

| Table I. Gram-Negative Bacilli [1] Norton Audubon Hospital 2024 | Number Tested | Penicillins | | | | | Cephalosporins | | | | | Monobactam | Carbapenems | | | Aminoglycosides | | | Others | | | | |
|---|---------------|-------------|-------------------------|-----|----------------------|----------------------------------|------------------------------------|---|---------------------|-------------|-------------|------------|-------------|-----------|-----------|-----------------|----------|------------|------------|---------------|--------------|--------------------|---------------|
| | | Ampicillin | Amoxicillin/Clavulanate | | Ampicillin/Sulbactam | Piperacillin/Tazobactam (%S) [2] | Piperacillin/Tazobactam (%SDD) [2] | Oral cephalosporins for uncomplicated UTI | | | | | Aztreonam | Ertapenem | Meropenem | | Amikacin | Gentamicin | Tobramycin | Ciprofloxacin | Levofloxacin | Nitrofurantoin [4] | Trimeth/Sulfa |
| | | | | | | | Cefazolin | Cefepime (%S) [3] | Cefepime (%SDD) [3] | Ceftazidime | Ceftriaxone | | | | | | | | | | | | |
| <i>Achromobacter xylosoxidans</i> | 10 | | | | | | 0 | 50 | 0 | | * | | 70 | | * | 0 | 0 | 30 | 70 | 100 | | | |
| <i>Acinetobacter baumannii</i> complex [5] | 18 | | | 78 | | | 94 | 94 | | | | | 89 | | * | 94 | 94 | 94 | 94 | 78 | | | |
| Other <i>Acinetobacter</i> species | 10 | | | 100 | | | 80 | 80 | | | | | 90 | | * | 100 | 100 | 80 | 80 | 80 | | | |
| <i>Citrobacter freundii</i> complex [6] | 29 | R | R | R | * | * | R | 86 | 14 | 62 | 66 | * | 86 | 100 | * | 93 | 90 | 72 | 76 | 96 | 66 | | |
| <i>Citrobacter koseri</i> | 27 | R | 100 | 100 | 100 | 0 | 100 | 100 | 0 | 100 | 100 | 92 | 100 | 100 | 100 | 100 | 100 | 96 | 100 | 86 | 89 | | |
| <i>Enterobacter cloacae</i> complex [7] | 133 | R | R | R | 80 | 3 | R | 86 | 6 | 72 | 68 | 78 | 86 | 98 | 100 | 95 | 95 | 90 | 94 | 42 | 86 | | |
| <i>Escherichia coli</i> | 1011 | 46 | 84 | 58 | 96 | 1 | 81 | 66 | 85 | 1 | 87 | 83 | 85 | 99 | 99 | 88 | 89 | 68 | 70 | 97 | 71 | | |
| <i>Klebsiella aerogenes</i> | 37 | R | R | R | 92 | 0 | R | 89 | 11 | 81 | 70 | 100 | 95 | 100 | 100 | 97 | 100 | 95 | 95 | 25 | 86 | | |
| <i>Klebsiella oxytoca</i> | 57 | R | 91 | 67 | * | * | 25 | 93 | 4 | 93 | 86 | * | 100 | 100 | * | 95 | 95 | 91 | 91 | 86 | 88 | | |
| <i>Klebsiella pneumoniae</i> | 305 | R | 90 | 79 | 92 | 3 | 87 | 79 | 89 | 1 | 89 | 88 | 83 | 99 | 100 | 93 | 88 | 82 | 90 | 50 | 85 | | |
| <i>Morganella morganii</i> | 37 | R | R | 3 | 93 | 0 | R | 95 | 3 | 62 | 68 | 50 | 97 | 100 | 100 | 84 | 92 | 65 | 65 | R | 68 | | |
| <i>Proteus mirabilis</i> | 159 | 81 | 96 | 93 | 98 | 2 | 90 | 67 | 93 | 3 | 97 | 92 | 84 | 99 | 100 | 91 | 90 | 75 | 77 | R | 76 | | |
| <i>Proteus vulgaris</i> | 23 | R | 87 | 83 | 100 | 0 | R | 96 | 4 | 96 | 52 | 57 | 100 | 100 | 100 | 100 | 100 | 96 | 96 | R | 91 | | |
| <i>Providencia rettgeri</i> | 15 | R | R | 33 | * | * | R | 80 | 20 | 53 | 100 | * | 100 | 100 | * | 100 | 100 | 93 | 93 | R | 87 | | |
| <i>Pseudomonas aeruginosa</i> | 227 | R | R | R | 91 | | R | 89 | | 88 | R | 78 | R | 92 | 83 | | 96 | 76 | 72 | R | R | | |
| <i>Serratia marcescens</i> | 44 | R | R | R | 73 | 0 | R | 91 | 5 | 55 | 59 | 73 | 95 | 98 | 97 | 95 | 91 | 89 | 93 | R | 100 | | |
| <i>Stenotrophomonas maltophilia</i> | 21 | R | R | R | R | R | R | | | | R | R | R | R | R | R | R | 76 | | | 95 | | |

