

**BAY AREA HOSPITAL
2024 ANTIBIOGRAM**

	PENICILLIN ^{###}	AMPICILLIN	AMP/SULBACTAM	OXACILLIN	CEFAZOLIN	CEFUROXIME	CEFTRIAXONE	GENTAMICIN ^{***}	GENT SYNERGY ^{***}	VANCOMYCIN	TETRACYCLINE [^] †	CLINDAMYCIN [#]	AZITHROMYCIN ^{††}	RIFAMPIN	LEVOFLOXACIN	TRIMETH / SULFA [†]	NITROFURANTOIN ^x	LINEZOLID
S. aureus MSSA	-	-	<u>100%</u> 411	<u>100%</u> 411	<u>100%</u> 411	-	-	<u>99%</u> 411	-	<u>100%</u> 411	<u>97%</u> 411	<u>88%</u> 365	<u>74%</u> 365	<u>100%</u> 411	<u>82%</u> 411	<u>100%</u> 410	<u>100%</u> 46	-
S. aureus MRSA	-	-	<u>R</u> 253	<u>R</u> 253	<u>R</u> 253	-	-	<u>98%</u> 253	-	<u>100%</u> 253	<u>85%</u> 253	<u>76%</u> 230	<u>14%</u> 230	<u>100%</u> 253	<u>22%</u> 253	<u>99%</u> 252	<u>100%</u> 23	-
Staphylococcus coagulase neg	-	-	<u>55%</u> 226	<u>55%</u> 226	<u>55%</u> 226	-	-	<u>92%</u> 226	-	<u>100%</u> 226	<u>84%</u> 226	<u>67%</u> 177	<u>54%</u> 177	<u>98%</u> 226	<u>80%</u> 226	<u>78%</u> 224	<u>100%</u> 49	-
Enterococcus faecium*	<u>18%</u> 17	<u>18%</u> 17	-	-	-	-	-	<u>100%</u> 17	<u>29%</u> 17	-	-	-	-	-	-	-	-	<u>100%</u> 17
Enterococcus faecalis*	<u>100%</u> 40	<u>100%</u> 40	-	-	-	-	-	<u>95%</u> 40	<u>100%</u> 40	-	-	-	-	-	-	-	-	<u>100%</u> 40
Streptococcus pneumoniae (non-meningitis) *	<u>80%</u> 25	-	-	-	-	<u>84%</u> 25	<u>100%</u> 25	-	-	<u>100%</u> 25	<u>96%</u> 25	-	<u>88%</u> 24	-	<u>100%</u> 25	<u>72%</u> 25	-	-
COST / DAY	\$\$	\$	\$	\$\$	\$	\$	\$	\$	\$	\$\$	\$/\$\$	\$	\$	\$\$\$	\$	\$/\$\$	\$	\$\$

(-) Drug not tested, or not indicated.

(*) There is less statistical validity for organisms with ≤30 isolates.

(R) If ESBL E. coli, report Penicillin's, Cephalosporin's, and Aztreonam as Resistant. If MRSA report Oxacillin, Penicillin's and Cefazolin as Resistant.

(X) In uncomplicated cystitis, Nitrofurantoin is preferred agent, when box appears green

(^†) Test predicts susceptible results to Doxycycline. Tetracycline is not available

(#) Clindamycin reported after testing for inducible Clindamycin resistance.

(###) Resistance to Carbapenems may be due to mechanisms other than carbapenemase production.

(####) For non-meningitis *Streptococcus pneumoniae* outpatient therapy, Amoxicillin is a recommended agent of choice for oral therapy as a stepdown therapy. Sensitivity is based on Penicillin data.

(**) Studies show questionable efficacy in serious infections and increased mortality w/treatment using Pip/Tazo vs. Carbapenem.

(***) Use only in combination with other agents that test susceptible.

COLOR KEY:

Antibiotics highlighted in YELLOW and RED should be avoided when treating empirically.

