ECH 2019

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: Ampicillin	Penicillins: Oxacillin	FQs: Ciprofloxacin	FQs: Levofloxacin	AGs[2]: Gentamicin	Other/Misc.: Tetracycline	Other/Misc.: Clindamycin	Other/Misc.: Trimeth/Sulfa	Other/Misc.: Nitrofurantoin[3]	Other/Misc.: Rifampin[4]	Other/Misc.: Vancomycin[5]	Other/Misc.: Linezolid
Enterococcus faecalis	64	100	-	97	98	69	17	-	-	97	±	100	89
Enterococcus faecalis VRE [6, 4]	0	-	-	-	±	-	-	-	-	+	±	-	±
Enterococcus faecium[6]	1	-	-	100	0	100	0	-	-	0	±	100	100
Enterococcus faecium VRE [6]	0	-	-	-	-	-	-	-	-	-	±	-	-
Staphylococcus aureus	206	±	54	70	70	94	96	85	95	100	99	100	100
MSSA [1] (56%)	120	±	100	87	88	94	94	90	97	100	99	100	100
MRSA (44%)	96	-	-	49	51	92	97	79	95	100	100	100	100
Staphylococcus epidermidis	67	±	42	84	82	92	82	64	82	100	98	100	100
Staphylococcus hominis[6]	49	-	29	94	94	92	73	63	67	98	100	100	100
Streptococcus agalactiae [6]	4	100	+	±	100	±	0	25	+	-	-	100	100
Streptococcus pneumoniae [6, 7]	5	+	+	±	100	±	60	40	80	±	±	100	100

Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists

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

[1] Oxacillin or Cefazolin 1ST line therapy for MSSA

[2] Not for monotherapy in gram positive infections. For gram positive synergy with Beta-Lactams or Vancomycin

[3] For uncomplicated urinary tract infections only
Not to be used alone for antimicrobial therapy due to quick emergence of resistance

[5] 1st line therapy for severe MRSA infections

[6] % susceptibility results based on small numbers (<30 isolates). Interpret results with caution.

[7] 100% susceptible to Cefotaxime/Ceftriaxone

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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 (1st gen)	Cefoxitin (2nd gen)	Ceftriaxone (3rd gen)	Ceftazidime (3rd gen)	Cefepime (4th gen)	Ciprofloxacin	Levofloxacin	Amikacin	Gentamicin	Tobramycin	Trimeth/Sulfa	Nitrofurantoin[2]	Meropenem[3]
Acinetobacter baumannii	6	-	100	84	-	-	-	100	100	±	100	±	100	100	100	-	100
Citrobacter freundii [1, 4]	6	-	-	83	0	-	83	83	100	+	100	+	100	100	83	83	100
Citrobacter koseri [1, 4]	1	-	-	100	100	-	100	100	100	+	100	+	100	100	100	100	100
Enterobacter aerogenes [1, 4]	8	-	-	88	0	-	88	88	100	+	100	+	100	100	100	25	100
Enterobacter cloacae[1,4]	18	-	-	83	0	-	83	83	100	+	100	+	89	89	89	72	100
Escherichia coli	528	39	46	93	88	-	93	93	93	+	87	+	85	86	61	96	100
Escherichia coli ESBL	36	0	19	72	-	-	-	-	-	-	19	+	53	33	36	81	100
Klebsiella oxytoca [4]	14	0	43	86	64	±	79	86	86	+	100	+	79	79	79	72	100
Klebsiella pneumonia	71	0	79	93	84	±	86	86	86	±	90	+	87	83	73	32	100
Klebsiella pneumoniae ESBL	11	0	0	45	0	-	-	-	-	±	45	+	9	0	0	0	100
Morganella morganii[4]	17	0	6	100	0	±	94	94	100	±	94	+	89	94	89	0	100
Proteus mirabilis	118	92	96	100	99	+	99	99	99	+	100	+	97	97	95	0	100
Pseudomonas aeruginosa	72	-	0	97	0	-	0	92	92	+	92	+	85	86	0	-	100
Serratia marcescens [1,4]	12	-	-	100	0	-	100	100	100	+	92	+	100	92	100	0	100
Stenotrophomonas maltophilia	2	-	-	100	-	-	-	-	-	±	100	-	-	-	50	-	-

Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists

AGs=Aminoglycosides, FQs=Fluoroquinolones, ESBL= Extended Spectrum Beta-Lactamase, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant

[1] May develop resistance during prolonged therapy with 3rd 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.

[2] For uncomplicated urinary tract infections only

[3] Restricted to Infectious Disease consult

[4] % susceptibility results based on small numbers (<30 isolates). Interpret results with caution.

[5] Do not use if MIC >16.