For antimicrobials listed, number shown is the percentage of unique isolates susceptible by current CLSI breakpoints, unless otherwise noted.

Please exercise discretion when data are reviewed for species with fewer than 30 isolates due to reduced statistical validity.

*Data is not shown for species or species/antimicrobial combinations that have fewer than 10 isolates.

A value of R indicates that this organism is intrinsically resistant to the antimicrobial agent.

[1] All organisms in this table are intrinsically resistant to oxacillin, penicillin, clindamycin, erythromycin, vancomycin, linezolid, and daptomycin.

[2] Interpretation of Susceptible (S) is based on dosage regimen of 3.375-4.5g administered every 6 hours as a 30 minute infusion. Interpretation of Susceptible Dose-Dependent (SDD) is based on a dosage regimen of 4.5g administered every 6 hours as a 3 hour infusion or 4.5g administered every 8 hours as a 4 hour infusion.

[3] Interpretation of Susceptible (S) is based on dosage regimen of 1g administered every 12 hours. Interpretation of Susceptible Dose-Dependent (SDD) is based on 2g administered every 8 hours.

[4] Nitrofurantoin susceptibility is based on urine isolates only.

[5] A. baumannii complex consists of the species A. baumannii, A. calcoaceticus, A. nosocomialis, and A. pittii.

[6] C. freundii complex consists of the species C. braakii, C. freundii, C. murlinae, C. sedlaki, C. werkmanii, and C. youngae.

[7] E. cloacae complex consists of the species E. asburiae, E. cloacae, E. hormaechei, E. kobei, E. ludwigii, and E. nimipressuralis.