RED: ≤74% susceptible

YELLOW: 75-89% susceptible

GREEN: ≥90% susceptible

KEY TO APPROXIMATE COST:

All costs are for IV except: Cefuroxime, Doxycycline, Nitrofurantoin, and Trimeth/Sulfa

\$=\$1-25

\$\$=\$26-100

\$\$\$=\$101-200

\$\$\$\$=>\$200

	AMPICILLIN	AMP / SULBACTAM	PIP / TAZOBACTAM**	CEFAZOLIN (or Cephalexin)	CEFTRIAXONE	CEFTAZIDIME	CEFEPIME	AZTREONAM	GENTAMICIN	TOBRAMYCIN	ERTAPENEM #	MEROPENEM #	CIPROFLOXACIN	LEVOFLOXACIN	TRIMETH/SULFA†	NITROFURANTOIN ^x
Citrobacter freundii*	-	-	68% 22	-	59% 22	59% 22	86% 22	64% 22	95% 22	91% 22	86% 22	100% 22	77% 22	77% 22	91% 22	94% 18
Enterobacter cloacae	-	-	89% 61	-	77% 61	80% 61	91% 61	82% 61	100% 61	100% 61	89% 61	100% 61	92% 61	98% 61	93% 61	53% 36
Escherichia coli (Non-ESBL)	75% 964	78% 964	99% 964	86% 964	99% 964	98% 964	100% 964	99% 964	96% 964	94% 964	100% 964	100% 964	90% 964	91% 964	89% 964	99% 862
Escherichia coli (ESBL)	R 40	48% 40	100% 40	R 40	R 40	R 40	R 40	R 40	78% 40	73% 40	100% 40	100% 40	18% 40	25% 40	48% 40	91% 34
Klebsiella aerogenes*	-	-	82% 17	-	76% 17	76% 17	94% 17	82% 17	100% 17	100% 17	94% 17	100% 17	100% 17	100% 17	100% 17	64% 11
Klebsiella oxytoca	-	74% 58	97% 58	22% 58	93% 58	93% 58	97% 58	95% 58	98% 58	97% 58	100% 58	100% 58	95% 58	95% 58	84% 58	97% 34
Klebsiella pneumoniae	-	86% 150	98% 150	88% 150	97% 150	96% 150	97% 150	95% 150	98% 150	97% 150	99% 150	100% 150	89% 150	96% 150	90% 150	74% 126
Morganella morganii*	-	14% 21	95% 21	-	95% 21	-	100% 21	95% 21	76% 21	71% 21	100% 21	100% 21	71% 21	71% 21	62% 21	
Proteus mirabilis	82% 146	87% 146	100% 146	75% 146	96% 146	96% 146	98% 146	95% 146	84% 146	84% 146	100% 146	100% 146	78% 146	82% 146	84% 146	
Pseudomonas aeruginosa	-	-	95% 161	-	-	95% 161	96% 161	88% 161	80% 161	99% 161	-	94% 161	86% 161	86% 161	-	
Serratia marcescens*	-	-	100% 22	-	95% 22	95% 22	100% 22	86% 22	95% 22	64% 22	95% 22	95% 22	86% 22	91% 22	100% 22	
Acinetobacter baumannii*	-	92% 13	-	-	92% 13	92% 13	85% 13	-	85% 13	85% 13	-	92% 13	-	-	92% 13	
COST / DAY	\$	\$	\$	\$	\$	\$	\$	\$\$\$\$	\$	\$	\$	\$	\$	\$	\$/ \$	\$

(-) Drug not tested, or not indicated.

(*) There is less statistical validity for organisms with ≤30 isolates.

(R) If ESBL E. coli, report Penicillin's, Cephalosporin's, and Aztreonam as Resistant. If MRSA report Oxacillin, Penicillin's and Cefazolin as Resistant.

(X) In uncomplicated cystitis, Nitrofurantoin is preferred agent, when box appears green

(^) Test predicts susceptible results to Doxycycline. Tetracycline is not available

(#) Clindamycin reported after testing for inducible Clindamycin resistance.

(##) Resistance to Carbapenems may be due to mechanisms other than carbapenemase production.

(###) For non-meningitis *Streptococcus pneumoniae* outpatient therapy, Amoxicillin is a recommended agent of choice for oral therapy as a stepdown therapy. Sensitivity is based on Penicillin data.

(**) Studies show questionable efficacy in serious infections and increased mortality w/treatment using Pip/Tazo vs. Carbapenem.

(***) Use only in combination with other agents that test susceptible.

COLOR KEY:

Antibiotics highlighted in YELLOW and RED should be avoided when treating empirically.

RED: ≤74% susceptible

YELLOW: 75-89% susceptible

GREEN: ≥90% susceptible

KEY TO APPROXIMATE COST:

All costs are for IV except: Cefuroxime, Doxycycline, Nitrofurantoin, and Trimeth/Sulfa

\$=\$1-25

\$\$=\$26-100

\$\$\$=\$101-200

\$\$\$=>\$200