

All Montefiore Divisions <i>Streptococcus pneumoniae</i> Susceptibility-2017				
Antibiotic	N	Percentage of Isolates		
Penicillin				
Sterile Sites		Susceptible	Intermediate	Resistant
CSF or Possible CNS Involvement	63	65		35
No CNS Involvement	63	98	0	2
Non-Sterile Sites				
Parenteral Penicillin	82	90	9	1
Oral Penicillin	82	60	23	17
Ceftriaxone				
Sterile Sites				
CSF or Possible CNS Involvement	63	98	0	2
No CNS Involvement	63	98	0	2
Non-Sterile Sites	82	96	3	1
Levofloxacin				
Sterile Sites	63	98	0	2
Non-Sterile Sites	82	96	0	4
Trimeth/Sulfa				
Non-Sterile Sites	82	87	5	8

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

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

All test information is available on the Pathology Website under [Test Compendium](#)

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STAT Gram Stain Results of Test Performed at Einstein Hospital 904-3425

(Note: STAT Gram stains require 2 specimens -one for STAT smear and the other for Microbiology)

MMC4531 (5/17)

Montefiore

MONTEFIORE MEDICAL CENTER

WEILER DIVISION

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and

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Division of Infectious Diseases/Pharmacy

Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria

July 2016 - June 2017

(12 Months)

All Montefiore Sterile Sites- Enterococcal Susceptibility				
	<i>E. faecalis</i>		<i>E. faecium</i>	
	N	Percent Susceptible	N	Percent Susceptible
AMPICILLIN	156	100	55	15
VANCOMYCIN	156	85	55	22
DAPTOMYCIN ¹	156		55	85
LINEZOLID	156	100	55	98
GENTAMICIN SYNERGY ²	156	67	55	65
STREPTOMYCIN SYNERGY ²	156	75	55	60

Weiler Urine- Enterococcal Susceptibility ³				
	<i>E. faecalis</i>		<i>E. faecium</i>	
	N	Percent Susceptible	N	Percent Susceptible
AMPICILLIN	274	99	42	10
LEVOFLOXACIN	272	73	42	10
TETRACYCLINE	273	26	41	15
NITROFURANTOIN	274	99	40	5
VANCOMYCIN	274	91	42	29

1 = For *E. faecalis*, daptomycin is not recommended due to cost and tolerability. Obtain Infectious Disease consult as needed.

2 = Susceptibility indicates synergy with penicillin, ampicillin, piperacillin-tazobactam, and vancomycin.

3 = Urine cultures with 100,000 colonies of enterococci as a single organism have a routine susceptibility test. Infectious Diseases generally recommends susceptibility testing when patients do not respond to empiric therapy.

All Montefiore - Yeast Susceptibility Testing					
Species	Antifungal	N	Susceptible	Dose-Dependent Susceptible	Resistant
Percent of Isolates					
<i>C. albicans</i>	Fluconazole	113	97	1	2
	Voriconazole	113	97	3	0
<i>C. parapsilosis</i>	Fluconazole	34	97	0	3
	Voriconazole	34	97	0	3
<i>C. tropicalis</i>	Fluconazole	18	94	6	0
<i>C. glabrata</i>	Fluconazole	30		80	20
No susceptible category for <i>C. glabrata</i> and fluconazole					
No interpretive category for voriconazole and <i>C. glabrata</i>					

1. Data is shown for epidemiologic purposes; contact ID for questions about use of antifungals.
2. CLSI no longer recommends testing *Candida* vs. itraconazole.
3. Voriconazole resistant and all *C. glabrata* from sterile sites will be tested v. micafungin.

ANTIBIOTIC SUSCEPTIBILITY PATTERNS OF COMMONLY ISOLATED BACTERIA
 July 2016-June 2017 (12 months)
 (Percent Susceptible)

