#), [86](#), [87](#), [109](#), [110](#), [125](#), [129–131](#),
 [137–139](#)
 microorganisms.codes, [128](#), [129](#)
 microorganisms\$fullname, [130](#), [142](#)
 microorganisms\$mo, [142](#)
 min(), [44](#)
 mo, [18](#), [28](#), [45–48](#), [54](#), [66](#), [80](#), [88](#), [110](#), [112](#), [118](#)
 mo(as.mo), [45](#)
 MO matching score, [46](#)

- MO matching score page, [139](#)
 mo_*, [47](#), [49](#), [51](#), [129](#), [130](#), [142](#), [144](#)
 mo_authors (mo_property), [132](#)
 mo_class (mo_property), [132](#)
 mo_cleaning_regex (as.mo), [45](#)
 mo_cleaning_regex(), [47](#), [48](#)
 mo_current (mo_property), [132](#)
 mo_current(), [138](#)
 mo_domain (mo_property), [132](#)
 mo_domain(), [138](#)
 mo_failures (as.mo), [45](#)
 mo_failures(), [48](#)
 mo_family (mo_property), [132](#)
 mo_fullname (mo_property), [132](#)
 mo_gbif (mo_property), [132](#)
 mo_genus (mo_property), [132](#)
 mo_genus(), [51](#), [142](#), [143](#)
 mo_gramstain (mo_property), [132](#)
 mo_gramstain(), [51](#), [138](#), [142](#), [143](#), [162](#)
 mo_info (mo_property), [132](#)
 mo_info(), [138](#)
 mo_is_gram_negative (mo_property), [132](#)
 mo_is_gram_negative(), [138](#)
 mo_is_gram_positive (mo_property), [132](#)
 mo_is_gram_positive(), [138](#)
 mo_is_intrinsic_resistant
 (mo_property), [132](#)
 mo_is_intrinsic_resistant(), [138](#)
 mo_is_yeast (mo_property), [132](#)
 mo_is_yeast(), [138](#)
 mo_kingdom (mo_property), [132](#)
 mo_kingdom(), [138](#)
 mo_lpsn (mo_property), [132](#)
 mo_matching_score, [129](#)
 mo_matching_score(), [49](#), [126](#), [130](#)
 mo_name (mo_property), [132](#)
 mo_name(), [162](#)
 mo_order (mo_property), [132](#)
 mo_pathogenicity (mo_property), [132](#)
 mo_pathogenicity(), [138](#)
 mo_phylum (mo_property), [132](#)
 mo_property, [132](#)
 mo_property(), [127](#), [128](#)
 mo_rank (mo_property), [132](#)
 mo_ref (mo_property), [132](#)
 mo_renamed (as.mo), [45](#)
 mo_renamed(), [48](#)
 mo_reset_session (as.mo), [45](#)
 mo_shortcode (mo_property), [132](#)
 mo_shortcode(), [66](#), [137](#)
 mo_snomed (mo_property), [132](#)
 mo_snomed(), [127](#), [138](#)
 mo_source, [142](#)
 mo_species (mo_property), [132](#)
 mo_status (mo_property), [132](#)
 mo_subspecies (mo_property), [132](#)
 mo_synonyms (mo_property), [132](#)
 mo_synonyms(), [138](#)
 mo_taxonomy (mo_property), [132](#)
 mo_taxonomy(), [138](#)
 mo_type (mo_property), [132](#)
 mo_type(), [162](#), [166](#)
 mo_uncertainties (as.mo), [45](#)
 mo_uncertainties(), [48](#)
 mo_url (mo_property), [132](#)
 mo_url(), [138](#)
 mo_year (mo_property), [132](#)
 mo_year(), [138](#)
 mrgn (mdro), [117](#)
 mrgn(), [119](#)
 mutate(), [97](#)

 n_sir (count), [68](#)
 n_sir(), [70](#)
 NA_character_, [44](#), [56](#)
 NA_disk_ (as.disk), [41](#)
 NA_mic_ (as.mic), [42](#)
 NA_sir_ (as.sir), [52](#)
 name, [138](#)
 not_intrinsic_resistant
 (antibiotic_class_selectors),
 [26](#)
 not_intrinsic_resistant(), [28](#)
 numeric, [4](#), [16](#), [43](#), [44](#), [62](#), [104](#), [145](#)

 ordered factor, [138](#)
 oxazolidinones
 (antibiotic_class_selectors),
 [26](#)
 oxazolidinones(), [31](#)

 package option, [6](#), [10](#), [12](#), [46](#), [47](#), [53–55](#), [64](#),
 [66](#), [69](#), [80](#), [82](#), [104](#), [137](#), [143](#), [149](#),
 [152](#), [163](#)
 pca, [144](#), [145](#)
 pca(), [100](#), [145](#)
 PDR (mdro), [117](#)

