All test information is available on the Pathology Website under Test Compendium.

Moses Laboratories

For Laboratory Results and/or Other Information 920-4695

Micro Facilities

Penicillin

Sterile Sites

Susceptible Intermediate Resistant

N (%)

E. faecalis

Non-Sterile Sites

Susceptible Intermediate Resistant

N (%)

Ceftriaxone

Sterile Sites

Susceptible Intermediate Resistant

N (%)

Non-Sterile Sites

Susceptible Intermediate Resistant

N (%)

Trimeth/Sulfa

Sterile Sites

Susceptible Intermediate Resistant

N (%)

Non-Sterile Sites

Susceptible Intermediate Resistant

N (%)

1. PFMOE susceptibility rates against penicillin and ceftriaxone from sterile sites are reported as if isolates came from both CSF and all other sterile sites. Susceptibility rates are higher for non-CSF sites because higher antibiotic concentrations can be reached.

2. For pneumococcal isolates from non-sterile sites (sputum), penicillin susceptibility rates are also reported separately for oral and parenteral formulations. The susceptibility rate is higher for parenteral than oral penicillin because higher concentrations are achieved when penicillin is given parenterally.

3. Pneumococcal isolates from sterile sites are not tested against erythromycin and trimethoprim-sulfamethoxazole because these antimicrobials generally should be used only for pneumococcal respiratory infections.

4. The susceptibility rates to vancomycin were all 100%.

Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria

July 2016 - June 2017 (12 Months)
### Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria

#### MOSES Division

<table>
<thead>
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<th>AMK</th>
<th>GENT</th>
<th>TOBRA</th>
<th>AMR</th>
<th>AMPS/SL</th>
<th>ASTREO</th>
<th>CEFEPINE</th>
<th>CEFXO/IN</th>
<th>CEFTRIAX</th>
<th>CEPAPI</th>
<th>CIPRO</th>
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#### Stenotrophomonas maltophilia (all campuses)
- Staphylococcus lugdenensis
- Staphylococcus haemolyticus
- Staphylococcus epidermidis (MRSA)
- S. aureus (MSSA)
- Proteus mirabilis
- Klebsiella pneumoniae
- Pseudomonas aeruginosa
- Serratia marcescens

#### S. typhi, (Outpatient)
- (Mode)

#### Note:
- *N* = Number of isolates tested
- *O* = Outpatients
- *I* = Inpatients
- *<10% decline in susceptibility from previous year*

### Additional Information
- All staphylococci may rapidly develop resistance during prolonged therapy with quinolones. Use with staphylococci is not recommended.
- Oxacillin-resistant staphylococci are also resistant to all penicillins, cephalosporins, and carbapenems. Oxacillin-susceptible staphylococci are also susceptible to dicloxacillin, methicillin, oxacillin, ampicillin-sulbactam, piperacillin-tazobactam, amoxicillin-clavulanic acid, aztreonam, carbapenems, cefepime, and meropenem (as well as other penicillins, cephalosporins, and carbapenems that are non-formulary).
- Interpreted with caution.
- Daptomycin resistance (see next year's report for additional information).
- Gentamicin should not be used as an agent and only for synergy for treatment of staphylococcal infections.
- For urine isolates, cefazolin results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and ceftaxime, and tetracycline (but not cephalaxin, cefazolin, ceftazidime, or ceftriaxone).

July 2016-June 2017 (12 months)

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**Table Notes:**
- Minimum inhibitory concentrations (MIC) and interpretations are based on the CLSI standards and an advanced antibiotic expert system.
- Percentages are not calculated for organisms with <10 isolates. For N of < 30 isolates, results may not be statistically relevant. Report with caution.
- Oxacillin-resistant staphylococci are also resistant to all penicillins, cephalosporins, and carbapenems. Oxacillin-susceptible staphylococci are also susceptible to dicloxacillin, methicillin, oxacillin, ampicillin-sulbactam, piperacillin-tazobactam, amoxicillin-clavulanic acid, aztreonam, carbapenems, cefepime, and meropenem (as well as other penicillins, cephalosporins, and carbapenems that are non-formulary).
- Daptomycin resistance (see next year’s report for additional information).
- Gentamicin should not be used as an agent and only for synergy for treatment of staphylococcal infections.
- For urine isolates, cefazolin results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and tetracycline (but not cephalaxin, cefazolin, ceftazidime, or ceftriaxone).