| Table II. Gram-Positive Cocci [1] NortonAudubon Hospital 2024 | Number Tested | Penicillins | | | | Cephalosporins | | Gram + Coverage | | | | | | Others | | | | |
|---|---------------|-------------------------|------------|-----------|---------------|----------------|---------------|--------------------|-------------------|------------------|--------------|------------|-----------|----------------|--------------|--------------------|--------------|---------------|
| | | Amoxicillin/Clavulanate | Ampicillin | Oxacillin | Penicillin | Cefazolin | Ceftriaxone | Gentamicin Synergy | Clindamycin [2,3] | Erythromycin [3] | Azithromycin | Vancomycin | Linezolid | Daptomycin [4] | Levofloxacin | Nitrofurantoin [3] | Tetracycline | Trimeth/Sulfa |
| Staphylococcus aureus | 492 | 50 | | 50 | | 50 | | | 72 | 38 | | 100 | 100 | 99 | | | 88 | 94 |
| Methicillin-resistant <i>S. aureus</i> | 244 | 0 | | 0 | | 0 | | | 67 | 19 | | 100 | 100 | 100 | | | 87 | 89 |
| Methicillin-susceptible <i>S. aureus</i> | 248 | 100 | | 100 | | 100 | | | 78 | 56 | | 100 | 100 | 99 | | | 88 | 98 |
| Staphylococcus epidermidis | 116 | 23 | | 23 | | 23 | | | 47 | 15 | | 100 | 100 | 99 | | 98 | 82 | 44 |
| Staphylococcus lugdunensis | 40 | 78 | | 78 | | 78 | | | 69 | 62 | | 100 | 100 | 100 | | * | 83 | 98 |
| Staphylococcus pseudintermedius | 10 | 40 | | 40 | | 40 | | | 60 | 60 | | 100 | 100 | 100 | | * | 20 | 30 |
| Other coagulase-negative staphylococci | 34 | 26 | | 26 | | 26 | | | 50 | 32 | | 100 | 100 | 100 | | 100 | 74 | 68 |
| Enterococcus faecalis | 136 | | 99 | | 99 | R | R | 73 | R | 25 | | 90 | 100 | 96 | | * | 29 | R |
| Enterococcus faecium | 21 | | 29 | | 24 | R | R | 90 | R | 16 | | 62 | 100 | 81 (SDD) | | * | 14 | R |
| Group B Strep (<i>S. agalactiae</i>) | 11 | | 100 | | 100 | | 100 | 45 | 36 | 36 | 100 | | | | 100 | | 36 | R |
| Streptococcus anginosus [5] | 31 | | 100 | | 100 | | 100 | 74 | 48 | 48 | 100 | | | | 100 | | 48 | |
| Streptococcus constellatus [5] | 15 | | 93 | | 100 | | 100 | 80 | 73 | 73 | 100 | | | | 100 | | 73 | |
| Streptococcus intermedius [5] | 22 | | 100 | | 100 | | 100 | 64 | 50 | 50 | 100 | | | | 100 | | 50 | |
| Streptococcus pneumoniae | 33 | 94 | | | See Table III | | See Table III | 88 | 64 | 64 | 100 | | | | 100 | | 88 | 85 |
| Viridans streptococci | 33 | | 70 | | 61 | | 94 | 79 | 30 | 39 | 100 | | | | 94 | | 73 | |
| Aerococcus urinae | 30 | | 100 | | 97 | | 100 | * | * | * | 100 | | | | 83 | | 87 | R |
| Aerococcus viridans | 10 | | 80 | | 80 | | 90 | * | * | * | 100 | | | | 60 | | 90 | 70 |

For antimicrobials listed, number shown is the percentage of unique isolates susceptible by current CLSI breakpoints, unless otherwise noted.

Please exercise discretion when data are reviewed for species with fewer than 30 isolates due to reduced statistical validity.

*Data is not shown for species or species/antimicrobial combinations that have fewer than 10 isolates.

A value of R indicates that this organism is intrinsically resistant to the antimicrobial agent.

[1] All organisms in this table are intrinsically resistant to aztreonam.

[2] MRSA: 8% inducible resistance, 23% constitutive resistance; MSSA: 15% inducible resistance, 6% constitutive resistance; Coag-neg Staph (all species): 4% inducible resistance, 41% constitutive resistance.

[3] Clindamycin and erythromycin data are based on non-urine isolates only. Nitrofurantoin susceptibility is based on urine isolates only.

[4] For *E. faecium* only, daptomycin interpretation of SDD is based on dosage regimen of 8-12 mg/kg administered every 24 hours and is intended for serious *E. faecium* infections only. There is no S category for *E. faecium* with daptomycin. For other *Enterococcus* species, daptomycin interpretation of S is based on a dosage regimen of 6 mg/kg administered every 24 hours.

[5] *S. anginosus*, *S. constellatus*, and *S. intermedius* together comprise the *S. anginosus* complex.

| Table III. <i>Streptococcus pneumoniae</i> Penicillin & Ceftriaxone Norton Audubon Hospital 2024 | | | | | |
|---|----------------------------|--------------------------------|-------------------|-----------------------------|---------------------------------|
| | Penicillin - IV meningitis | Penicillin - IV non-meningitis | Penicillin - Oral | Ceftriaxone - IV meningitis | Ceftriaxone - IV non-meningitis |
| Percent Susceptible | 82 | 97 | 82 | 94 | 100 |
| Percent Intermediate | - | 3 | 9 | 6 | 0 |
| Percent Resistant | 18 | 0 | 9 | 0 | 0 |