VCUHS EMERGENCY DEPARTMENT ANTIBIOTIC SUSCEPTIBILITY TABLES
JANUARY – DECEMBER 2025

Department of Pathology - Microbiology/Immunology

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

Percentage (%) of Organisms Susceptible															
Organism	**Number Tested**	**Penicillin (Nonmeningitis)**	**Penicillin (Meningitis)**	**Ampicillin**	**Oxacillin [a]**	**Ceftriaxone (Nonmeningitis)**	**Ceftriaxone (Meningitis)**	**Vancomycin**	**Tetracycline**	**Levofloxacin**	**Clindamycin**	**TMP/SMX**	**Ceftaroline [c]**	**Daptomycin [b, c]**	**Linezolid**
*Staphylococcus aureus**	464				61			100	83		63	97	100	99	100
*MSSA	288				100			100	88		67	99	100	100	100
*MRSA	177				0			100	74		58	94	100	99	100
Coagulase negative *Staphylococcus* species	111				46			100				51		100	100
Enterococcus faecalis	163			98				98						97	99
Enterococcus faecium	44			20				50						100	95
Streptococcus pneumoniae	39	100	84			100	92	100	92	100					
Streptococcus species Viridans group	56	75				98					83				

[a] Staphylococci resistant to oxacillin (methicillin) are also resistant to penicillin, ampicillin, cefazolin, cefoxitin, ceftaroline, ceftriaxone, and meropenem. 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.

Data collected by the Clinical Microbiology Laboratory, Department of Pathology
CLSI M100-ed35 and M27M44-ed3 Interpretation breakpoints were applied unless otherwise stated.

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

Percentage (%) of Organisms Susceptible															
Organism	**Number Tested**	**Ampicillin**	**Amp/Sulb**	**Pip/Tazo [d]**	**Cefazolin**	**Cefazolin (Urine)**	**Cefepime [d]**	**Ceftriaxone**	**Meropenem**	**Gentamicin**	**Ciprofloxacin**	**Levofloxacin**	**TMP/SMX**	**Nitrofurantoin**	**Tobramycin**
Citrobacter koseri	30	IR	96	100	100	100	100	100	100	100	96	96	96		
Klebsiella (Enterobacter) aerogenes [a]	50	IR	IR	86	IR	IR	98	78	100	100	100	100	96		
Enterobacter cloacae complex [a]	82	IR	IR	81	IR	IR	98	73	98	97	95	97	82		
Escherichia coli	1417		76	99	83	86	95	86	99	90	79	80	70	98	
Klebsiella oxytoca	45	IR	80	97	82	94	97	95	100	100	95	97	93		
Klebsiella pneumoniae	477	IR	73	95	83	84	92	84	99	93	81	89	75		
Proteus mirabilis [b]	221	80	91	99	86	91	98	95	100	94	81	83	82		
Pseudomonas aeruginosa	199	IR	IR	92			94	IR	96		85	78[c]	IR		98
Serratia marcescens	50	IR	IR	100	IR	IR	100	98	100	96	94	98	100		

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-ed35 and M27M44-ed3 Interpretation breakpoints were applied unless otherwise stated.