

# Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria for July 2023-June 2024

Numbers below represent percent of susceptible isolates (no. of isolates tested)

		MOSES ICU (N2M, F2N, F6C, CSI, N3S, F7BS)																							
		n	Ampicillin	Ampicillin-Sulbactam	Aztreonam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Ciprofloxacin	Clindamycin	Daptomycin <sup>2</sup>	Gentamicin	Levofloxacin	Linezolid	Meropenem	Nitrofurantoin <sup>3</sup>	Oxacillin	Penicillin G	Piperacillin-Tazobactam	Tetracycline	Tobramycin	Trimethoprim-Sulfamethoxazole	Vancomycin	
Gram Negative	<i>Acinetobacter baumannii</i> complex <sup>1</sup>	15		67%					53%			47%	53%			60%									
	<i>Enterobacter cloacae</i>	32			53%			88%				53%	78%			94%									
	<i>Escherichia coli</i>	121	34%	40%	73%	56%	73%					72%	48%			88%									
	<i>Klebsiella pneumoniae</i>	105		56%	71%	61%	71%					71%	71%			94%									
	<i>Proteus mirabilis</i> <sup>1</sup>	19	68%	74%	89%	0%	89%					89%	84%			63%									
	<i>Pseudomonas aeruginosa</i>	99			74%		84%						80%			97%		84%							
	<i>Serratia marcescens</i> <sup>1</sup>	19			89%		100%					84%	89%			95%									
	<i>Stenotrophomonas maltophilia</i> <sup>1</sup>	25						32%							76%										
Gram Positive	<i>Staphylococcus aureus</i>	112				66%					76%		96%				66%	0%				91%		94%	100%
	<i>Staphylococcus epidermidis</i>	73				32%					52%		81%				32%	0%				73%			100%
	<i>Staphylococcus lugdenesis</i> <sup>1</sup>	4				1					1		1				1	1				1			1
	<i>Enterococcus faecalis</i> <sup>1</sup>	27	100%											96%											96%
	<i>Enterococcus faecium</i> <sup>1</sup>	27	19%								100%			100%											48%
	<i>Enterococcus faecalis</i> (Urine) <sup>1</sup>	4	1											1											1
	<i>Enterococcus faecium</i> (Urine) <sup>1</sup>	5	1								1			1											1

denotes antibiotics that are not routinely tested against or known to be clinically relevant treatment options for the specific organisms

10<sup>+</sup> % decrease in susceptibility from 2022-2023 antibiogram

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10<sup>+</sup> % decrease in susceptibility compared to global inpatient population

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1 Organisms with fewer than 30 isolates should be interpreted with caution as small numbers may bias group susceptibilities

2 For *E. faecalis*, daptomycin is not recommended due to cost and the availability of an agent with a narrower spectrum of activity

3 For treatment of uncomplicated urinary tract infection with CrCl > 30mL/min only