



Asante Laboratory Services

2025 Gram-Negative Antibigram

(Statistics are calculated from 2024 susceptibility data)

Gram Negative Organisms Percent Susceptible	Total # Isolates		Ampicillin ¹	Ampicillin/ Sulbactam ¹	Piperacillin/ Tazobactam ¹	Ertapenem	Meropenem	Aztreonam	Ciprofloxacin	Levofloxacin	Cefazolin (Urine) ⁵	Ceftazidime ¹	Ceftriaxone ¹	Cefepime	Cefepime SDD	Gentamicin	Trimeth/Sulfa	Nitrofurantoin ³
<i>Acinetobacter baumannii</i>	20			100	100		100		95			90	21	100		100	100	
<i>Citrobacter braakii</i>	48				90	100	100	94	96			92	92	100		100	96	96
<i>Citrobacter freundii</i> ²	118				92	100	100	94	92			94	92	100		97	92	93
<i>Citrobacter freundii</i> complex MDR ²	37				11	92	100	8	68			3	0	95	8	89	84	84
<i>Citrobacter koseri</i> ²	109			100	100	100	100	100	100			99	99	100		100	99	85
<i>Klebsiella aerogenes</i> ²	163				94	100	100	99	98			99	99	100		100	99	12
<i>Klebsiella aerogenes</i> MDR ²	36				6	97	97	20	91			9	3	94	11	100	97	23
<i>Enterobacter cloacae</i> complex ²	338				98	100	100	100	98			98	97	100		100	96	27
<i>Enterobacter cloacae</i> complex MDR ²	86				15	70	98	98	79			19	1	85	21	97	83	42
<i>Escherichia coli</i>	7128		70	78	98	100	100	100	90		98	99	99	100		96	86	98
<i>Escherichia coli</i> MDR	339		0	39	93	100	100	41	23		1	63	2	74	44	78	46	91
<i>Klebsiella oxytoca</i>	319			78	94	100	100	98	99			100	98	100		99	96	85
<i>Klebsiella oxytoca</i> MDR	20			5	50	100	100	42	45			65	0	85	65	40	20	80
<i>Klebsiella pneumoniae</i>	1152			93	97	100	100	100	96		99	100	100	100		99	96	35
<i>Klebsiella pneumoniae</i> MDR	67			19	66	99	100	99	39		3	49	4	79	67	61	18	16
<i>Klebsiella species</i>	63			52	94	100	100	100	100			100	100	100		100	98	65
<i>Morganella morganii</i> ²	104			19	100	100	100	19	87			98	100	100		96	90	
<i>Proteus mirabilis</i>	670		90	95	100	100	100	100	89		98	100	100	100		96	87	
<i>Proteus mirabilis</i> MDR	18		0	28	94	100	100	88	17		0	78	0	50	39	72	44	
<i>Proteus vulgaris</i>	41		2	90	98	100	100	100	100			100	98	100		98	93	
<i>Providencia rettgeri</i>	51			82	94	92	100	96	100			96	100	100		98	94	
<i>Pseudomonas aeruginosa</i>	786				97		98	*	93			97		98				
<i>Pseudomonas aeruginosa</i> MDR	33				55		39	*	39			45		52				
<i>Serratia marcescens</i>	109		0	0	96	99	99	99	100			100	98	100		100	100	0
<i>Stenotrophomonas maltophilia</i>	121									92		48					95	

Additional antimicrobial data available. Blank spaces indicate that an antibiotic is either inappropriate or has not been tested for that organism.

**This antimicrobial may be appropriate for use in the treatment of infections caused by this organism. Antibigram data is not available due to limitations in our routine test system.

Disclaimer: Data provided for organism groups in red are under threshold (30) and may not be precise. These have been included for comparison to their counterpart non-MDR group.

FOOTNOTES:

- These antibiotics may be degraded by Inducible Beta Lactamases (IB).
- These organisms may produce Inducible Beta lactamases (IB).
- Nitrofurantoin used for uncomplicated UTI and for patients with GFR >60 only.
- Includes data from Asante Rogue Regional Medical Center, Asante Three Rivers Medical Center, and Asante Ashland Community Hospital.
- Urine Cefazolin results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefuroxime axetil and cephalixin when used for therapy of uncomplicated UTIs due to *E. coli*, *K. pneumonia* and *P. mirabilis*.
- MIC susceptibility data is not available for non-urine *E. coli*, *Klebsiella*, and *Proteus* spp. vs Cefazolin. Individual isolates may be tested using a disc diffusion method on request.



Asante Laboratory Services

2025 Gram-Positive Antibigram

(Statistics are calculated from 2024 susceptibility data)

Gram Positive Organisms Percent Susceptible	Total # Isolates	Ampicillin	Penicillin	Penicillin (Oral) ¹	Penicillin (Parenteral) ¹	Penicillin (Meningitis) ¹	Oxacillin	Levofloxacin ⁵	Ceftriaxone	Ceftriaxone (Meningitis) ¹	Clindamycin	Erythromycin ³	Tetracycline ^{5,6}	Vancomycin	Daptomycin	Gentamicin Synergy	Streptomycin Synergy	Trimeth/Sulfa	Rifampin ⁷	Nitrofurantoin ⁴	Linezolid
<i>Enterococcus faecalis</i>	1221	100						91					30	100	100	85	92			99	99
<i>Enterococcus faecium</i>	83	60						44					57	100	**	94	80			21	95
<i>Enterococcus faecium</i> VRE	31	3						0					50	0	**	97	27			17	100
<i>Staphylococcus aureus</i> (MSSA) ²	2108						99	83			84	67	90	100	100			91	100	100	100
<i>Staphylococcus aureus</i> (MRSA) ²	1031						0	31			84	14	71	100	100			92	100	100	100
<i>Staphylococcus epidermidis</i> ²	227						42	72			65	42	84	100	100			65	99	99	100
<i>Staphylococcus lugdunensis</i> ²	281						90	98			86	86	96	100	100			99	100	100	100
<i>Streptococcus agalactiae</i> (Group B)	76		100					100	100			47		100							
<i>Streptococcus pyogenes</i> (Group A)	66		100					92	100			82		100							
<i>Streptococcus anginosus</i>	44		100					93	100			60		100							
<i>Streptococcus pneumoniae</i> ¹	115		100	83	97	83		100	98	95		71		100							
<i>Streptococcus mitis/oralis</i>	31		74					97	97					100							

Blank spaces indicate that an antibiotic is either inappropriate or has not been tested for that organism.

**This antimicrobial may be appropriate for use in the treatment of infections caused by this organism. Antibigram data is not available due to limitations in our routine test system.

FOOTNOTES:

1. Interpretations of *Streptococcus pneumoniae* susceptibility vary according to site of isolation (Penicillin and Ceftriaxone for CSF and non-CSF) and route of administration of some antimicrobials (Penicillin administered orally or parenterally). These interpretations are based on achievable blood and CSF levels for those antimicrobials.
2. Oxacillin resistance also implies resistance to cephalosporins, carbapenems, ticarcillin/clavulanic acid, ampicillin/sulbactam, and amoxicillin/clavulanic acid.
3. Azithromycin and Clarithromycin susceptibility may be deduced from Erythromycin results.
4. **Nitrofurantoin used for uncomplicated UTI and for patients with GFR >60 only.**
5. Levofloxacin and Tetracycline should only be used to treat Enterococci from uncomplicated UTIs
6. Isolates that test intermediate or resistant to Tetracycline should be tested against Doxycycline or Minocycline if those results are needed for treatment.
7. Rifampin should not be used alone for therapy.