

VCUHS PEDIATRIC ANTIBIOTIC SUSCEPTIBILITY TABLES
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Department of Pathology - Microbiology/Immunology

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

Organism	Percentage (%) of Organisms Susceptible													
	Number Tested	Penicillin (Nonmeningitis)	Penicillin (Meningitis)	Ampicillin	Oxacillin ^a	Ceftriaxone (Nonmeningitis)	Ceftriaxone (Meningitis)	Vancomycin	Tetracycline	Clindamycin	TMP/SMX	Ceftaroline ^c	Daptomycin ^{b,c}	Linezolid
<i>Staphylococcus aureus</i>	314				73			100	92	76	98	99	100	100
Coagulase negative <i>Staphylococcus</i> species	50				42			100		54	66		96	100
<i>Enterococcus faecalis</i>	78			100				100					100	100
<i>Streptococcus pneumoniae</i>	37	97	56			91	80	100	83					

^a 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.

^b Respiratory tract isolates included in Daptomycin results though excluded from reporting per CLSI M100 guidelines.

^c Ceftaroline and Daptomycin results include Susceptible Dose Dependent (SDD) isolates.

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

Organism	Percentage (%) of Organisms Susceptible												
	Number Tested	Ampicillin	Amp/Sulb	Pip/Tazo ^d	Cefazolin	Cefepime ^d	Ceftriaxone	Meropenem	Gentamicin	Ciprofloxacin	Levofloxacin	TMP/SMX	Nitrofurantoin
<i>Enterobacter cloacae</i> complex	30	IR	IR	90	IR	96	73	100	96	96	100	83	
<i>Escherichia coli</i>	407	47	84	99	89	96	92	100	87	86	89	65	98
<i>Klebsiella pneumoniae</i>	70	IR	81	92	82	94	88	100	85	77	85	71	
<i>Proteus mirabilis</i> ^b	43	95	100	100	93	100	100	100	97	100	100	93	
<i>Pseudomonas aeruginosa</i>	72	IR	IR	100		100	IR	94		90	87 ^c	IR	

IR = Intrinsic Resistance

^a Use of 3rd 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.

^b *Proteus* species other than *Proteus mirabilis* are more resistant (similar to *Morganella* species).

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

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

Data collected by the Clinical Microbiology Laboratory, Department of Pathology
CLSI M100-ed33 and M27M44-ed3 Interpretation breakpoints were applied unless otherwise stated.