熱病 SANFORD GUIDE	Penicillins	Carbaper	enems Fluoroquinol	one Parent	eral Cephalosporins	Oral Cephalosporins Aminogly	co Macrolides Tetracyclines	Glyco/Lipo Ox-lid Poly Other	熱病 SANFORD GUIDE
Antibacterials  Antibacterials	Ampicillin Dicloxacillin Flucloxacillin Cloxacillin Dxacillin Vafcillin Penicillin VK	Ertapenem  Doripenem  Pip-Tazo  Amp-Sulb  Amox-Clav  Amoxicillin	Moxifloxacin Levofloxacin Ofloxacin Delafloxacin Ciprofloxacin Aztreonam Mero-Vabor Meropenem	Cefotaxime Cefoxitin Cefotetan Cefazolin Satifloxacin Semifloxacin rulifloxacin	Cephalexin Cefadroxil Ceftol-Tazo Ceftaroline Ceftaz-Avibac Cefepime Ceftazidime Ceftriaxone Ceftizoxime	Tobramycin Gentamicin Cefditoren Cefdinir Cefpodoxime Ceftibuten Cefixime Cefixime Cefixime Cefaclor Cefaclor	Vancomycin Daptomycin Tigecycline Tetracycline Minocycline Doxycycline Clarithromycin Clarithromycin Azithromycin Erythromycin Clindamycin Chloramphenicol Amikacin	Quinu-Dalfo Metronidazole Fosfomycin (po) Fosfomycin (IV) Nitrofurantoin TMP-SMX Rif (comb) -usidic Acid Colistin Colymyxin B Tedizolid inezolid inezolid Dalbavancin Celavancin Felavancin	Amphotericin B Micafungin Caspofungin Anidulafungin Isavuconazole Posaconazole Itraconazole Itraconazole Fluconazole Antifungal Drugs
S. aureus MSSA +/-	0 0 0 0 0 0 0 + 0 0 0 + 0 0 0 0 0 0 0 0	-+ ++ + + + + + +/- +/- +/- -/- +/- +/- +/- +/- 0 0 0 -/- +/- +/- +/- +/- 0 0 0 -/- +/- +/- +/- +/- 0 0 0 -/- +/- +/- +/- +/- 0 0 0	- +/- +/- 0 +/-* + +/- + + + - 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+ +/-* + + + 0 0 0 0 0 0 0 0 +/- +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 +/-* 0 + + + +/- + +/- + ? + +	0 0 0 0 0 0 0 0 0 0 0 +/-* 0 0 0 0 0 0 0 0 0 0 0 0 +/-* 0 0 0 0 0 0 0 0 0 0 0 +/-* 0 0 0 0 0 0 0 0 0 0 0 +/-* 0 + + + + + + 0 0 + + + + +/-* ?	0 +/- 0 0 0 0 0 +/- +/- +/- + + + ++ 0 +/- 0 0 0 0 0 0 +/- +/- +/- + + + +/- 0 +/- 0 0 0 0 0 0 +/- +/- +/- +/- +/- + 0 NA +/- 0 0 0 0 0 0 +/- +/- +/- +/- +/- + ? + + +/- +/- +/- +/- + + + + + + + +	++       +       +       +       +       0       +/-       +/-*       0       +       +/-       +/-       0       0       0       +/-       +/-       +/-       +/-       0       0       +/-       +/-       0       +/-       +/-       0       +/-       +/-       0       +/-       +/-       0       0       +/-*       0       0       +/-       +/-       +/-       0       0       0       +/-*       0       0       +/-       +/-       +/-       0       0       +/-*       0       0       +/-       +/-       +/-       0       0       +/-       +/-       +/-       0       0       +/-       +/-       +/-       0       0       +/-       +/-       +/-       0       0       +/-       +/-       +/-       +/-       0       0       0       +/-       +/-       +/-       +/-       0       0       +/-       +/-       +/-       +/-       0       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/-       +/- <th>Fungi Aspergilllus fumigatus  0 +/- ++ + + +/- +/- +/- +  Aspergillus terreus  0 +/- ++ + + +/- +/- +/- 0  Aspergiullus flavus  0 +/- ++ + + + +/- +/- +/- +  Candida albicans  ++ + + + + + ++ ++ ++ ++  Candida dubliniensis  ++ + + + + + ++ ++ ++ ++ ++ ++ ++ ++ +</th>	Fungi Aspergilllus fumigatus  0 +/- ++ + + +/- +/- +/- +  Aspergillus terreus  0 +/- ++ + + +/- +/- +/- 0  Aspergiullus flavus  0 +/- ++ + + + +/- +/- +/- +  Candida albicans  ++ + + + + + ++ ++ ++ ++  Candida dubliniensis  ++ + + + + + ++ ++ ++ ++ ++ ++ ++ ++ +
