

**McAllen Medical Center Antibioqram 2019 – URINE**

Gram Positive Pathogens % Sensitive  (Sensitivities based on blood drug concentrations. Results may not be applicable to urine infections where antimicrobial concentrations are higher)	# Isolates	Penicillins		FQs	AGs <sup>2</sup>	Other/Misc.						
		Ampicillin	Oxacillin	Levofloxacin	Gentamicin	Tetracycline	Clindamycin	Trimeth/Sulfa	Nitrofurantoin <sup>3</sup>	Rifampin <sup>4</sup>	Vancomycin <sup>5</sup>	Linezolid
<i>Enterococcus faecalis</i>	201	100	-	73	57	24	-	-	99	-	100	93
<i>Staphylococcus aureus</i> <sup>1</sup>	45	±	58	64	100	93	73	89	100	96	100	100
<i>Staphylococcus epidermidis</i> <sup>6</sup>	18	-	11	33	78	83	61	39	100	100	100	100
Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists												
<p>AGs=Aminoglycosides, FQs=Fluoroquinolones, MSSA= Methicillin Susceptible Staphylococcus Aureus, MRSA= Methicillin Resistant Staphylococcus Aureus, VRE= Vancomycin Resistant Enterococcus, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant</p> <p><sup>1</sup> Oxacillin or Cefazolin 1<sup>st</sup> line therapy for MSSA</p> <p><sup>2</sup> Not for monotherapy in gram positive infections. For gram positive synergy with Beta-Lactams or Vancomycin</p> <p><sup>3</sup> For uncomplicated urinary tract infections only</p> <p><sup>4</sup> Not to be used alone for antimicrobial therapy due to quick emergence of resistance</p> <p><sup>5</sup> 1<sup>st</sup> line therapy for severe MRSA infections</p> <p><sup>6</sup> % susceptibility results based on small numbers (&lt;30 isolates). Interpret results with caution.</p> <p><sup>7</sup> 100% susceptible to Cefotaxime/Ceftriaxone</p>												

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Gram Negative Pathogens % Sensitive  (Sensitivities based on blood drug concentrations. Results may not be applicable to urine infections where antimicrobial concentrations are higher)	# Isolates	Penicillins			Cephalosporins				FQs	AGs			Other/Misc.		
		Ampicillin	Ampicillin/Sulb	Piperacillin/Taz	Cefazolin (1 <sup>st</sup> gen)	Cefoxitin (2 <sup>nd</sup> gen)	Ceftriaxone (3 <sup>rd</sup> gen)	Cefepime (4 <sup>th</sup> gen)	Levofloxacin	Amikacin	Gentamicin	Tobramycin	Trimeth/Sulfa	Nitrofurantoin <sup>2</sup>	Meropenem <sup>3</sup>
<i>Enterobacter aerogenes</i> <sup>1, 4</sup>	28	-	-	82	-	-	86	100	96	+	96	96	93	-	100
<i>Enterobacter cloacae</i> <sup>1</sup>	50	-	-	76	-	-	68	88	82	+	94	94	82	66	100
<i>Escherichia coli</i>	1627	35	44	94	73	-	76	76	56	+	78	75	58	96	100
<i>Klebsiella pneumoniae</i>	383	-	66	87	78	-	79	79	85	+	87	84	74	30	98
<i>Proteus mirabilis</i>	167	72	84	100	95	-	98	98	83	+	90	90	75	-	100
<i>Pseudomonas aeruginosa</i>	118	-	-	78 <sup>5</sup>	-	-	-	74	72	+	83	86	-	-	86
Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists															
<p>AGs=Aminoglycosides, FQs=Fluoroquinolones, ESBL= Extended Spectrum Beta-Lactamase, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant</p> <p><sup>1</sup> May develop resistance during prolonged therapy with 3<sup>rd</sup> generation cephalosporins. Isolates that are initially susceptible may become resistant within three to four days after initiation of therapy. Testing of repeat isolates may be warranted.</p> <p><sup>2</sup> For uncomplicated urinary tract infections only</p> <p><sup>3</sup> Restricted to Infectious Disease consult</p> <p><sup>4</sup> % susceptibility results based on small numbers (&lt;30 isolates). Interpret results with caution.</p> <p><sup>5</sup> Do not use if MIC&gt;16.</p>															