Weiler DIVISION

	No. tested (Mode)		AMIK		GENT		TOBRA		AMPI		AMPI/SULB		AZTREO		CEFEPIME		CEFOXITIN		CEFTRIAx		CEFAZOLIN		CIPRO		MEROPENEM		PIP/TAZO		TMP/SMX		NITRO (Urines only)		
	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	
	Acinetobacter baumannii complex	17	64	88	83	76	56	94	77			94	80			88	73			65	41			82	64	93	72	82	56	87	65		
Citrobacter freundii	12	32	92	100	92	97	92	97					75	75	100	94			75	75			92	84	100	94	75	75	83	91	80	100	Citrobacter freundii
Citrobacter koseri	39	42	100	100	100	95	100	95			92	79	97	95	97	95	97	93	97	95	92	83	97	93	100	98	97	90	97	93	56	64	Citrobacter koseri
Enterobacter aerogenes	34	42	100	100	100	100	100	98					88	90	97	100			88	90			100	93	97	100	88	88	100	98	26	44	Enterobacter aerogenes
Enterobacter cloacae	38	127	100	99	95	87	97	87					76	66	89	84			76	66			84	83	97	98	76	63	84	76	28	40	Enterobacter cloacae
Escherichia coli	1304	1183	100	100	89	90	88	86	51	39	55	44	92	85	92	86	88	79	92	84	73	60	80	67	100	99	89	81	71	65	98	97	Escherichia coli
Klebsiella oxytoca	24	56	100	100	88	91	88	89			38	34	83	84	87	89	83	82	83	84	25	25	88	95	100	96	83	84	83	91	83	80	Klebsiella oxytoca
Klebsiella pneumoniae	248	520	100	96	98	93	96	89			79	72	96	84	96	84	90	78	96	83	80	74	93	84	100	95	89	79	91	82	57	47	Klebsiella pneumoniae
Morganella morganii	26	69	100	100	85	81	92	86			8	9	100	93	100	99	73	65	96	88			69	55	100	99	100	93	62	57			Morganella morganii
Proteus mirabilis	124	273	100	100	95	85	95	85	79	74	81	83	97	96	99	97	96	95	96	96	0	1	86	65		99	97	96	92	77			Proteus mirabilis
Providencia stuartii		23		100								35		96		96		96				91			100		91		91				Providencia stuartii
Serratia marcescens	27	58	100	100	100	98	59	69					100	86	96	98			96	83			100	91	100	97	96	84	95	94			Serratia marcescens
Salmonella sp (not S. typhi, all campuses)	36	29							97	76									97	86			91	82			100	89					Salmonella sp (not S. typhi)

	No. tested (Mode)		AMIK		GENT		TOBRA		CEFEPIME		CIPRO		AZTREO		MEROPENEM		PIP/TAZO	
	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I
Pseudomonas aeruginosa	63	327	100	99	98	94	98	96	98	88	87	80	84	70	95	80	98	81

	No. tested (Mode)		CEFTAZ		LEVOFLOX		MINOCYCLINE		TMP/SMX	
	O	I	O	I	O	I	O	I	O	I
Stenotrophomonas maltophilia (all campuses)	37	191	56	44	81	77	100	96	97	98

	N. tested (Mode)		AMP-SUL		AMPI		CEFAZOLIN		CIPRO		TMP-SMX		NITRO	
	O	I	O	I	O	I	O	I	O	I	O	I	O	I
URINE ISOLATES ONLY (Outpatient) ⁷														
Escherichia coli	1239		55		51		88		80		71		98	
Klebsiella pneumoniae	229		79				94		94		91		57	
Proteus mirabilis	104		81		80		89		85		90			

	No. tested (Mode)		CLINDA		GENT ⁶		OXACILLIN/CEFAZOLIN		PEN G		VANCO		TETRA		TMP/SMX	
	O	I	O	I	O	I	O	I	O	I	O	I	O	I	O	I
S. aureus (MSSA) ²	221	304	74	77	98	99	100	100	0	0	100	100	90	93	95	94
S. aureus (MRSA) ^{2,5}	135	228	79	71	95	93	0	0	0	0	100	100	87	92	92	90
Staphylococcus epidermidis ²	43	191	67	60	100	90	45	28	0	0	100	100	83	83		
Staphylococcus haemolyticus ²	5	22	100	55	60	59	60	36	0	0	100	100	67	57		
Staphylococcus lugdenensis ²	43	28	79	86	100	100	98	96	0	0	100	100	88	86	100	100
Staphylococcus saprophyticus ²	11		73		100		9		0		100		88			

N = Number of isolates tested
 O = Outpatients
 I = Inpatients
 =intrinsic resistance
 =blank boxes indicates number of isolates is too small to be significant
 =shaded boxes indicate > 10% decline in susceptibility from previous year

- NOTES:**
- Minimum inhibitory concentrations (MIC) and interpretations are based on the CLSI standards and an advanced antibiotic expert system.
 - All staphylococci may rapidly develop resistance during prolonged therapy with quinolones. Use with staphylococci is not recommended.
 - Percentages are not calculated for organisms with <10 isolates. For N of < 30 isolates, results may not be statistically relevant. Interpret with caution.
 - Oxacillin-resistant staphylococci are also resistant to all penicillins, cephalosporins, and carbapenems. Oxacillin-susceptible staphylococci are also susceptible to dicloxacillin, nafcillin, ampicillin-sulbactam, piperacillin-tazobactam, amoxicillin-clavulanic acid, cefazolin, cephalexin, cefotetan, ceftriaxone, cefepime, and meropenem (as well as other penicillins, cephalosporins, and carbapenems that are non-formulary).
 - MRSA isolates with reduced susceptibility to daptomycin have been detected at Montefiore Campuses.
 - Gentamicin should not be used as single 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 loracarbef when used for therapy of uncomplicated UTI due to *E. coli*, *K. pneumoniae*, *P. mirabilis*.