

**VCUHS ANTIBIOTIC SUSCEPTIBILITY TABLES
JANUARY – DECEMBER 2025**

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	Levofloxacin	Clindamycin	TMP/SMX	Ceftaroline ^c	Daptomycin ^{b, c}	Linezolid
<i>Staphylococcus aureus</i> *	1418				64			100	81		63	96	100	99	100
*MSSA	217				100			100	87		67	99	100	99	100
*MRSA	924				0			100	71		56	92	100	99	100
<i>Staphylococcus lugdunensis</i>	70				77			100			64	95		100	100
Coagulase negative <i>Staphylococcus</i> species	316				46			100				52		99	100
<i>Enterococcus faecalis</i>	555			99				97						97	99
<i>Enterococcus faecium</i>	170			14				35						100	95
<i>Streptococcus pneumoniae</i>	89	95	59			100	82	100	80	100					
<i>Streptococcus</i> species Viridans group	125	80				96					83				

^a Staphylococci resistant to oxacillin (methicillin) are also resistant to penicillin, ampicillin, cefazolin, ceftazidime, 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

Organism	Percentage (%) of Organisms Susceptible															
	Number Tested	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	85	IR	90				83		89	89	85	88	84			98
<i>Citrobacter koseri</i>	92	IR	97	100	98	100	100	100	100	100	97	97	98			
<i>Citrobacter freundii</i> complex ^a	123	IR	IR	91	IR	IR	99	81	100	96	92	95	90			
<i>Klebsiella (Enterobacter) aerogenes</i> ^a	173	IR	IR	86	IR	IR	97	80	99	98	97	99	95			
<i>Enterobacter cloacae</i> complex ^a	278	IR	IR	81	IR	IR	97	75	98	96	94	96	83			
<i>Escherichia coli</i>	3717		78	98	85	87	96	88	99	90	80	81	72	98		
<i>Klebsiella oxytoca</i>	164	IR	72	92	63	83	97	90	99	94	89	94	88			
<i>Klebsiella pneumoniae</i>	1336	IR	75	94	83	86	92	87	99	94	84	90	78			
<i>Morganella morganii</i>	104	IR	32	99	IR	IR	99	95	99	88	83	88	87			
<i>Proteus mirabilis</i> ^b	583	84	93	99	88	94	98	96	99	94	86	88	85			
<i>Pseudomonas aeruginosa</i>	778	IR	IR	92			94	IR	95		87	81 ^c	IR		97	
<i>Serratia marcescens</i>	177	IR	IR	98	IR	IR	99	97	100	97	95	96	97			
<i>Stenotrophomonas maltophilia</i> group	85	IR	IR	IR				IR	IR	IR		91	96		IR	98

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

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