

All Montefiore Divisions <i>Streptococcus pneumoniae</i> Susceptibility-2016				
Antibiotic	N	Percentage of Isolates		
<b>Penicillin</b>				
<b>Sterile Sites</b>		Susceptible	Intermediate	Resistant
CSF or Possible CNS Involvement	65	63		37
No CNS Involvement	65	100	0	0
<b>Non-Sterile Sites</b>				
Parenteral Penicillin	91	95	4	1
Oral Penicillin	91	74	19	7
<b>Ceftriaxone</b>				
<b>Sterile Sites</b>				
CSF or Possible CNS Involvement	66	98	2	0
No CNS Involvement	66	100	0	0
<b>Non-Sterile Sites</b>	92	96	3	1
<b>Levofloxacin</b>				
<b>Sterile Sites</b>	65	100	0	0
<b>Non-Sterile Sites</b>	92	98	1	1
<b>Trimeth/Sulfa</b>				
<b>Non-Sterile Sites</b>	92	85	8	7

1. 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.

2. 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.

3. Pneumococci from sterile sites are not tested against erythromycin and trimethoprim-sulfamethoxazole because those antimicrobials generally should be used only for pneumococcal respiratory infections.

4. The susceptibility rates to vancomycin were all 100%.

All test information is available on the Pathology Website under [Test Compendium](#)

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STAT Gram Stain Results of Test Performed at Einstein Hospital 904-3425

(Note: STAT Gram stains require 2 specimens -one for STAT smear and the other for Microbiology)

MMC4531 (5/17)

# Montefiore

## MONTEFIORE MEDICAL CENTER

### WEILER DIVISION

Prepared by

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and

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Division of Infectious Diseases/Pharmacy

### Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria

July 2015 - June 2016

(12 Months)

All Montefiore Sterile Sites- Enterococcal Susceptibility				
	<i>E. faecalis</i>		<i>E. faecium</i>	
	N	Percent Susceptible	N	Percent Susceptible
AMPICILLIN	163	99	97	20
VANCOMYCIN	163	92	97	28
DAPTOMYCIN <sup>1</sup>	162		95	95
LINEZOLID	163	72	97	70
GENTAMICIN SYNERGY <sup>2</sup>	162	73	92	82
STREPTOMYCIN SYNERGY <sup>2</sup>	152	82	89	66

Weiler Urine- Enterococcal Susceptibility <sup>3</sup>				
	<i>E. faecalis</i>		<i>E. faecium</i>	
	N	Percent Susceptible	N	Percent Susceptible
AMPICILLIN	333	99	42	0
LEVOFLOXACIN	332	75	42	0
TETRACYCLINE	333	23	41	17
NITROFURANTOIN	333	99	41	2
VANCOMYCIN	333	97	42	7

<sup>1</sup> = For *E. faecalis*, daptomycin is not recommended due to cost and tolerability. Obtain Infectious Disease consult as needed.

<sup>2</sup> = Susceptibility indicates synergy with penicillin, ampicillin, piperacillin-tazobactam, and vancomycin.

<sup>3</sup> = Urine cultures with 100,000 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.

All Montefiore - Yeast Susceptibility Testing					
Species	Antifungal	N	Susceptible	Dose-Dependent Susceptible	Resistant
Percent of Isolates					
<i>C. albicans</i>	Fluconazole	101	96	0	4
	Voriconazole	78	95	2	3
<i>C. parapsilosis</i>	Fluconazole	26	96	4	0
	Voriconazole	17	100	0	0
<i>C. tropicalis</i>	Fluconazole	18	78	6	16
<i>C. glabrata</i>	Fluconazole	54		89	11
No susceptible category for <i>C. glabrata</i> and fluconazole					
No interpretive category for voriconazole and <i>C. glabrata</i>					

1. Data is shown for epidemiologic purposes; contact ID for questions about use of antifungals.

2. CLSI no longer recommends testing *Candida* vs. itraconazole.

3. Voriconazole resistant and all *C. glabrata* from sterile sites will be tested v. micafungin.

**ANTIBIOTIC SUSCEPTIBILITY PATTERNS OF COMMONLY ISOLATED BACTERIA**  
**July 2015-June 2016 (12 months)**  
**(Percent Susceptible)**

