

Trinity Hospital Antibigram - 2022 [January 1, 2021 - December 31, 2021] Antimicrobial % Susceptible Report

[% Susceptible generated by including 1st isolate/patient/year]

	Isolates Tested	Penicillin G	Ampicillin	Oxacillin	Ampicillin/ Subbactam	Piperacillin/ tazobactam	Cefazolin	Cefoxitin	Cefuroxime	Cefotaxime	Ceftioxone	Ceftazidime	Cefepime	Meropenem‡	Gentamicin§	Tobramycin	Ciprofloxacin	Levofloxacin	Vancomycin	Tetracycline	Clindamycin	Azithromycin	TMP/SMX	Rifampin†	Daptomycin	Linezolid	Urine Only Nitrofurantoin	
Gram-Positive	Staph aureus (MSSA)	456	~	100	100	~	~	~	~	~	~	~	~	~	99	~	89	90	100	95	85	73	100	99	100	100	100	
	Staph aureus (MRSA)	166		0	0										98	~	25	28	100	93	73		100	98	99	100	100	
	Staph aureus (All strains)	622		73	73										98	~	72	73	100	94	82	58	100	99	100	100	100	
	Staph, Coagulase Neg	212		54	54										96	~	82	82	100	90	66	43	81	100	100	100	100	
	Strep Pneumoniae§	39	97	~	~	~	~	~	~	100	100	~	~	86			100	100	100	82	92	65	79	~	~	~	~	
	Enterococcus faecalis*	359	~	99	~	~	~	~	~	~	~	~	~	~	*	*	80	83	100	29	~	~	~	54	100	100	100	
	Enterococcus faecium*	27	~	44	~	~	~	~	~	~	~	~	~	~	*	*	37	41	70	56	~	~	~		100	100	70	
Gram-negative	H. Influenzae	19	68% are Beta lactamase Negative																								~	
	E. coli	2492	~	66	~	71	99	94	97	94	96	96	97	97	100	94	97	~		~	~	~	~	~	~	~	~	99
	Klebsiella pneumoniae	413	~		~	90	99	97	96	92	98	98	98	100	99	99	~		~	~	~	~	~	~	~	~	~	56
	Klebsiella oxytoca	135	~		~	67	99	19	96	93	97	97	98	100	99	98	~		~	~	~	~	~	~	~	~	~	94
	Proteus mirabilis	157	~	94	~	96	100	97	99	100	100	100	100	100	96	97	~		~	~	~	~	~	~	~	~	~	~
	Enterobacter cloacae	108	~		~		91				77	77	83	94	100	99	100	~		~	~	~	~	~	~	~	~	30
	Klebsiella aerogenes (formerly Enterobacter)	47	~		~		96				85	85	89	100	100	100	100	~		~	~	~	~	~	~	~	~	38
	Serratia marcescens	19	~		~		100				84	84	100	100	100	95	95	~		~	~	~	~	~	~	~	~	~
	Citrobacter freundii	64	~		~		97				81	81	84	97	100	98	98	~		~	~	~	~	~	~	~	~	98
	Pseudomonas aeruginosa**	173	~	~	~	~	94	~	~	~	~	~	95	93	97	89	96	~		~	~	~	~	~	~	~	~	~
	Stenotrophomonas maltophilia £	16	~	~	~	~	~	~	~	~	~	~	~	~		~	~	~		~	~	~	~	~	~	~	~	~

§ - Penicillin (parenteral nonmeningitis) Resistance is classified into 2 types: "intermediate" (MIC =4) and "resistant" (MIC >=8 mcg/mL). 3% of all isolates were intermediate. No resistant isolates.  
 \* - For serious Enterococcus infections, ampicillin and gentamicin should be used. Vancomycin should be reserved for penicillin allergic patients. Gentamicin synergy E.faecalis 82%, E. faecium 96% Monotherapy with ampicillin or nitrofurantoin may be used for UTI's.  
 \*\* - For serious Pseudomonas aeruginosa infections, combination therapy should consist of combining piperacillin/tazobactam, meropenem, cefepime, or ceftazidime with tobramycin or ciprofloxacin  
 £ - If Stenotrophomonas maltophilia is isolated and the patient is allergic to sulfa, call the microbiology department for susceptibility to other antibiotics.  
 ¥ - Imipenem for Pseudomonas is 95%. Imipenem should not be used to treat infections caused by Proteus, Providencia and Morganella. This group has elevated MIC values for imipenem by mechanisms other than the production of carbapenemases.  
 = Gentamicin: For staphylococci that test susceptible, gentamicin is used only in combination with other active agents that test susceptible.  
 † Rifampin should not be used alone for antimicrobial therapy.

■ = not applicable, or <10% susceptible      ~ = not recommended for therapy      ■ = do not use without susceptibility results