

**VCUHS EMERGENCY DEPARTMENT ANTIBIOTIC SUSCEPTIBILITY TABLES**  
**JANUARY – DECEMBER 2023**  
**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>	404				63			100	85		74	97	100	99	100
Coagulase negative <i>Staphylococcus</i> species	116				47			100				65		100	100
<i>Enterococcus faecalis</i>	279		99					99						99	99
<i>Enterococcus faecium</i>	46		10					41						100	100
<i>Streptococcus pneumoniae</i>	37	94	56			94	83	100	70	91					
<i>Streptococcus</i> species Viridans group	45	80				97					93				

<sup>a</sup> Staphylococci resistant to oxacillin (methicillin) are also resistant to penicillin, ampicillin, cefazolin, cefotaxin, 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	Amp/Sub	Pip/Tazo <sup>d</sup>	Cefazolin	Cefepime <sup>d</sup>	Ceftriaxone	Meropenem	Gentamicin	Ciprofloxacin	Levofloxacin	TMP/SMX	Nitrofurantoin	
<i>Citrobacter koseri</i> ( <i>diversus</i> )	32	IR	100	100	100	100	100	100	100	100	100	100	100	
<i>Klebsiella</i> ( <i>Enterobacter</i> ) aerogenes <sup>a</sup>	50	IR	IR	86	IR	100	84	100	100	98	98	98	96	
<i>Enterobacter cloacae</i> complex <sup>a</sup>	70	IR	IR	78	IR	94	70	95	97	84	92	74		
<i>Escherichia coli</i>	1288		84	99	86	95	90	100	90	79	82	69	98	
<i>Klebsiella oxytoca</i>	42	IR	80	97	71	100	97	100	95	92	97	95		
<i>Klebsiella pneumoniae</i>	363	IR	78	94	81	89	84	98	90	80	88	78		
<i>Proteus mirabilis</i> <sup>b</sup>	183	92	99	100	94	100	98	100	97	81	81	84		
<i>Pseudomonas aeruginosa</i>	180	IR	IR	90		90	IR	91		84	80 <sup>c</sup>	IR		
<i>Serratia marcescens</i>	43	IR	IR	97	IR	100	97	100	97	93	97	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.

