CHI St. Alexius Health Antibiogram (% Susceptible) January 1 – December 31, 2024

INPATIENT ORGANISMS

	Organism	Isolates Tested	PCN G IV (nonmeningitis)	PCN (meningitis and PO dosing)	Ampicillin	Oxacillin	Ampicillin/sulbactam	Piperacillin/tazobactam	Cefazolin (non-urine)	Cefazolin (urine)	Ceftriaxone (non-meningitis)	Ceftriaxone (Meningitis)	Ceftazidime	Cefepime	Meropenem	Gentamicin1	Tobramycin	Levofloxacin	Ciprofloxacin	Vancomycin	Clindamycin	TMP/SMX	Doxycycline	Nitrofurantoin (Urine isolates only)
Gram-positive	Staph aureus (MSSA)	137				100										100		92.3		100	86.7	99.2	100	100
	Staph aureus (MRSA)	42														100		31		100	73	95	95	100
	Staph aureus (All strains)	185				74										100				100	66	95	96	100
	Staph coag negative	55				43										96		69		100	63	68	90	100
	Strep pneumoniae	26	96	69							96	84						100		100		80	58	
	Strep viridans	54	78								94							98		100	81			
	Enterococcus faecalis	87			100											80		85	85	100				100
	Enterococcus faecium	24			13											96		9	9	50				39
Gram-Negative	E. coli	536					50	96	0	91	93			99	100		95	77	79			80		98
	Klebsiella pneumoniae	103					100	91	6	85	87			89	99		94	84	84			86		
	Klebsiella oxytoca	28						94	0	0	96			100	100		100	100	100			93		96
	Proteus mirabilis	55						100	0	98	98			100	100		98	75	75			90		0
	Enterobacter cloacae	38						65		0				89	95		97	100	97			97		29
	Kleb (Enterobacter) aerogenes	19						71		0	79			100	100		100	100	100			100		21
	Citrobacter freundii	11						85		0	60			100	100		100	90	100			100		90
	Pseudomonas aeruginosa	95						91					92	97	89		97	76	84					

S – Gentamicin synergy only

1 – Gentamicin susceptibility testing no longer performed on the gram negative isolates.

Rifampin is 99% susceptible against all Staph aureus strains. Use only as adjunct to main therapy.

For serious Enterococcus infections, ampicillin and gentamicin should be used. Monotherapy with amoxicillin or nitrofurantoin may be used for UTIs.

Organisms with fewer than 30 isolates should not be considered statisitically significant per CLSI guidelines