**Interpretative criteria**

<table>
<thead>
<tr>
<th>Microorganism</th>
<th>Susceptible</th>
<th>Intermediate</th>
<th>Resistant</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>E. coli</em> (ATCC 25922)</td>
<td>≤0.06 mcg/mL</td>
<td>&gt;0.06 - ≤1 mcg/mL</td>
<td>&gt;1 mcg/mL</td>
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<tr>
<td><em>Klebsiella pneumonia</em></td>
<td>≤0.5 mcg/mL</td>
<td>&gt;0.5 - ≤4 mcg/mL</td>
<td>&gt;4 mcg/mL</td>
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<tr>
<td><em>Staphylococcus aureus</em></td>
<td>≤0.12 mcg/mL</td>
<td>&gt;0.12 - ≤0.5 mcg/mL</td>
<td>&gt;0.5 mcg/mL</td>
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</tbody>
</table>

**Zone diameters**

No zone diameter may include a plateau-sized inhibitory halos. Minimum inhibitory concentration (MIC) values below 0.015 mcg/mL are considered as non-susceptible.

Monodox is a broad-spectrum antibiotic with excellent activity against a wide range of aerobic and anaerobic microorganisms. It is effective against a variety of bacterial pathogens, including:

- *Enterobacter* and *Salmonella*
- *Campylobacter* and *Brucella*
- *Staphylococcus aureus*
- *Micrococcus luteus*

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Acidemia is common among patients on tetracycline therapy. The clinical significance of this acidemia, if any, is unknown. In a study of patients receiving oral tetracycline for acne, 72% of patients had a mild increase in serum inorganic phosphorus levels compared with 32% of control subjects. There was no apparent relationship between the magnitude of this increase and tetracycline dosage. No untoward effects were noted as a result of this finding. Tetracycline has been shown to chelate zinc in serum and saliva and may cause some inhibition of zinc reabsorption from the renal tubules. In most cases, however, the clinical significance of this finding is not known. In one study, tetracycline was found to reduce serum zinc levels by 20% in patients receiving oral tetracycline for acne. This reduction was noted as soon as 24 hours after the start of therapy and was still evident at the end of 8 weeks of therapy. The clinical significance of this finding is unknown.


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