Staph coag-neg (S) +/- Staph coag-neg (R) 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0 0 0 0 0 0 + 0 0 0 0 0 0 0 0 + 0 0 0 + + + +/- + +/- + ? +/- +/ 0 0 0 0 0 0 + 0 0 0 + + +/- + +/- + ? + +	0 0 0 0 0 0 0 0 0 0 0 +/-* ?  0 0 0 0 0 0 0 0 0 0 0 +/-* ?  0 0 0 0 0 0 0 0 0 0 0 +/-* ?  0 0 0 0 0 0 0 0 0 0 0 +/-* ?  + + + + + ? ? + + + +/-* ?  + + + + + ? ? + + + +/-* ?	? + +/- 0 0 0 +/- +/- +/- + ++ ++ ? + +/- 0 0 0 0 +/- +/- +/- +/- + ++ ++	++ + + + + + + + + 0 0 + + +/-* + 0 + 0 0 + + +/-* + 0 + 0 0 + + +/-* + 0 + 0 0 + + +/-* + 0 + 0 0 + + +/-* + 0 + 0 0 + +/-* + 0 + 0 0 + +/-* + 0 + 0 0 + +/-* + 0 +/-* + 0 0 + +/-* + 0 0 +/-* + 0 0 +/-* + 0 0 +/-* + 0 0 +/-* + 0 0 +/-* + 0 0 +/-* + 0 0 +/-* + 0 0 0 +/-* + 0 0 0 +/-* + 0 0 0 +/-* + 0 0 0 +/-* + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Candida glabrata       +/-
S. saprophyticus +/- Strep. anginosis gp ++ Strep. pyogenes (A) ++ Strep. agalactiae (B) ++ Strep. gp C,F,G ++ Strep. pneumoniae ++	+/- + + + + + + + + + + + + + + + + + +	/- +/- ++ + + + + + + + + + + + + + + +	+ + 0 + + + + + + + ( + + 0 +/- + +/- +/- +/- (	0 + + + + + + + + + + + + + + + + + + +	+ + + +/- + +/- + ? ++ ++ + + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + +	0 + + +/- +/- +/- + + + + + + + + + + + +	+       +       ?       ?       0       0       0       0       0       +       +       +       +       +/-       +/-       0 <th>Dematiaceous molds  0 ++ ++ + + + +/- +/- +/- +  Fusarium sp.  0 +/- +/- +/- +/- 0 0 0 +/-  Mucormycosis  0 0 0 + + 0 0 0 ++  Scedo apiospermum  0 0 + +/- +/- 0 0 0 0  Lomentospora prolificans  0 0 0 0 0 0 0 0 0  Trichosporon spp.  +/- + + + + + 0 0 0 +</th>	Dematiaceous molds  0 ++ ++ + + + +/- +/- +/- +  Fusarium sp.  0 +/- +/- +/- +/- 0 0 0 +/-  Mucormycosis  0 0 0 + + 0 0 0 ++  Scedo apiospermum  0 0 + +/- +/- 0 0 0 0  Lomentospora prolificans  0 0 0 0 0 0 0 0 0  Trichosporon spp.  +/- + + + + + 0 0 0 +
Viridans Strep. +/- Aerobic gram-pos bacilli Arcanobacter. sp + C. diphtheriae ++ C. jeikeium 0 L. monocytogenes +	+/- +/- +/- +/- +/- +/- +/- +/- +/- +/-	+ + + + + + + + + + + + + + + + + + +	+     +     0     0     +     0     + <th>0 0 + + + + + + + + + + + + + + + + + +</th> <th>+     ++     +/-     +</th> <th>+     +<th>0     +     +/-</th><th>++       +       +       +       +       0       0       ?       0       ?       0</th><th>Dimorphic Fungi  Blastomyces</th></th>	0 0 + + + + + + + + + + + + + + + + + +	+     ++     +/-     +	+     + <th>0     +     +/-</th> <th>++       +       +       +       +       0       0       ?       0       ?       0</th> <th>Dimorphic Fungi  Blastomyces</th>	0     +     +/-	++       +       +       +       +       0       0       ?       0       ?       0	Dimorphic Fungi  Blastomyces
