

Adult Antibigram – Milton S. Hershey Medical Center – 2016 Data

A joint effort of the Clinical Microbiology Laboratory and the Antimicrobial Stewardship Program

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Purpose: To report susceptibilities of common bacteria and yeast isolates from January to December of 2016.

Contents: Inpatient and outpatient data for Gram-positive and Gram-negative bacteria, and data for *Candida* species.

What data are included: As per national recommendations, the data reflect the first isolate for any patient, at any site, during the time period of this antibiogram, and only bacteria with at least 30 isolates are shown.

How to use: Percent susceptibility is shown for selected bug–drug combinations. A blank box can mean that a particular drug is inappropriate for that organism, or that a simpler drug in that class usually can be used.

Please note: Although antibiograms can guide empiric therapy before microbiological data are available, quality care and good stewardship require considering additional clinical information and may require an Infectious Diseases consult.

Selected Recent Data (by year):

Methicillin (Oxacillin)-Resistant *Staph aureus* (MRSA)

2015: 33% of inpatient isolates and 31% of outpatient isolates

2016: 33% of inpatient isolates and 30% of outpatient isolates

Methicillin (Oxacillin)-Resistant Coagulase-Negative Staphylococci (MRCNS)

2015: 50% of inpatient isolates and 29% of outpatient isolates

2016: 54% of inpatient isolates and 30% of outpatient isolates

Vancomycin-Resistant *Enterococcus* (VRE)

2015: 25% of inpatient isolates and 8% of outpatient isolates; $\leq 6\%$ of *E. faecalis* but $\geq 68\%$ of *E. faecium*

2016: 22% of inpatient isolates and 8% of outpatient isolates; $\leq 7\%$ of *E. faecalis* but $\geq 63\%$ of *E. faecium*

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Hershey Medical Center Antibigram for Gram-Positives, Jan – Dec 2016 (Inpatient at top and Outpatient at bottom)

Common Gram-Positive Organisms	# Isolates Tested (not all tested for each drug)	% Susceptible (A blank box can mean that drug is inappropriate for that bacteria or that a simpler drug in that class usually can be used)																					
		Penicillins and Cephalosporins					Carba- penems	Macrolides		Fluoroquinolones			Amino- glycosides		Others (in alphabetical order)								
		Penicillin	Ampicillin	Amoxicillin / Clavulanate	Oxacillin	Ceftriaxone	Meropenem	Azithromycin	Erythromycin	Ciprofloxacin	Moxifloxacin	Levofloxacin	Gentamicin (Do not use alone)	Gentamicin Synergy	Chloramphenicol	Clindamycin	Daptomycin	Linezolid	Nitrofurantoin (for urine infections)	Quinupristin / Dalfopristin	Rifampin (Do not use alone)	Tetracycline	Trimethoprim / Sulfamethoxazole

INPATIENT

<i>Staph aureus</i> (total)	687	6	0	67	67	67			48	66	80	70	98			70	99	100	100	100	99	94	99	100
<i>Staph aureus</i> (MRSA only)	224	0	0	0	0	0			9	25	51	26	98			52	99	100	*	100	99	92	98	100
<i>Staph aureus</i> (MSSA only)	463	9	0	100	100	100			66	86	94	91	98			79	99	100	*	100	100	95	100	100
<i>Staph coag. neg.</i>	400	13	0	46	46	46			42	59	71	60	82			61	100	100	*	99	99	86	65	100
<i>Strep pneumoniae</i>	37	76**		97		97**	95	51	51			100			100	89						81	86	100
Viridans <i>Strep</i> group	69	81	84			99	98	65	55			93			97	92						64		100
<i>Enterococcus faecalis</i>	338	100	100						8	63		72		70			100	96	99			20		93
<i>Enterococcus faecium</i>	122	17	17							10		12		92			89	93	40			19		37

OUTPATIENT ***

<i>Staph aureus</i> (total)	920	6	0	70	70	70			48	70	87	74	98			74	100	100	100	100	99	93	99	100
<i>Staph aureus</i> (MRSA only)	278	0	0	0	0	0			16	33	68	35	96			71	100	100	*	100	99	94	98	100
<i>Staph aureus</i> (MSSA only)	642	8	0	100	100	100			62	86	96	91	98			75	100	100	100	100	99	93	99	100
<i>Staph coag. neg.</i>	145	30	0	70	70	70			58	80	88	81	97			76	100	100	*	100	98	90	84	100
<i>Strep pneumoniae</i>	37	73**		97		95**	81	69	69			97			100	97						89	89	100
<i>Enterococcus faecalis</i>	372	99	100							72		82		81			100	98	99			22		96
<i>Enterococcus faecium</i>	26*	12*	23*							8*		8*		96*			85*	96*	36*			8*		31*

Footnotes:

* Fewer than 30 isolates tested, so results are not considered statistically reliable.

** The Penicillin-Resistant *Streptococcus pneumoniae* (PRSP) rates shown above (24% for inpatients and 27% for outpatients) used the "meningitis" breakpoints, which are very conservative. However, most *S. pneumoniae* outside the central nervous system (such as in the respiratory tract) are treatable with penicillin. If the higher "non-meningitis" breakpoints are used, only 3% of our *S. pneumoniae* would be resistant to penicillin and just 0% would be resistant to ceftriaxone (as combined inpatient and outpatient data).

