

# Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria

July 2023 – June 2024 (12 months)

## WEILER

### NOTES

- 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.

### KEY

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

Box color:  intrinsic resistance

Less susceptible More susceptible

	AMPI		AMPI/SULB		AZTREQ		CEFAZOL		CEFEPIM		CEFOXTN		CEFTRIA		CIPROFLX		GENT		MERO		NITRO (urine only)		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			38	71					38	66			38	42	38	63	38	63	38	68			31	48	38	79	38	58
<i>Citrobacter freundii</i> <sup>2</sup>					9	2			9	2			9	2	9	2	9	2	9	2	6	2	9	2	9	2	9	2
<i>Citrobacter koseri</i> <sup>2</sup>			18	83	18	94	18	72	18	94	18	83	18	94	18	83	18	100	18	100	13 <sup>2</sup>	62	18	83	18	100	18	94
<i>Enterobacter cloacae</i>					52	79			52	81			52	75	52	69	52	98	52	94	35	51	52	75	52	90	52	77
<i>Escherichia coli</i>	681	40	679	46	679	78	681	62	678	79	678	75	681	78	680	56	681	87	681	99	525	98	680	76	679	85	680	67
<i>Klebsiella (Enterobacter) aerogenes</i> <sup>2</sup>					27	70			27	89			27	70	27	93	27	100	27	96	21 <sup>2</sup>	57	27	70	27	100	27	96
<i>Klebsiella oxytoca</i> <sup>2</sup>			26	46	26	88	26	58	26	92	26	77	26	88	26	73	26	100	26	100	16 <sup>2</sup>	81	26	81	26	96	26	85
<i>Klebsiella pneumoniae</i>			277	58	277	76	277	64	277	76	277	70	277	75	277	69	277	93	277	96	174	52	277	69	277	88	277	75
<i>Morganella morganii</i> <sup>2</sup>			25	24	25	92			25	100	25	72	25	84	25	68	25	88	25	100			25	92	25	88	25	68
<i>Proteus mirabilis</i>	124	70	124	80	124	94	124	3	124	95	124	92	124	94	124	69	124	69					124	94	124	69	124	84
<i>Providencia stuartii</i> <sup>2</sup>			9	2	9	2			9	2	9	100	9	2	9	2	9		9	2			9	2			9	2
<i>Serratia marcescens</i>					33	94			33	97			33	88	33	76	33	97	33	100			33	91	33	55	20	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>	238	99	232	72	235	86	236	78	235	95	238	87	238	78

	CEFTAZDM		LEVOFLX		MINO		TMP/SMX	
	N	% S	N	% S	N	% S	N	% S
<i>Stenotrophomonas maltophilia</i> <sup>2</sup>	26	23	26	62	26	96	26	100

ENTEROCOCCUS Urine* Weiler	AMPI		LEVOFLX		NITRO		TETRACYC		VANC	
	N	% S	N	% S	N	% S	N	% S	N	% S
<i>Enterococcus faecalis</i>	134	99	133	77	134	100	134	24	134	92
<i>Enterococcus faecium</i>	35	0	35	6	30	0	35	9	35	43

\*Urine cultures with 10<sup>5</sup> 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.

	AMPI		CEFTRIA		CIPROFLX		TMP/SMX	
	N	% S	N	% S	N	% S	N	% S
Salmonella species (all inpatient isolates) <sup>2</sup>	27	93	7	2	26	73	27	96

ENTEROCOCCUS Sterile Sites All Campuses 2023-2024	AMPI		DAPTO <sup>A</sup>		GENT SYN <sup>B</sup>		LINEZD		STREP SYN <sup>B</sup>		VANC	
	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
<i>Enterococcus faecalis</i>	143	100	143	85	143	76	143	99	143	85	143	93
<i>Enterococcus faecium</i>	93	11	92	96	92	89	93	98	92	59	93	31

A. For *E. faecalis*, daptomycin is not recommended due to cost and the availability of an agent with a narrower spectrum of activity (i.e. ampicillin/amoxicillin).  
B. Susceptibility indicates synergy with penicillin, ampicillin, piperacillin-tazobactam, and vancomycin.

CANDIDA All Campuses 2023-2024	<i>C. albicans</i>					<i>C. parapsilosis</i> <sup>2</sup>					<i>C. tropicalis</i> <sup>2</sup>					<i>C. glabrata</i>					<i>C. auris</i> <sup>A,2</sup>		
	N	S	SDD	I	R	N	S	SDD	I	R	N	S	SDD	I	R	N	S	SDD	I	R	N	S	R
Fluconazole	88	93	2		3	23	87	9		13	12	42	33		25	56		82		18	21	5	95
Voriconazole	88	93		3	3	23	91		9	0	12	42		58	0								
Micafungin	5	2		2	2	6	2		2	2	3	2		2	2	56	96		0	4	20	100	0
Amphotericin B																					20	90	10

\*Data is shown for epidemiologic purposes; contact ID for questions about use of antifungals.  
A. Breakpoints for *C. auris* have not been established by CLSI. Breakpoints used here are defined by the CDC and are based on those established for closely related *Candida* species and on expert opinion.

STAPHYLOCOCCUS <sup>A</sup>	CLINDA		OXA / CEF		GENT <sup>D</sup>		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)	187	65	187	100	187	95	187	0	187	97	187	96	187	100
<i>S. aureus</i> (MRSA) <sup>B</sup>	136	77	136	0	136	98	136	0	136	74	136	84	136	100
<i>S. epidermidis</i>	147	51	148	32	142	85	146	0	144	74			145	100
<i>S. haemolyticus</i> <sup>2</sup>	24	50	24	33	24	71	24	0	24	88			24	100
<i>S. lugdunensis</i> <sup>2</sup>	16	56	16	94	16	100	16	0	16	88	11	100	16	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.

viridans <i>Streptococcus</i> (sterile sites)	PEN		CEFTRIA		VANC	
	N	% S	N	% S	N	% S
	57	70	62	97	60	98

STREPTOCOCCUS PNEUMONIAE All Campuses 2023-2024	Sterile Site				Non-Sterile Site				
	N	S	I	R	N	S	I	R	
PENICILLIN <sup>A,B</sup>	Meningitis	52	62		38				
	Non-CNS	52	98	0	2				
	Parenteral					65	91	6	3
	Oral					65	62	15	23
CEFTRIAZONE <sup>A</sup>	Meningitis	53	98	2	0	65	95	2	3
	Non-CNS	53	100	0	0	65	97	0	3
LEVOFLOXACIN		60	96	2	2	72	94	3	3
TRIMETH/SULFA <sup>C</sup>						71	76	8	15

A. Pneumococcal susceptibility rates against penicillin and ceftriaxone from sterile sites are reported as if isolates came from both CSF and all other sterile sites. Susceptibility rates are higher for non-CSF sites because higher antibiotic concentrations can be reached.  
B. For pneumococcal isolates from non-sterile sites (sputum), penicillin susceptibility rates are also reported separately for oral and parenteral formulations. The susceptibility rate is higher for parenteral than oral penicillin because higher concentrations are achieved when penicillin is given parenterally.  
C. Pneumococci from sterile sites are not tested against erythromycin and trimethoprim-sulfamethoxazole because those antimicrobials generally should be used only for pneumococcal respiratory infections.