Nocardia sp. 0  Aerobic GNB - Enteric  Aeromonas sp. 0  C. jejuni 0  C. freundii 0  C. koseri 0  E. aerogenes 0		0 0 +/-	+ + + 0 0 ? 0 0 0 + + + + + + + + + + + + + + + + + + +	0 + + + 0 0 0 0 + 0 0 0 + 0 0 0 0 0 0 0	+ + + + + + ? ? ? 0 0 + + + + + + + ? ? 0 0 + + + + + + + + 0 0 + + - + - + - + + + + + 0 0 0 0 0 + + 0 + 0 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	+ + + 0 0 0 0 0 0 + + 0 0 + ? ? ++ ++ + 0 +/- +/- ? 0 0 + ? 0 0 0 0 0 0 0 0 0 +* 0 0 + ? 0 0 0 0 0 0 0 0 0 +* 0 0 + 0 0 0 0 0 0 0 0 0 0 +* 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Antibacterials Notes:  Amikacin, Nocardia sp., Use in combination  Amoxicillin, C. trachomatis, Recommended only as alternate for pregnant women, due to concern that bacteria persist rather than being killed.  Ampicillin, C. trachomatis, Recommended only as alternate for pregnant women, due to concern that bacteria persist rather than being killed.  Azithromycin, E. coli (S), Enterohemorrhagic E.coli are susceptible  Azithromycin, M. genitalium, resistance reported and emerging to all antibiotics including fluoroquinolones  Azithromycin, U. urealyticum, Link with STI unclear. Some data suggests in patients with symptoms longer than 3 weeks, 6 days 500mg qd more efficacious than 1g single dose.  Aztreonam, E. coli, Klebs MBL, Aztreonam is not hydrolyzed by MBLs, but MBL+ strains often have other
E. cloacae 0 E. coli (S) 0 E. coli, Klebs ESBL 0 E. coli, Klebs KPC 0 E. coli, Klebs MBL 0 Enterics CRE, NOS 0	0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0	0 0 0 0 0 + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + +	+ + + + + 0 0 0 0 0 0 0 + + + + + + + + + + + + + + + + + + +	0 0 0 + + 0 + 0 0 + + + + + + + + + + + + + + + + + + +	0 0 0 0 0 0 0 0 0 0 0 0 + + + <del>/- +/- + + + + + + + + + ? + + + + + + + + + </del>	+ 0 0 0 0 0 0 0 0 0 0 0 +* 0 0 + + 0 0 0 +/-* 0 0 +/- +/- +/- +* 0 0 +/- +/- 0 0 0 0 0 0 0 0 0 0 +* 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 +* 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 +* 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 +* 0 0	0 0 0 0 0 0 0 0 + + 0 0 0 + +/- +/- 0 0 0 0 0 0 0 0 0 + + 0 0 0 +/- + + 0 0 0 0 0 0 0 0 0 0 + + 0 0 0 +/- +/- + 0 0 0 0 0 0 0 0 0 0 + + 0 0 0 +/- +/- +/- 0 0 0 0 0 0 0 0 0 0 + + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 + + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	enzymes that can.  Ceftazidime, Y. enterolitica, Clinical failures reported  Ceftriaxone, E. faecalis (S), Use only in combination with ampicillin.  Ceftriaxone, F. necrophorum, Use in combination with metronidazole  Ceftriaxone, Nocardia sp., May be used as part of combination therapy; never used as monotherapy  Cefuroxime, Y. enterolitica, Clinical failures reported  Ciprofloxacin, E. faecalis (S), Most strains +/-, can be used in UTI, not in systemic infection.  Daptomycin, S. aureus CA-MRSA, Do not use for pneumonia  Daptomycin, S. aureus HA-MRSA, Do not use for pneumonia  Daptomycin, Strep. anginosis gp, Despite in vitro susceptibility, resistance to daptomcyin emerges rapidly in viridans group streptococci
