

**Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria
July 2023 – June 2024 (12 months)**

OUTPATIENT

	AMPI		AMPI/SULB		AZTREQ		CEFAZOLIN		CEFEPIME		CEFOXTN		CEFTRIAK		CIPROFLX		GENT		MERO		NITRO		PIP/TAZO		TOBRA		TMP/SMX	
	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
<i>Acinetobacter baumannii</i> complex ²			24	92					24	79			24	46	24	92	24	79	24	88			18	89	24	92	24	83
<i>Citrobacter freundii</i> ²					22	86			22	100			22	86	22	86	22	86	22	100	19	95	22	82	22	82	22	77
<i>Citrobacter koseri</i>			101	90	101	97	101	90	101	97	101	95	101	96	101	96	101	98	101	99	80	85	101	94	101	98	101	95
<i>Enterobacter cloacae</i>					81	81			81	85			81	78	81	81	81	94	81	100	59	42	81	75	81	91	81	79
<i>Escherichia coli</i>	2714	41	2714	46	2713	88	2714	69	2714	88	2714	86	2713	87	2713	62	2712	87	2714	100	2612	98	2714	85	2710	85	2713	65
<i>Klebsiella (Enterobacter) aerogenes</i>					57	93			57	95			57	89	57	98	57	98	57	96	44	57	88	57	98	57	98	
<i>Klebsiella oxytoca</i>			49	59	49	94	49	47	49	94	49	90	49	92	49	88	49	98	49	100	38	92	49	94	49	98	49	90
<i>Klebsiella pneumoniae</i>			545	75	545	88	545	78	545	88	545	85	545	88	545	83	545	94	545	100	502	60	545	83	545	93	545	83
<i>Morganella morganii</i> ²			28	43	28	93			28	100	28	75	28	89	28	82	28	96	28	100			28	93	28	96	28	79
<i>Proteus mirabilis</i>	327	82	327	89	327	98	327	4	326	99	327	97	327	98	327	86	327	74					327	98	327	78	327	88
<i>Providencia stuartii</i> ²			9	11	9	78			9	100	9	67	9	78	9	44			9	100			9	78			9	89
<i>Serratia marcescens</i>					38	95			38	100			38	92	38	84	38	95	38	100			38	92	38	45	26	96

	CEFTAZDM		LEVOFLX		MINO		TMP/SMX	
	N	% S	N	% S	N	% S	N	% S
<i>Stenotrophomonas maltophilia</i> ²	12	50	12	83	12	92	12	100

	AMIK		AZTREQ		CEFEPIME		CIPROFLX		GENT		MERO		PIP/TAZO	
	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
<i>Pseudomonas aeruginosa</i>	303	100	296	90	302	98	303	88	300	97	305	92	304	94

	AMPI		CEFTRIAK		CIPROFLX		TMP/SMX	
	N	% S	N	% S	N	% S	N	% S
<i>Salmonella</i> species	47	94	11	91 ²	49	51	48	100

<i>STAPHYLOCOCCUS</i> ^A	CLINDA		OXA / CEF		GENT ^D		PEN G		TETRACYC		TMP/SMX		VANC	
	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
<i>S. aureus</i> (MSSA)	754	78	754	100	753	97	754	0	754	92	754	89	754	100
<i>S. aureus</i> (MRSA) ^B	519	84	519	0	519	95	519	0	519	63	513	87	519	100
<i>S. epidermidis</i>	103	52	92	83	103	48	103	0	103	78			103	100
<i>S. haemolyticus</i> ²	16	38	16	69	16	25	16	0	16	50			16	100
<i>S. lugdunensis</i>	103	77	103	97	103	95	103	0	103	91	63	97	102	99
<i>S. saprophyticus</i> ²	22	68	22	100	22	9	22	0	22	82			22	100

A. All staphylococci may rapidly develop resistance during prolonged therapy with quinolones. Use with staphylococci is not recommended.
B. MRSA isolates with reduced susceptibility to daptomycin have been detected at Montefiore Campuses.
C. Oxacillin-resistant staphylococci are also resistant to all penicillins, cephalosporins, and carbapenems. Oxacillin-susceptible staphylococci are also susceptible to dicloxacillin, nafcillin, ampicillin-sulbactam, piperacillin-tazobactam, amoxicillin-clavulanic acid, cefazolin, cephalexin, cefotetan, ceftriaxone, cefepime, and meropenem (as well as other penicillins, cephalosporins, and carbapenems that are non-formulary).
D. Gentamicin should not be used as single agent and only for synergy for treatment of staphylococcal infections.

NOTES

Box color: intrinsic resistance

Less susceptible ⇔ More susceptible

Text color:
• > 10% increase in susceptibility from previous year
• > 10% decline in susceptibility from previous year

- Minimum inhibitory concentrations (MIC) and interpretations are based on the CLSI standards and an advanced antibiotic expert system.
- Percentages are not calculated for organisms with <10 isolates. For N of < 30 isolates, results may not be statistically relevant. Interpret with caution.

ENTEROCOCCUS URINE	AMPI		LEVOFLX		NITRO		TETRACYC		VANC	
	N	% S	N	% S	N	% S	N	% S	N	% S
<i>Enterococcus faecalis</i>	103	99	102	87	103	100	103	22	103	97
<i>Enterococcus faecium</i> ²	5		5		5		5		5	

*Urine cultures with 10⁵ colonies of enterococci as a single organism have a routine susceptibility test. Infectious Diseases generally recommends susceptibility testing when patients do not respond to empiric therapy.

URINE	AMPI		AMPI/SULB		CEFAZOLIN		CIPROFLX		NITRO		TMP/SMX	
	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
<i>Escherichia coli</i>	2615	41	2615	46	2611	84	2614	62	2615	98	2614	65
<i>Klebsiella pneumoniae</i>			504	75	503	85	504	84	504	60	504	83
<i>Proteus mirabilis</i>	247	83	247	90	247	92	247	87			247	90

*For urine isolates, cefazolin results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, and cephalexin when used for therapy of **uncomplicated UTI** due to *E. coli*, *K. pneumoniae*, *P. mirabilis*.