**WEILER DIVISION**

	No. tested (Mode)		AMIK		GENT		TOBRA		AMPI		AMPI/SULB		AZTREO		CEFEPIME		CEFOXITIN		CEFTRIAX		CEFAZOLIN		CIPRO		MEROPENEM		PIP/TAZO		TMP/SMX		NITRO (Urines only)		
	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	
	Acinetobacter baumannii complex	15	68	100	75	80	47	93	65			93	66			87	54			73	35			87	53	93	63	87	56	87	63		
Citrobacter freundii	14	25	100	100	93	76	93	76					86	68	100	80			86	64			100	88	100	100	86	68	86	68	100	100	Citrobacter freundii
Citrobacter koseri	32	44	100	100	100	100	97	100			91	95	97	98	97	100	94	95	97	98	91	82	97	100	100	100	97	98	97	100	43	52	Citrobacter koseri
Enterobacter aerogenes	23	42	100	100	96	95	96	93					91	81	96	93			91	79			96	95	100	98	91	76	96	95	56	35	Enterobacter aerogenes
Enterobacter cloacae	30	120	100	100	77	93	77	92					77	68	80	83			77	66			70	87	87	100	77	67	63	83	45	26	Enterobacter cloacae
Escherichia coli	1225	1174	100	100	90	87	89	84	50	42	55	45	93	84	94	86	89	80	93	84	70	61	81	65	100	99	90	81	72	68	97	96	Escherichia coli
Klebsiella oxytoca	25	52	100	100	92	92	84	92			44	53	88	90	88	90	88	84	88	88	48	31	80	90	96	96	84	83	88	82	80	82	Klebsiella oxytoca
Klebsiella pneumoniae	238	425	99	97	99	92	97	87			79	73	95	83	95	83	91	78	95	83	84	73	93	85	100	96	91	78	88	83	51	44	Klebsiella pneumoniae
Morganella morganii	33	58	100	100	79	78	82	81			18	9	97	88	100	98	79	50	97	84			64	36	100	98	97	90	64	36			Morganella morganii
Proteus mirabilis	136	238	99	98	91	87	90	86	79	72	85	81	97	95	99	99	97	91	96	95	1	1	80	62	99	99	97	95	86	78			Proteus mirabilis
Providencia stuartii		47		98								23		83		96		74		83			17		100		83		79				Providencia stuartii
Serratia marcescens	15	54	100	98	100	96	87	57					100	93	100	89			100	85			93	94	100	94	93	87	93	92			Serratia marcescens
Salmonella sp (not S. typhi, all campuses)	65	29							83	79									94	100			92	90			97	97					Salmonella sp (not S. typhi)

	No. tested (Mode)		AMIK		GENT		TOBRA		CEFEPIME		CIPRO		AZTREO		MEROPENEM		PIP/TAZO	
	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I
Pseudomonas aeruginosa	52	288	100	98	100	94	98	96	94	92	88	79	88	78	92	88	88	88

	No. tested (Mode)		CEFTAZ		LEVOFLOX		MINOCYCLINE		TMP/SMX	
	O	I	O	I	O	I	O	I	O	I
Stenotrophomonas maltophilia		43		49		71		89		100

	N. tested (Mode)	AMOX-CLAV	AMPI	CEFAZOLIN	CIPRO	MINOCYCLINE	TMP-SMX	NITRO
URINE ISOLATES ONLY (Outpatient) <sup>7</sup>	0	0	0	0	0	0	0	0
Escherichia coli	1167	85	50	90	81	86	72	97
Klebsiella pneumoniae	214	98		93	93	76	87	51
Proteus mirabilis	109	95	76	91	79		84	

	No. tested (Mode)		CLINDA		GENT <sup>6</sup>		OXACILLIN		PEN G		VANCO		TETRA		TMP/SMX	
	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I
S. aureus (MSSA) <sup>2</sup>	256	333	85	75	99	99	100	100	0	0	100	100	87	95	95	95
S. aureus (MRSA) <sup>2,5</sup>	150	247	86	67	95	93	0	0	0	0	100	100	81	93	91	91
Staphylococcus epidermidis <sup>2</sup>	29	210	69	46	100	97	50	27	0	0	100	100	97	86		
Staphylococcus haemolyticus <sup>2</sup>		34		47		44		21		0		100		68		
Staphylococcus lugdenensis <sup>2</sup>	45	28	78	79	98	96	100	96	0	0	100	100	88	89	100	100

N = Number of isolates tested  
O = Outpatients  
I = Inpatients  
=intrinsic resistance  
=blank boxes indicates number of isolates is too small to be significant  
=shaded boxes indicate > 10% decline in susceptibility from previous year

- NOTES:**
- Minimum inhibitory concentrations (MIC) and interpretations are based on the CLSI standards and an advanced antibiotic expert system.
  - All staphylococci may rapidly develop resistance during prolonged therapy with quinolones. Use with staphylococci is not recommended.
  - Percentages are not calculated for organisms with <10 isolates. For N of < 30 isolates, results may not be statistically relevant. Interpret with caution.
  - 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, cephalixin, cefotetan, ceftriaxone, cefepime, and meropenem (as well as other penicillins, cephalosporins, and carbapenems that are non-formulary).
  - MRSA isolates with reduced susceptibility to daptomycin have been detected at Montefiore Campuses.
  - Gentamicin should not be used as single agent and only for synergy for treatment of staphylococcal infections.
  - For urine isolates, ceftazidime results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalixin, and loracarbef when used for therapy of uncomplicated UTI due to *E. coli*, *K. pneumoniae*, *P. mirabilis*.