

**VCUHS ANTIBIOTIC SUSCEPTIBILITY TABLES**  
**JANUARY – DECEMBER 2022**  
**Department of Pathology - Microbiology/Immunology**

**Table 1. Activity of selected antibiotics against gram-positive cocci**

Organism	Number Tested	Percentage (%) of Organisms Susceptible														
		Penicillin (Nonmeningitis)	Penicillin (Meningitis)	Ampicillin	Oxacillin <sup>a</sup>	Ceftriaxone (Nonmeningitis)	Ceftriaxone (Meningitis)	Vancomycin	Tetracycline	Levofloxacin	Clindamycin	TMP/SMX	Ceftaroline <sup>c</sup>	Daptomycin <sup>b,c</sup>	Linezolid	
<i>Staphylococcus aureus</i>	1447				67			99	90			68	97	100	99	99
<i>Staphylococcus lugdunensis</i>	54				83			100				81	100		100	100
Coagulase negative <i>Staphylococcus</i> species	330				38			100					56		98	100
<i>Enterococcus faecalis</i>	799			98				98							95	99
<i>Enterococcus faecium</i>	204			10				28							98	100
<i>Streptococcus pneumoniae</i>	57	92	54			89	74	100	85	96						
<i>Streptococcus</i> species Viridans group	137	81				87										

<sup>a</sup> Staphylococci resistant to oxacillin (methicillin) are also resistant to penicillin, ampicillin, cefazolin, cefoxitin, ceftriaxone, meropenem and all other beta-lactam antibiotics. Staphylococci species breakpoints are in use.

<sup>b</sup> Respiratory tract isolates included in Daptomycin results though excluded from reporting per CLSI M100 guidelines.

<sup>c</sup> Ceftaroline and Daptomycin results include Susceptible Dose Dependent (SDD) isolates.

**Table 2. Activity of selected antibiotics against gram-negative bacilli**

Organism	Number Tested	Percentage (%) of Organisms Susceptible											
		Ampicillin	Pip/Tazo <sup>d</sup>	Cefazolin	Cefepime <sup>d</sup>	Ceftriaxone	Meropenem	Gentamicin	Ciprofloxacin	Levofloxacin	TMP/SMX	Amp/Sulb	Nitrofurantoin
<i>Acinetobacter</i> species	89	IR			71		84	82	76	80	70	86	
<i>Citrobacter koseri</i> ( <i>diversus</i> )	95	IR	97	92	97	97	100	98	98	100	100		
<i>Citrobacter freundii</i> complex <sup>a</sup>	69	IR	86	IR	98	81	98	98	86	97	92		
<i>Klebsiella</i> ( <i>Enterobacter</i> ) <i>aerogenes</i> <sup>a</sup>	156	IR	78	IR	97	75	99	98	95	98	97		
<i>Enterobacter cloacae</i> complex <sup>a</sup>	162	IR	87	IR	96	76	98	96	88	95	82		
<i>Escherichia coli</i>	3231		99	87	95	91	100	89	78	81	74		98
<i>Klebsiella oxytoca</i>	138	IR	89	65	99	89	100	96	95	98	94		
<i>Klebsiella pneumoniae</i>	1021	IR	96	86	93	90	99	93	83	92	82		
<i>Morganella morganii</i>	99	IR	98	IR	100	95	100	89	75	78	78		
<i>Proteus mirabilis</i> <sup>b</sup>	537	88	100	90	99	99	99	97	84	86	85		
<i>Pseudomonas aeruginosa</i>	683	IR	91		92	IR	93	90	85	80 <sup>c</sup>	IR		
<i>Serratia marcescens</i>	168	IR	98	IR	99	98	99	100	92	95	95		

IR = Intrinsic Resistance

<sup>a</sup> Use of 3<sup>rd</sup> generation cephalosporins is not recommended for *Enterobacter cloacae* complex, *Citrobacter freundii* complex, and *Klebsiella aerogenes* infections because resistance develops rapidly. Cefepime, meropenem, a quinolone, or TMP/SMX are recommended.

<sup>b</sup> *Proteus* species other than *Proteus mirabilis* are more resistant (similar to *Morganella* species).

<sup>c</sup> Levofloxacin breakpoints for *Pseudomonas aeruginosa* are based on a dosage regimen of 750mg every 24 hours.

<sup>d</sup> Piperacillin/tazobactam and Cefepime results include Susceptible Dose Dependent (SDD) isolates.

**Data collected by the Clinical Microbiology Laboratory, Department of Pathology  
 CLSI M100-ed32 and M60-ed2 Interpretation breakpoints were applied unless otherwise stated.**