

VCUHS ANTIBIOTIC SUSCEPTIBILITY TABLES
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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 ^a	Ceftriaxone (Nonmeningitis)	Ceftriaxone (Meningitis)	Vancomycin	Tetracycline	Levofloxacin	Clindamycin	TMP/SMX	Ceftaroline ^c	Daptomycin ^{b,c}	Linezolid
<i>Staphylococcus aureus</i>	1424				64			100	86		67	96	100	99	100
<i>Staphylococcus lugdunensis</i>	62				75			100			74	92		100	100
Coagulase negative <i>Staphylococcus</i> species	302				41			100				51		97	100
<i>Enterococcus faecalis</i>	824			99				98						96	99
<i>Enterococcus faecium</i>	193			7				32						98	94
<i>Streptococcus pneumoniae</i>	81	95	50			93	75	100	70	98					
<i>Streptococcus</i> species Viridans group	168	83				97					78				

^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	Number Tested	Percentage (%) of Organisms Susceptible														
		Ampicillin	Amp/Sulb	Pip/Tazo ^d	Cefazolin	Cefazolin (Urine)	Cefepime ^d	Ceftriaxone	Meropenem	Gentamicin	Ciprofloxacin	Levofloxacin	TMP/SMX	Nitrofurantoin	Tobramycin	Minocycline
<i>Acinetobacter</i> species	73	IR	82				71		86	83	78	78	79			91
<i>Citrobacter koseri</i> (diversus)	104	IR	99	100	100	100	100	100	100	99	100	100	100			
<i>Citrobacter freundii</i> complex ^a	112	IR	IR	88	IR	IR	98	74	99	95	89	92	87			
<i>Klebsiella</i> (<i>Enterobacter</i>) <i>aerogenes</i> ^a	154	IR	IR	82	IR	IR	98	78	100	96	95	98	97			
<i>Enterobacter cloacae</i> complex ^a	269	IR	IR	79	IR	IR	97	72	98	97	93	96	84			
<i>Escherichia coli</i>	3677		80	98	86	88	96	89	99	90	80	82	71	98		
<i>Klebsiella oxytoca</i>	157	IR	77	91	70	85	96	90	97	95	96	97	92			
<i>Klebsiella pneumoniae</i>	1250	IR	75	95	83	86	93	88	99	93	84	91	81			
<i>Morganella morganii</i>	87	IR	39	100	IR	IR	100	97	100	93	81	82	83			
<i>Proteus mirabilis</i> ^b	583	89	96	99	91	96	99	98	100	95	87	87	84			
<i>Pseudomonas aeruginosa</i>	727	IR	IR	93			94	IR	95		90	81 ^c	IR		98	
<i>Serratia marcescens</i>	164	IR	IR	96	IR	IR	99	94	100	98	92	95	96			

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-ed34 and M27M44-ed3 Interpretation breakpoints were applied unless otherwise stated.