

Organism	Number of Isolates*	Ampicillin	Amoxicillin/clavulanate	Piperacillin/tazobactam	Cefazolin**	Cefoxitin	Cefepime	Ceftazidime	Ceftriaxone	Ertapenem	Meropenem	Ciprofloxacin	Levofloxacin	Gentamicin#	Tobramycin	Amikacin	Tetracycline (Doxycycline)	Trimethoprim/sulfamethoxazole (Bactrim)	Nitrofurantoin	Clindamycin	Erythromycin	Azithromycin	Oxacillin†	Penicillin	Vancomycin	Linezolid
ESCHERICHIA COLI	248	54	83	96	89	86	94	94	94	100	100	67	67	90	91	100	74	74	97							
PROTEUS MIRABILIS	84	83	100	100	98	98	100	100	100	99	100	67	67	98	99	100	0	67	0							
KLEBSIELLA PNEUMONIAE	51	0	100	100	100	90	100	100	100	100	100	92	92	100	100	100	84	92	59							
ENTEROCOCCUS SPECIES, VSE	22	82										45	45				32	82							100	
ENTEROCOCCUS SPECIES, VRE	12	45										11	11				0	27							0	
STAPH. AUREUS, MRSA	9											0	0	100			100	100	100				0	0	100	100
STAPH. AUREUS, MSSA	10											80	80	100			88	100	100				100	0	100	100
HAEM INFLUENZAE COMM WIDE	183	59							100			99	100				100	63			100					
STREP PNEUMONIAE COMM WIDE	113								94				99				75	85		77	58	58		96§	100	100

\* Note: isolates from all sources; urine, blood, respiratory, wound, etc.

\*\* For uncomplicated UTIs, Cefazolin MIC results less than or equal to 16 mcg/ml predict susceptibility of the following oral cephalosporins: cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, and cephalexin.

‡ Oxacillin-susceptible Staph are also susceptible to other penicillinase-resistant penicillins, betalactam/betalactamase inhibitor combinations, cepheems, and carbapenems FDA-approved to treat Staph infections.

# Gentamicin may be used in combination with other drugs against Staph isolates.

§ 96% were in the intermediate or susceptible range, indicating many could be treated for pneumonia with appropriate dosing of an IV penicillin.

The percentages in red are greater than or equal to 80% susceptibility, potentially useful for empiric therapy.