

# Altru Health System – 2025 Antibiogram

Gram-positive % susceptible	No. Isolates	Penicillin IV (non-meningitis/ meningitis)	Penicillin	Ampicillin	Oxacillin	Piperacillin/tazobactam	Ceftriaxone (non-meningitis/ meningitis)	Erythromycin	TMP/SXT	Clindamycin	Doxycycline/Tetracycline	Vancomycin	Linezolid	Daptomycin <sup>4</sup>	Nitrofurantoin (Urine only)
E. faecalis	449			99		See amp						99	97	72	99
E. faecium	77			20								61	88	Not tested	31
S. aureus	792				73 <sup>5</sup>				95	82	97/91	100	100	100	
MRSA	214								91	79	94/84	99	99	100	
S. epidermidis	206				51				NR	61	88/83	100	100	100	
S. pneumoniae <sup>1</sup>	54	98	73				98/94	70		96	-/90	100	100		
β-hemolytic Strep: GAS/GBS	44/63			100/100			100			84	49	100/100			
Streptococcus viridans: (2024-2025)															
S. intermedius	47			100			100			70		96			
S. anginosus	31			85			94			62		97			
S. mitis/oralis	48			68			95			77		100			

NOTE: Data include the 1<sup>st</sup> isolate of each organism for a given patient

	Sensitivity ≥ 90%
	Sensitivity ≥ 60% - < 90%
	Sensitivity < 60% or Not Recommended (NR)

- S. pneumoniae: Penicillin (oral) => 73% sensitive; For erythromycin => non-blood isolates
- Cefazolin => E. coli, K. pneumoniae, P. mirabilis breakpoints for uncomplicated UTI only
- Haemophilus gp (H. influenzae & H. parainfluenzae only) => azithromycin 95% susceptible
- Daptomycin activity against E faecalis => 72% S; 27% I (daptomycin dose 10-12 mg/kg; consult ID)
- MSSA => amox/clav, amp/sulb, pip/tazo have good activity

### Inpatient Empiric Antibiotic Regimens by Source of Infection:

- Skin & Soft Tissue (SSTI):**
  - No purulence or MRSA risk => cefazolin
  - Purulence, systemic symptoms (fever, hypotension), prior MRSA SSTI, IVDU, severe neutropenia => vancomycin or daptomycin or linezolid +/- ceftriaxone
  - Diabetic foot infection => piperacillin/tazobactam + vancomycin or daptomycin
- Pneumonia**
  - CAP => azithromycin or doxycycline + ceftriaxone
  - HAP/VAP => cefepime + vancomycin or linezolid (de-escalate MRSA coverage if MRSA nasal screen negative)

# Altru Health System – 2025 Antibiogram

Gram-negative % susceptible	No. Isolates	Ampicillin	Ampicillin/subactam	Piperacillin/tazobactam	Cefazolin <sup>2</sup> (Urine only)	Ceftriaxone	Cefepime	Ertapenem/Meropenem	Ciprofloxacin	Gentamicin/Tobramycin	TMP/SXT	Nitrofurantoin (Urine only)
E. coli	2222	62	71	96	93	95	96	100/100	80	95/-	83	97
E. cloacae	139			78		NR	92	92/98	95	98/-	93	NR
K. aerogenes	67			81		NR	98	100/100	95	98/-	98	NR
K. oxytoca	156		74	87		94	99	100/100	97	99/-	98	91
K. pneumoniae	374		91	94	94	97	97	100/100	90	98/-	94	NR
P. aeruginosa	314			89			93	-/93	90	-/100		
P. mirabilis	220	90	94	99	98	99	99	100/99	91	95/-	90	NR
Citrobacter gp	134			87		NR	99	100/100	91	100/-	96	92
S. marcescens	45					NR	100	100/100	93	100/-	100	NR
Haemophilus gp <sup>3</sup>	73	69	87			97			100		75	

**NOTE:** Data include the 1<sup>st</sup> isolate of each organism for a given patient

	Sensitivity ≥ 90%
	Sensitivity ≥ 60% - < 90%
	Sensitivity < 60% or Not Recommended (NR)

### Inpatient Empiric Antibiotic Regimens by Source of Infection (cont):

3. Intra-abdominal => piperacillin/tazobactam
  - Low-risk/uncomplicated => ceftriaxone + metronidazole
  - High-risk/complicated => piperacillin/tazobactam
4. Urinary tract:
  - Uncomplicated => ceftriaxone
  - Complicated => piperacillin/tazobactam (gives Enterococcal coverage)
5. Sepsis of unknown etiology
  - Cefepime or piperacillin/tazobactam + vancomycin
  - De-escalate at 48-72hrs based on culture results; if no growth on cultures at 48-72hrs then consider discontinuing MRSA coverage

Penicillin allergies => before considering alternative antibiotics verify nature of penicillin allergy (many charted reactions are not true allergies). Based on chemical structure/side chains, cefazolin and the 3rd and 4th generation cephalosporins can generally be used safely in most patients with noted penicillin allergy. Exceptions => severe reaction resulting in ICU; delayed beta-lactam antibiotic allergy causing interstitial nephritis, hepatitis, hemolytic anemia; severe skin reactions (e.g. Stevens-Johnson, toxic epidermal necrolysis, acute generalized exanthematous pustulosis, DRESS).

The 2025 Antibiogram can be found on AltruLink (Physician's => Forms & Tools => Antimicrobial Stewardship => Antibigrams) as well as on the provider dashboard under "AHS Provider Links".