*** Outpatient numbers and data include Pediatric isolates.

Comments:

- The Methicillin (Oxacillin)-Resistant *Staphylococcus aureus* (MRSA) rate was 33% for inpatients and 30% for outpatients.
- The Methicillin (Oxacillin)-Resistant Coagulase-Negative Staphylococci (MRCNS) rate was 54% for inpatients and 30% for outpatients.
- The Vancomycin-Resistant *Enterococcus* (VRE) rate was 22% for inpatients (7% of *E. faecalis* and 63% of *E. faecium*) and 8% for outpatients (4% of *E. faecalis* and 69% of *E. faecium*).

Hershey Medical Center Antibigram for Gram-Negatives, Jan – Dec 2016 (Inpatient at top and Outpatient at bottom)																					
Gram-Negatives January – December, 2016	# Isolates Tested (not all tested for each drug)	% Susceptible (A blank box can mean that drug is inappropriate for that bacteria or that a simpler drug in that class usually can be used)																			
		Penicillins and Cephalosporins					β-lactam / β-lactamase Inhibitor Combinations				Carbapenems		Fluoroquinolones			Aminoglycosides			Others		
		Ampicillin	Cefazolin	Ceftriaxone	Ceftazidime	Cefepime	Amoxicillin / Clavulanate	Ampicillin / Sulbactam	Piperacillin / Tazobactam	Ticarcillin / Clavulanate	Meropenem	Ertapenem	Ciprofloxacin	Moxifloxacin	Levofloxacin	Gentamicin	Tobramycin	Amikacin	Nitrofurantoin (for urine infections)	Tetracycline	Trimethoprim / Sulfamethoxazole
Common Gram-Negative Organisms																					

INPATIENT																					
<i>Escherichia coli</i>	801	53	80	89	89	89	81	58	97		100	100	74	72	75	90	91	99	97	74	78
<i>Klebsiella pneumoniae</i>	374	0	82	87	87	87	84	74	87		94	93	86	86	86	95	88	99	45	82	82
<i>Proteus mirabilis</i>	148	78	89	98	98	98	96	87	99		99	99	65	61	71	91	91	99	0	0	76
<i>Enterobacter cloacae</i>	112	0	0	84	87	96	0	0	91		100	97	96	99	98	98	98	100	*	87	95
<i>Enterobacter aerogenes</i>	55	0	0	73	69	100	0	0	75		100	100	100	100	100	100	100	100	*	85	98
<i>Serratia marcescens</i>	55	0	0	91	87	100	0	0	85		100	100	91	98	98	96	87	95	*	2	100
<i>Pseudomonas aeruginosa</i>	300				87	86			94 **		92		81		80	87	95	98			
<i>Citrobacter freundii</i>	48	0	0	73	77	96	0	0	94		100	100	85	*	88	88	88	100	*	81	77
<i>Morganella morganii</i>	35	0	0	89	74	97	0	6	91		100	100	71	*	77	83	94	100	*	0	69
<i>Stenotrophomonas maltophilia</i>	43				56					44					88						95

OUTPATIENT ***																					
<i>Escherichia coli</i>	2311	59	89	95	96	96	88	65	98		100	100	85	76	86	94	95	100	98	79	81
<i>Klebsiella pneumoniae</i>	436	0	94	96	96	96	93	82	94		99	98	94	92	96	98	96	99	47	83	90
<i>Proteus mirabilis</i>	209	83	94	100	100	100	99	93	100		100	100	80	*	83	94	94	100	0	0	83
<i>Enterobacter cloacae</i>	84	0	0	85	85	94	0	0	90		100	100	90	*	94	96	94	100	13	83	87
<i>Enterobacter aerogenes</i>	49	0	0	92	90	98	0	0	92		100	96	98	*	98	100	100	100	20	96	98
<i>Serratia marcescens</i>	62	0	0	90	89	100	0	0	89		100	97	92	93	97	97	92	97	*	8	90
<i>Pseudomonas aeruginosa</i>	268				94	92			97**		94		82		79	85	98	99			
<i>Citrobacter freundii</i>	57	0	0	84	86	100	0	0	96		100	98	89	*	93	93	95	100	93	89	86
<i>Morganella morganii</i>	32	0	0	91	88	100	0	3	97		97	97	78	*	81	94	97	100	*	0	66
<i>Stenotrophomonas maltophilia</i>	57				51					46					88						98

Footnotes:

* Fewer than 30 isolates tested, so results are not considered statistically reliable.

** These rates of *Pseudomonas aeruginosa* susceptibility to piperacillin/tazobactam used the FDA-approved breakpoint of 64 ug/ml, but the evolving nature of Microbiology has led national Infectious Diseases experts to consider *Pseudomonas* with an MIC of 32 or 64 ug/ml for pip/tazo to be intermediate (or dose-dependent) susceptible; thus, maximal dosing should be used.

*** Outpatient numbers and data include Pediatric isolates.

HMC Antibigram for <i>Candida</i> species, Jan – Dec 2016						
Yeast January – December, 2016	# Isolates Tested	% Susceptible				
		Azoles			Other	
		Fluconazole *	Itraconazole *	Voriconazole *	Caspofungin	Flucytosine
<i>Candida</i> Species						

<i>C. albicans</i>	75	88	96	93	100	96
<i>C. glabrata</i>	49	84	43		80	100
<i>C. dubliniensis</i>	3	100	100	100	100	100
<i>C. krusei</i>	3		100	100	33	0
<i>C. lusitanae</i>	9	100	100	100	100	89
<i>C. parapsilosis</i>	17	82	100	81	100	88
<i>C. tropicalis</i>	14	93	93	93	100	100
<i>Candida</i> spp. (other)	2	100	100	100	100	100

Footnotes:

* Numbers shown include "Susceptible" + "Susceptible-Dose Dependent."

Comments:

- Data for species with fewer than 30 isolates are presented for information purposes only and should not be considered statistically reliable.