

Atrium Health - FLOYD INPATIENTS 2024
Antibiotic Susceptibility Surveillance Report

Gram Positive Organisms ¹	# of Isolates Tested	Penicillins			Miscellaneous										
		Ampicillin	Oxacillin ²	Penicillin	Ceftriaxone	Clindamycin	Daptomycin	Erythromycin ³	Levofloxacin	Linezolid	Nitrofurantoin ⁴	Rifampin ⁵	Tetracycline ⁶	Trimethoprim-Sulfamethoxazole	Vancomycin
Staphylococcus aureus - Total	380		50			70	100	37		100	100	99	90	94	100
Stapylococcus aureus - MRSA*	193					75	100	15		100	100	100	87	92	100
Staphylococcus lugdunensis	33		75			72	100	75		100	100	100	96	100	100
Staphylococcus epidermidis	41		26			46	100	21		100	100	92	82	60	100
Enterococcus faecalis ⁷	248	99					100			98	98				98
Enterococcus faecium ⁷ - Total	38	21								100	34				50
Enterococcus faecium ⁷ - VRE*	19**									100	26				
Streptococcus pneumoniae - MENINGITIS	33			100	100										100
Streptococcus pneumoniae - NON-MENINGITIS	33			72	84			57	93				81	69	100
Streptococcus anginosus/contellatus/intermedius grp	42			95	95	64			97						100

Grey boxes are for antimicrobials showing ≤ 60% susceptibility

Black boxes are for antimicrobials that are not recommended due to : 1)no *in vivo* activity; 2)sub-optimal clinical activity; or 3)susceptibility testing not performed

¹ Data are presented as percent susceptible. Duplicate isolates from the same patient are excluded. A minimum of 30 isolates is required to achieve statistical significance.

² For *Staphylococcus* species, susceptibility to oxacillin predicts susceptibility to cephalosporins, carbapenems, and β-lactam combination agents.

³ Susceptibility to erythromycin predicts susceptibility to azithromycin and clarithromycin.

⁴ Use for lower UTI only.

⁵ Rifampin should NOT be used as monotherapy due to rapid development of resistance.

⁶ Susceptibility to tetracycline predicts susceptibility to doxycycline, minocycline and tigecycline.

⁷ *Enterococcus* species are always resistant to aminoglycosides (except high concentrations), cephalosporins, clindamycin and trimethoprim-sulfamethoxazole.

* Data also included in the corresponding organism total above

** Statistical validity of % susceptible is decreased if fewer than 30 isolates are tested.

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Gram Negative Organisms ¹	# of Isolates Tested	Penicillins			Cephems				Miscellaneous							
		Ampicillin	Ampicillin-Sulbactam	Piperacillin-Tazobactam	Cefazolin ²	Ceftriaxone	Cefepime	Aztreonam	Ertapenem	Meropenem	Gentamicin	Tobramycin	Amikacin ⁴	Ciprofloxacin	Nitrofurantoin ³	Trimethoprim-Sulfametho
<i>Escherichia coli</i> - Total	751	44	60	94	77	81	82	87	100	99	87	86	95	66	95	70
<i>Escherichia coli</i> - ESBL *	134								100	100	70	62	78	11	88	36
<i>Klebsiella pneumonia</i> - Total	261		80	90	85	86	87	88	98	98	92	91	98	84	18	83
<i>Klebsiella pneumonia</i> - ESBL *	37								97	100	56	45	91	21	8	13
<i>Klebsiella aerogenes</i>	31			64		67	96	70	96	100	100	96	100	96	12	96
<i>Enterobacter cloacae</i> complex	55			65		63	85	69	80	96	98	98	98	89	32	85
<i>Proteus mirabilis</i>	156	71	89	100	83	89	92	98	99	100	85	88	98	64		72
<i>Serratia marcescens</i>	43					93	100	100	100	100	100	65	100	93		100
<i>Morganella morganii</i>	30			100		90	96	100	100	100	100	100	100	75		93
<i>Providencia species</i>	30			100		92	96	96	100	100	37	33	100	42		77
<i>Pseudomonas aeruginosa</i>	159			84			95			93		95	100	86		
<i>Pseudomonas aeruginosa</i> -MDRO *	12**			41			66			33		75	100	16		

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¹ Data are presented as percent susceptible. Duplicate isolates from the same patient are excluded. A minimum of 30 isolates is required to achieve statistical significance.

² In cases of uncomplicated UTI caused by *E. coli*, *Klebsiella* or *Proteus mirabilis* , susceptibility to cefazolin predicts susceptibility to oral cephalosporins.

³ Use for lower UTI only.

⁴ Amikacin should only be considered for *P. aeruginosa* from UTIs, and should not be considered in the use of treating systemic infections caused by *P.aeruginosa*

* Data also included in the corresponding organism total above.

** Statistical validity of % susceptible is decreased if fewer than 30 isolates are tested.