

**2021 ANTIBIOGRAM
 GRAM NEGATIVE ORGANISMS
 % SUSCEPTIBLE PSPH, and PCH**

ORGANISM	#Isolates	Drug														Cost	
		Ampicillin	Amp/Sulbactam	Amoxicillin/clavulanic acid	Cefazolin	Ceftazidime	Ceftriaxone	Ciprofloxacin	Ertapenem	Gentamicin	Levofloxacin	Nitrofurantoin [3]	Piperacillin/Tazo	Tobramycin	TMP/SMX		ESBL Rate
Acinetobacter species	34		97				26	94		94	97		90	97	94		
Citrobacter braakii	18*			0		100	94	100	100	100	100	94	89	100	94		
Citrobacter freundii	77			0		77	75	94	100	91	92	91	78	96	74		
Citrobacter koseri	59			97		100	100	100	100	100	100	92	97	100	100		
Enterobacter aerogenes	71			0		85	86	97	100	100	97	20	83	100	99		
Enterobacter cloacae	178			0		77	75	97	100	99	97	39	75	98	93		
Escherichia coli	3,795	63	71	87	92	94	94	86	100	95	86	97	98	95	84	1.7%	
Haemophilus influenzae (1)	8*																75
Klebsiella oxytoca	151		63	89	79	95	95	98	100	99	99	88	92	95	91	1.3%	
Klebsiella pneumoniae	661		88	96	95	96	96	96	100	98	96	34	96	98	92	0.8%	
Moraxella catarrhalis (2)	7*																0
Morganella morganii	62	0	11	0	0	84	98	82	100	85	84	0	97	94	76		
Proteus mirabilis	374	75	90	100	95	96	96	84	100	97	84	0	99	96	81		
Providencia rettgeri	13*	0	62	0	85	92	100	100	100	100	100	0	100	100	92		
Pseudomonas aeruginosa	504					87		90		96	85		100	98			
Raoultella planticola	22*	0	95	95	95	100	95	95	100	95	95	95	100	95	95		
Serratia marcescens	77			0		100	100	99	100	100	97	0		91	100		
Stenotrophomonas maltophilia (4)	38											95			92		

- 1 Haemophilus influenzae is rarely isolated from CSF or blood at PSPH. Antibiotics of choice for systemic infection are ceftriaxone or cefotaxime.
- 2 Moraxella catarrhalis: Recommended antimicrobial agents are amoxicillin/clavulanic acid or oral 2nd/3rd generation cephalosporins, SMX/TMP. Alternatives azithromycin, clarithromycin. Also effective are erythromycin, doxycycline, and fluoroquinolones.
- 3 Nitrofurantoin for use with Urinary tract isolates only
- 4 Stenotrophomonas maltophilia is low virulence and frequent colonizer. If treatment is indicated, drug of choice is TMP/SMX.

*According to CLSI guidelines, organisms with fewer than 30 isolates have less statistical validity. Interpret results with caution.

**2021 ANTIBIOGRAM
 GRAM POSITIVE ORGANISMS
 % SUSCEPTIBLE PSPH, and PCH**

ORGANISM	#Isolates	Drug														Cost		
		Ampicillin	Amp/Sulbactam	Cefazolin	Ceftriaxone (nonmeningitis)	Ceftriaxone (meningitis)	Clindamycin	Erythromycin	Levofloxacin	Nitrofurantoin(3)	Oxacillin	Penicillin	Penicillin (oral penicillin V)	Penicillin parenteral (nonmeningitis)	Penicillin parenteral (meningitis)		Tetracycline	TMP/SMX
Staphylococcus aureus (5)	1,605		58	58			79	46	64	100	58							100
Staphylococcus coagulase negative (5)	411		52	52			71	44	79	99	52					85	79	100
Staphylococcus lugdunensis (5)	48		92	92			92	90	98	100	92				100	100	100	100
Staphylococcus saprophyticus (6)	33																	
Enterococci (7)	503	98							89	96		97			25			99
Enterococcus faecalis (7)	465	100							91	100		100			23			100
Enterococcus faecium (7)	18*	56							52	36		48			44			92
Beta Streptococcus (8)																		
Streptococcus pneumoniae	60				97	92		76	100				76	97	76			100

5 Staphylococcus isolates reported as resistant to oxacillin should also be considered resistant to all beta-lactams in vivo. This includes all cephalosporins, all penicillins, all carbapenems, and ampicillin with beta-lactamase inhibitors.

6 Staphylococcus saprophyticus in urine is predictably sensitive to nitrofurantoin, TMP, TMP/SMX or a fluoroquinolone.

7 Enterococcus: Serious systemic infections should be treated with penicillin (or ampicillin) and gentamicin combination. Urinary tract infections can be treated with ampicillin or nitrofurantoin. Enterococci are resistant to cephalosporins and TMP/SMX.

8 Beta Streptococcus are predictably sensitive to cephalosporins and penicillins. Fluoroquinolone or Vancomycin may be used if patient cannot tolerate these

9 Vancomycin use should be limited to methicillin (oxacillin) resistant staphylococci or ampicillin resistant enterococci to decrease the incidence of vancomycin resistant enterococci.

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