Antibiogram for Commonly Encountered Bacteria

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St. Luke's Hospital and Regional Healthcare System
Duluth, MN 55805

All isolates recovered from cultures collected between January 1st, 2022 and December 31st, 2022.

	% Susceptible	# of isolates (N) ⑤	Amox/Clav	Ampicillin	Cefazolin	Ceftazidime	Ceftriaxone	Ciprofloxacin	Clindamycin	Erythromycin	Gentamicin	Meropenem ②	Moxifloxacin	Nitrofurantoin ①	Oxacillin	Penicillin	Pip/Tazo	Rifampin ⑥	Tetracycline	Tobramycin	Trimeth/Sulfa	Vancomycin	Additional agents not routinely reported: Daptomycin ③	Gentamicin Synergy	Linezolid	Levofloxacin	Streptomycin Synergy
			AUG	AM	CFZ	CAZ	CAX	CP	CD	E	GM	MER	MXF	FD	OX	P	P/T	RIF	TE	TO	SXT	VA	DAP	GSS	LZD	LVX	STS
Gram Negative Rods	***E. coli* (all)**	3245		62	89	95	95	84			95	100		97			99			96	85					84	
	(inpatient)	173		58	82	93	91	81			95	100		96			97			97	90						
	(outpa ient + ED)	3072		62	89	95	95	84			95	100		97			99			96	85						
	***P. mirabilis* (all)**	287		79	89	97	95	86			89	97		R			100		R	91	90				90	
	(inpatient)	6		100	100	100	100	100			100	na					100			100	100					
	(outpa ient + ED)	281		79	89	97	95	86			89	97					100			91	90					
	***K. pneumoniae* (all)**	658		R	93	97	97	96			98	98		49			99			98	91				98	
	(inpatient)	47			91	96	93	92			96	100		54			98			100	84					
	(outpa ient + ED)	611			93	97	97	96			98	97		49			99			98	91					
	E. cloacae cmplx	180	R	R	R	81	75	96			98	100		36			89			98	95				98	
	(inpatient)	24				83	71	100			100	100		38			88			100	100					
	(outpa ient + ED)	156				81	76	95			98	100		36			89			98	94					
	C. freundii cmplx	96	R	R	R	96	77	100			91	100		72			96			89	85				100	
	(inpatient)	15				87	87	100			100	100		86			100			100	100					
	(outpa ient + ED)	81				81	79	93			93	100		83			100			92	87					
	P. aeruginosa	229	R	R		90	R	85			88	99					94		R	99	R				86	
	(inpatient)	36				91		97			92	100					94			97						
	(outpa ient + ED)	193				94		83			87	99					94			99						
			AUG	AM	CFZ	CAZ	CAX	④	CD	E	GM	MER	MXF	FD	OX	P	P/T	RIF	TE	TO	SXT	VA	DAP	GSS	LZD	LVX	STS
Gram Positive Cocci	**MSSA (all)**	579	99		99			88	85	72	99		96	99	99			99	96		100	100	100		100		
	(inpatient)	151	100		100				84	67	96			96	100			99	96		100	100					
	(outpa ient + ED)	428	99		99				85	74	100			99	99			99	96		100	100					
	MRSA (all)	261	0		0			34	71	16	99		81	100	0			97	93		99	100	99		100		
	(inpatient)	67	0		0				77	12	99		79	100	0			92	91		100	100					
	(outpa ient + ED)	194	0		0				69	17	99		99	100	0			99	94		99	100					
	***S. epidermidis* (all)**	279	46		45			66	71	31	84		74	100	46	14		98	87		65	100	100		100		
	(inpatient)	46	29		28				77	20	77		67	100	28	11		100	87		52	100					
	(outpa ient)	233	49		48				69	35	87		78	100	50	15		97	83		68	100					
	***E. faecalis* (all)**	344		99				75	R	④	R			98		99			④	R	R	99	100	78	100	81	92
	(inpatient)	51		98						25				93		98			28			98		74			98
	(outpa ient + ED)	293		99										98		99						100		79			91
	***E. faecium* (all)**	83		13				13	R	④	R			49		16			④	R	R	31	89	80	99	13	68
	(inpatient)	36		11						4				82		15			61			36		95			81
	(outpa ient + ED)	47		14										35		16						27		69			58

R: Instrinsic Resistance **- Data not available**

① Nitrofurantoin reported on urine isolates only
② Meropenem reported on systemic isolates only
③ Daptomycin is not appropriate for isolates recovered from the respiratory tract
④ Not routinely reported. Only comprehensive data available.
⑤ Number of isolates (N) is based on the highest number of organism/antimicrobial combinations tested. Certain subsets of isola tes are not tested against all drugs (e.g Nitrofurantoin) and the N will be smaller for such combinations.
⑥ Rifampin should not be used alone for therapy.

Notes:
a. Data excludes duplicate isolates recovered within a 4-week period.
b. Only verified, finalized results included.
c. Antimicrobial Susceptibility Testing includes direct MIC using Microscan microdilution panels.
d. Data from organisms with fewer than 30 isolates (n=30) may lead to interpretation errors. The number of observations availabl e is a factor in deciding whether to include or exclude certain clinically relevant organisms
e. For Enterococcus species, aminoglycosides (except for high-level resistance testing), cephalosporins, clindamycin, and trimethoprim-sulfamethoxazole may appear active in-vitro, but are not effective clinically.
f. Enterococci are intrinsically resistant to aminoglycosides. However, isolates that demonstrate susceptibility to high-level aminoglycoside testing (i.e. streptomycin synergy screen or gentamycin synergy screen) are predictably susceptible to the synergistic killing effect of that aminoglyco side used in combination with ampicillin, penicillin, or vancomycin (provided suscept bility is demonstrated to this 2nd agent as well).

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