

ANTIBIOTIC SUSCEPTIBILITY TABLES
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Table 1. Activity of selected antibiotics against gram-positive cocci

Organism (Number Tested)	MIC (ug/ml)	Percentage of Organisms Susceptible									
		Ampicillin (MIC ≤ 8)	Ceftriaxone (MIC ≤ 1)	Erythromycin ^b	Gentamicin (MIC ≤ 4)	Levofloxacin (MIC ≤ 2)	Oxacillin ^c	Penicillin (MIC ≤ 0.06)	Tetracycline (MIC ≤ 2)	TMP/SMX (MIC ≤ 2/38)	Vancomycin ^e
<i>Staphylococcus aureus</i>	(2450)			39	99		51		97	96	100
<i>Staphylococcus lugdunensis</i>	(59)			83	100		98			97	100
Coag-negative staphylococci	(539)			36	76		35			58	100
<i>Enterococcus</i> species	(1146)	75									75
<i>Streptococcus pneumoniae</i>	(148)		75 ^a	53		99		56 ^d	74		100

^a 80 total isolates tested: 9% resistant; 16% intermediately resistant (MIC=2 ug/ml). **Note:** CLSI non-meningitis interpretative guidelines.

^b Gram-positive bacteria resistant to erythromycin are also resistant to azithromycin and clarithromycin.

For staphylococci, susceptible if MIC ≤ 0.5 ug/ml; for *Streptococcus pneumoniae*, susceptible if MIC ≤ 0.25 ug/ml.

^c Staphylococci resistant to oxacillin (methicillin) are also resistant to nafcillin, penicillin, ampicillin, cefazolin, ceftazidime, ceftriaxone, imipenem, piperacillin and all other beta-lactam antibiotics.

^d 26% resistant (MIC ≥ 8 ug/ml), 18% intermediately-resistant (MIC = 4). Due to new software, meningitis interpretations are not available. Data will be available for 2009.

^e For *Staphylococcus aureus*, susceptible if MIC ≤ 2 ug/ml; all other staphylococci are susceptible if MIC ≤ 4 ug/ml; for enterococci, susceptible if MIC ≤ 4 ug/ml; for *Streptococcus pneumoniae*, susceptible if MIC ≤ 1 ug/ml.

Table 2. Activity of selected antibiotics against gram-negative bacilli

Organism (Number Tested)	MIC (ug/ml)	Percentage of Organisms Susceptible									
		Ampicillin (MIC ≤ 8)	Cefazolin (MIC ≤ 8)	Cefepime (MIC ≤ 8)	Ceftriaxone (MIC ≤ 8)	Ciprofloxacin (MIC ≤ 1)	Gentamicin (MIC ≤ 4)	Imipenem (MIC ≤ 4)	Levofloxacin (MIC ≤ 2)	Piperacillin/ Tazobactam (MIC ≤ 16/4)	TMP/SMX (MIC ≤ 2/38)
<i>Acinetobacter</i> species	(197)			42		39	56	56	42		48
<i>Citrobacter koseri</i> (<i>diversus</i>)	(90)	0	94	99	99	100	100	100	100		99
<i>Citrobacter freundii</i> complex	(54)	0	0	98	89	91	94	100	94		91
<i>Enterobacter aerogenes</i> *	(127)	0	0	100	87	98	98	100	98	90	97
<i>Enterobacter cloacae</i> *	(226)	0	0	100	81	92	96	100	92	83	89
<i>Escherichia coli</i>	(2891)	52	91	98	96	73	91	100	73	99	73
<i>Klebsiella oxytoca</i>	(87)	0	66	98	97	98	99	100	98	90	94
<i>Klebsiella pneumoniae</i>	(740)	0	94	97	96	94	96	99	95	96	92
<i>Morganella morganii</i>	(74)	3	3	99	97	64	89		69	96	77
<i>Proteus mirabilis</i> ^a	(579)	89	91	99	99	75	98		77	99	84
<i>Pseudomonas aeruginosa</i>	(520)			81		76	90	91	75 ^b	95 ^c	
<i>Serratia marcescens</i>	(119)	0	0	100	98	93	98	100	93	99	98

* Use of cephalosporins not recommended for *Enterobacter*, *Serratia* and *Citrobacter* species because resistance develops rapidly. Imipenem, a quinolone, or TMP/SMX recommended.

^a Other *Proteus* species are more resistant (similar to *Morganella*).

^b For *Pseudomonas aeruginosa*, increase dosage to 750 mg daily.

^c For *Pseudomonas aeruginosa*, susceptible if MIC ≤ 64/4 ug/ml; higher dose is necessary, 4.5 gm q6 for normal renal function; dose adjustment may be necessary for renal failure.

Data collected by the Clinical Microbiology Laboratory, Department of Pathology