- penicillins
 - (antibiotic_class_selectors), 26
- penicillins(), 31
- plot, 146
- plot(), 19
- plot.antibiogram (antibiogram), 17
- plot.resistance_predict
 - (resistance_predict), 157
- polymyxins
 - (antibiotic_class_selectors), 26
- polymyxins(), 32
- portion (proportion), 150
- prcomp, 145
- prcomp(), 100, 145
- princomp, 100
- princomp(), 100
- prod(), 44
- proportion, 150
- proportion(), 160
- proportion_*, 71
- proportion_df (proportion), 150
- proportion_df(), 152
- proportion_I (proportion), 150
- proportion_IR (proportion), 150
- proportion_R (proportion), 150
- proportion_R(), 152
- proportion_S (proportion), 150
- proportion_SI (proportion), 150
- proportion_SI(), 56, 70, 123, 152, 153, 160
- quantile(), 44
- quinolones
 - (antibiotic_class_selectors), 26
- quinolones(), 32
- R Markdown or Quarto, 19
- random, 156
- random_disk (random), 156
- random_disk(), 157
- random_mic (random), 156
- random_mic(), 148, 157
- random_sir (random), 156
- range(), 44
- readRDS(), 121, 143
- regular expression, 46, 48
- reset_AMR_locale (translate), 162
- resistance (proportion), 150
- resistance(), 60, 61, 69, 150, 152
- resistance_predict, 157, 160
- right_join_microorganisms (join), 110
- round(), 44
- sample(), 157
- saveRDS(), 10, 12, 121
- scale, 145
- scale_sir_colours (ggplot_sir), 102
- scale_sir_colours(), 105
- scale_y_percent (ggplot_sir), 102
- scale_y_percent(), 105
- sd(), 44
- select(), 28
- semi_join_microorganisms (join), 110
- set_ab_names (ab_property), 5
- set_ab_names(), 7, 86
- set_AMR_locale (translate), 162
- set_mo_source (mo_source), 142
- set_mo_source(), 46, 129, 142–144
- sign(), 44
- signif(), 44
- sin(), 44
- sinh(), 44
- sinpi(), 44
- sir, 52, 69, 70, 86, 104, 105, 124, 152
- sir (as.sir), 52
- sir_confidence_interval (proportion), 150
- sir_confidence_interval(), 152
- sir_df (proportion), 150
- sir_df(), 70, 105, 152
- sir_interpretation_history (as.sir), 52
- sir_interpretation_history(), 55
- sir_predict (resistance_predict), 157
- skewness, 161
- skewness(), 115
- sqrt(), 44
- streptogramins
 - (antibiotic_class_selectors), 26
- streptogramins(), 32
- sum(), 44
- summarise(), 28, 97
- summary(), 159
- susceptibility (proportion), 150
- susceptibility(), 56, 60, 69, 70, 123, 150, 152, 153, 160

`Sys.getlocale(LC_COLLATE)`, [163](#)

`tan()`, [44](#)

`tanh()`, [44](#)

`tanpi()`, [44](#)

taxonomic kingdom, [46](#), [48](#)

tetracyclines
 (`antibiotic_class_selectors`),
 [26](#)

`tetracyclines()`, [32](#)

`theme_sir` (`ggplot_sir`), [102](#)

`theme_sir()`, [105](#)

`tibble`, [23](#), [24](#), [55](#), [67](#), [79](#), [85](#), [86](#), [108](#), [126](#),
 [129](#), [165](#)

`tidyselect` language, [124](#)

Tidyverse selection helpers, [28](#)

`translate`, [149](#), [162](#)

`translate_AMR` (`translate`), [162](#)

`trigamma()`, [44](#)

trimethoprim
 (`antibiotic_class_selectors`),
 [26](#)

`trimethoprim()`, [32](#)

`trunc()`, [44](#)

ureidopenicillins
 (`antibiotic_class_selectors`),
 [26](#)

`ureidopenicillins()`, [32](#)

`utils::browseURL()`, [7](#), [64](#)

`var()`, [44](#)

variable grouping, [97](#)

vector, [37](#), [40](#), [48](#)

WHOCC, [164](#)

WHONET, [165](#)

will be translated, [7](#), [64](#), [138](#)

XDR (`mdro`), [117](#)