Marshfield Clinic Health System

2023 INPATIENT Antibiogram

Gram-negative Enterobacteriales % Susceptible	No. Tested	Ampicillin	Amoxicillin-clav	Piperacillin-tazo	Ceftriaxone	Cefepime	Ertapenem	Meropenem	Amikacin	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Tetracycline	Trimeth-Sulfa	Nitrofurantoin [U]
Citrobacter freundii	83	R	R	-	-	100	100	100	100	95	95	87	83	86	83	92
Enterobacter cloacae	195	R	R	-	-	93	90	99	100	98	98	96	94	92	94	45
Escherichia coli	2955	65	89	97	94	98	100	100	100	95	95	87	84	83	85	98
Klebsiella aerogenes	63	R	R	-	-	100	100	100	100	100	100	100	95	92	100	14
Klebsiella oxytoca	145	R	92	91	91	100	100	100	100	98	98	98	99	94	97	88
Klebsiella pneumoniae	500	R	97	92	97	99	100	100	100	99	98	95	93	86	96	28
Morganella morganii	53	R	R	96	91	100	98	100	100	94	96	89	87	58	89	R
Proteus mirabilis	229	90	95	100	97	97	90	100	100	91	91	84	82	R	85	R
Serratia marcescens	55	R	R	-	95	100	95	100	100	100	89	98	95	33	100	R

Gram-negative Non-Enterobacteriales % Susceptible	No. Tested	Piperacillin-tazo	Ceftazidime	Cefepime	Meropenem	Tobramycin	Ciprofloxacin	Levofloxacin	Minocycline	Trimeth-Sulfa
P. aeruginosa	378	92	93	93	93	99	89	85	R	R
S. maltophilia[1]	44	R	66	-	-	R	-	89	100	89

Susceptibility

≥ 90%
60-89%
< 60%

Analysis Key

R	Isolate is intrinsically resistant
-	Not tested or is clinically ineffective

Contact Information

- For susceptibility test questions and data analysis please contact: **Dr. Thomas Novicki, Dr. Sophi Arbefeville, or Dr. Taylor Wahlig** at **715-387-6300 or ext. 16300**
- For antimicrobial stewardship questions please contact: **Philip (Logan) Whitfield** at **715-387-7578 or ext. 77578**
- For urgent questions regarding specific patient cases, please consult your local infectious diseases physician.

Notes

[U] Breakpoints exist only for urinary isolates

[1] Inpatient and outpatient isolates combined

Gram-positive Streptococci and Enterococci % Susceptible	No. Tested	Ampicillin	Amoxicillin	Penicillin	Ceftriaxone	Meropenem	Clindamycin	Erythromycin	Levofloxacin	Ciprofloxacin	Linezolid	Nitrofurantoin	Tetracycline	Trimeth/Sulfa	Vancomycin
Streptococci															
Grp. B Streptococcus agalactiae	181	100	SP	100	-	-	38	36	99	-	100	-	13	-	100
Grp. A Streptococcus pyogenes	69	100	SP	100	-	-	90	90	100	-	100	-	90	-	100
Grp. G Streptococci	43	100	SP	100	-	-	79	84	98	-	100	-	77	-	100
S. pneumoniae (Non-meningeal)[3]	73	SP[1]	SP[1]	97	100	91	-	65	95	-	-	-	62	87	100
S. pneumoniae (Meningeal)[3]	73	-	-	75	97	91	-	-	-	-	-	-	-	-	100
S. anginosus	65	100		100			84	78	98		100		65		100
S. constellatus	37	100	-	95	-	-	75	81	100	-	100	-	86	-	100
Enterococci															
Enterococcus faecalis	505	100	-	99	R	-	R	10	85[U]	83[U]	97	100[U]	28[U]	R	100
Enterococcus faecium	103	25	-	25	R	-	R	R	26[U]	26[U]	97	15[U]	26[U]	R	53

Gram-positive Staphylococci % Susceptible	No. Tested	Penicillin	Oxacillin	Ceftaroline	Vancomycin	Erythromycin	Clindamycin	Gentamicin[2]	Trimeth/Sulfa	Linezolid	Daptomycin	Nitrofurantoin	Rifampicin[2]	Tetracycline
Staphylococcus aureus	950	19	71	100	100	58	80	99	96	100	100	100[U]	100	91
Staphylococcus lugdunensis	43	-	84	-	100	84	81	100	100	100	100	100[U]	100	98
Staphylococcus epidermidis	280	-	35	-	99	32	58	91	59	100	100	100[U]	100	79
Staphylococcus hominis	32	-	50	-	100	28	50	100	81	100	100	100[U]	100	56

Susceptibility	
	≥ 90%
	60-89%
	< 60%

Analysis Key	
R	Isolate is intrinsically resistant
-	Antimicrobial is not tested
SP	Susceptibility inferred from testing other agent

Notes

[1] Based on susceptibility to standard dose IV penicillin, susceptibility to oral penicillin, and studies of clinical effica cy, nearly all non-meningeal pneumococcal infections can be effectively treated with IV ampicillin or with high dose oral amoxicillin (in children: 80-100 mg/kg/day divided TID; adult dose and maximum dose in children: 1 g TID)

[2] Should only be used in combination with other active agents

[3] Inpatient and Outpatient isolates combined

[U] Breakpoints exist only for urinary isolates. Other sources of infection are not tested