

ANTIBIOTICS

ANTIMICROBIAL SUSCEPTIBILITY
PROFILE for 2021

ORGANISMS Isolated in 2020

	Number tested	Penicillin	Ampicillin	Amoxicillin/Clav	Ampicillin/Sulbac	Oxacillin	Cefazolin (1)	Cefoxitin (2)	Cefuroxime (2)	Ceftazidime (3)	# Ceftriaxone (3)	Cefepime	Clindamycin ****	Tetracycline	Tobramycin	Gentamicin	Ertapenem	Meropenem	Piperacillin/Tazo	Vancomycin	Daptomycin	Linezolid	Levofloxacin	Ciprofloxacin	Trimeth/Sulfa	Nitrofurantoin (UTI onl.)	Rifampin*	
Escherichia coli **	766	55	85	64		90	94	88	95	95	96			94	95	100	100	97					87	87	92	99		
Klebsiella pneumoniae**	163		96	89		96	98	94	96	98	99			96	99	100	99	96					94	94	85	32		
Klebsiella oxytoca	41		95	54		66	95	90	100	98	100			100	100	100	100	95				100	100	98	81			
Enterobacter cloacae	54								81	78	93			96	96	100	93	81					96	96	94	22		
Proteus mirabilis	50	64	100	78		78	82	80	82	82	82			90	90	100	98	98					66	62	70			
Pseudomonas aeruginosa***	63								84		87			100	95		87	100					87	92				
Staphylococcus aureus MSSA	259				100								83	95		99				100	100	100	86	85	98	100	100	
Staphylococcus aureus MRSA	99												79	93		98				98	100	100	34	33	97	100	100	
New isolate MRSA RATE 27%																												
Staphylococcus epidermidis	78				29								66			97				95	100	100	75	75	69	100	100	
Enterococcus faecalis	153	100																		100	100	100	88	86		100		
Streptococcus pneumoniae	24	100								100		91	100							100			100		88			

Blank indicates insufficient data, inappropriate organism/drug combination, or susceptibility less than 10%.

Ceftriaxone for S. pneumoniae percent sensitive using meningitis breakpoint is 83%

*Rifampin should not be used as a single agent.

**These organisms can produce an extended beta-lactamase (ESBL). Ceftazidime resistance indicates the organism's ability to produce this enzyme.

***Pseudomonas may test as sensitive to Ceftazidime in vitro but may produce an inducible beta-lactamase in vivo.

****All Staphylococci are tested for inducible Clindamycin resistance. If inducible resistance is detected, the isolate is reported as resistant.

This Chart is for the use of PMC physicians in choosing empiric therapy prior to definitive test results.