

**VCUHS ANTIBIOTIC SUSCEPTIBILITY TABLES**  
**JANUARY – DECEMBER 2023**  
**Department of Pathology - Microbiology/Immunology**

**Table 1. Activity of selected antibiotics against gram-positive cocci**

Organism	Number Tested	Percentage (%) of Organisms Susceptible													
		Penicillin (Nonmeningitis)	Penicillin (Meningitis)	Ampicillin	Oxacillin <sup>a</sup>	Ceftriaxone (Nonmeningitis)	Ceftriaxone (Meningitis)	Vancomycin	Tetracycline	Levofloxacin	Clindamycin	TMP/SMX	Ceftaroline <sup>c</sup>	Daptomycin <sup>b,c</sup>	Linezolid
<i>Staphylococcus aureus</i>	1475				68			100	88		69	98	99	99	100
<i>Staphylococcus lugdunensis</i>	56				91			100			80	100		100	100
Coagulase negative <i>Staphylococcus</i> species	318				44			100				60		99	100
<i>Enterococcus faecalis</i>	851			99				98						97	99
<i>Enterococcus faecium</i>	226			10				31						98	99
<i>Streptococcus pneumoniae</i>	88	94	60			89	80	100	79	95					
<i>Streptococcus</i> species Viridans group	142	83				99					83				

<sup>a</sup> Staphylococci resistant to oxacillin (methicillin) are also resistant to penicillin, ampicillin, ceftazolin, cefoxitin, ceftriaxone, meropenem and all other beta-lactam antibiotics. Staphylococci species breakpoints are in use.

<sup>b</sup> Respiratory tract isolates included in Daptomycin results though excluded from reporting per CLSI M100 guidelines.

<sup>c</sup> Ceftaroline and Daptomycin results include Susceptible Dose Dependent (SDD) isolates.

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

Organism	Number Tested	Percentage (%) of Organisms Susceptible												
		Ampicillin	Amp/Sulb	Pip/Tazo <sup>d</sup>	Cefazolin	Cefepime <sup>d</sup>	Ceftriaxone	Meropenem	Gentamicin	Ciprofloxacin	Levofloxacin	TMP/SMX	Nitrofurantoin	
<i>Acinetobacter</i> species	81	IR	88			79		83	86	76	77	79		
<i>Citrobacter koseri</i> ( <i>diversus</i> )	97	IR	97	100	100	100	100	100	100	97	97	96		
<i>Citrobacter freundii</i> complex <sup>a</sup>	115	IR	IR	90	IR	100	80	100	95	93	96	87		
<i>Klebsiella</i> ( <i>Enterobacter</i> ) <i>aerogenes</i> <sup>a</sup>	172	IR	IR	76	IR	98	77	98	100	96	97	95		
<i>Enterobacter cloacae</i> complex <sup>a</sup>	288	IR	IR	80	IR	96	71	97	97	92	95	82		
<i>Escherichia coli</i>	3494		84	98	87	95	90	99	90	80	82	72	98	
<i>Klebsiella oxytoca</i>	146	IR	81	92	65	99	91	100	96	89	97	91		
<i>Klebsiella pneumoniae</i>	1060	IR	79	94	85	93	88	98	92	84	90	80		
<i>Morganella morganii</i>	93	IR	26	94	IR	100	90	100	89	79	82	82		
<i>Proteus mirabilis</i> <sup>b</sup>	545	89	98	100	91	99	97	100	96	85	86	85		
<i>Pseudomonas aeruginosa</i>	785	IR	IR	91		92	IR	94		86	79 <sup>c</sup>	IR		
<i>Serratia marcescens</i>	173	IR	IR	97	IR	97	95	98	98	92	97	92		

IR = Intrinsic Resistance

<sup>a</sup> Use of 3<sup>rd</sup> generation cephalosporins is not recommended for *Enterobacter cloacae* complex, *Citrobacter freundii* complex, and *Klebsiella aerogenes* infections because resistance develops rapidly. Cefepime, meropenem, a quinolone, or TMP/SMX are recommended.

<sup>b</sup> *Proteus* species other than *Proteus mirabilis* are more resistant (similar to *Morganella* species).

<sup>c</sup> Levofloxacin breakpoints for *Pseudomonas aeruginosa* are based on a dosage regimen of 750mg every 24 hours.

<sup>d</sup> Piperacillin/tazobactam and Cefepime results include Susceptible Dose Dependent (SDD) isolates.

**Data collected by the Clinical Microbiology Laboratory, Department of Pathology**

**CLSI M100-ed33 and M27M44-ed3 Interpretation breakpoints were applied unless otherwise stated.**