K. oxytoca 0 K. pneumoniae (S) 0 Morganella sp. 0 P. mirabilis 0 P. vulgaris 0 Providencia sp. 0 Salmonella sp. 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 + + + + + + + + + + + + + + + + + +	+     + <th>+     +<th>+ + + + + + + + + + + + + + + + + + +</th><th>/- +/- +     + + + + + + + + + + + + + + + + + + +</th><th>+ + 0 0 0 0 0 0 0 +/- 0 + 0 0 + + 0 0 0 0 0 0 0 +/- 0 +* 0 0 + ? 0 0 0 0 0 0 0 0 0 ?* 0 0 + ? 0 0 0 0 0 0 0 0 0 0 0 0 + +/- 0 0 0 0 0 0 0 0 0 0 0 0 + ? 0 0 0 0 0 0 0 0 0 0 0 0</th><th>0 0 0 0 0 0 0 0 + + 0 0 +/- + +/- +/- 0 0 0 0 0 0 0 0 0 + + 0 0 +/- + +/- +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 +/- 0</th><th><ul> <li>Daptomycin, Viridans Streptococci</li> <li>Daptomycin, Viridans Streptococci</li> <li>Doripenem, A. baumanii, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, E. coli (S), Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, E. coli, Klebs ESBL, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, K. pneumoniae (S), Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, P. aeruginosa, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, S. aureus MSSA, Do not use Doripenem to treat any kind of pneumonia.</li> <li>Doripenem, Strep. pneumoniae, Do not use Doripenem to treat any kind of pneumonia.</li> <li>Gatifloxacin, C. burnetii, FQs potential alternative if CNS infected as FQs have good CNS penetration</li> <li>Gatifloxacin, M. genitalium, resistance reported and emerging to all antibiotics including fluoroquinolones</li> </ul></th></th>	+     + <th>+ + + + + + + + + + + + + + + + + + +</th> <th>/- +/- +     + + + + + + + + + + + + + + + + + + +</th> <th>+ + 0 0 0 0 0 0 0 +/- 0 + 0 0 + + 0 0 0 0 0 0 0 +/- 0 +* 0 0 + ? 0 0 0 0 0 0 0 0 0 ?* 0 0 + ? 0 0 0 0 0 0 0 0 0 0 0 0 + +/- 0 0 0 0 0 0 0 0 0 0 0 0 + ? 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>0 0 0 0 0 0 0 0 + + 0 0 +/- + +/- +/- 0 0 0 0 0 0 0 0 0 + + 0 0 +/- + +/- +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 +/- 0</th> <th><ul> <li>Daptomycin, Viridans Streptococci</li> <li>Daptomycin, Viridans Streptococci</li> <li>Doripenem, A. baumanii, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, E. coli (S), Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, E. coli, Klebs ESBL, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, K. pneumoniae (S), Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, P. aeruginosa, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, S. aureus MSSA, Do not use Doripenem to treat any kind of pneumonia.</li> <li>Doripenem, Strep. pneumoniae, Do not use Doripenem to treat any kind of pneumonia.</li> <li>Gatifloxacin, C. burnetii, FQs potential alternative if CNS infected as FQs have good CNS penetration</li> <li>Gatifloxacin, M. genitalium, resistance reported and emerging to all antibiotics including fluoroquinolones</li> </ul></th>	+ + + + + + + + + + + + + + + + + + +	/- +/- +     + + + + + + + + + + + + + + + + + + +	+ + 0 0 0 0 0 0 0 +/- 0 + 0 0 + + 0 0 0 0 0 0 0 +/- 0 +* 0 0 + ? 0 0 0 0 0 0 0 0 0 ?* 0 0 + ? 0 0 0 0 0 0 0 0 0 0 0 0 + +/- 0 0 0 0 0 0 0 0 0 0 0 0 + ? 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 + + 0 0 +/- + +/- +/- 0 0 0 0 0 0 0 0 0 + + 0 0 +/- + +/- +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- 0 +/- 0	<ul> <li>Daptomycin, Viridans Streptococci</li> <li>Daptomycin, Viridans Streptococci</li> <li>Doripenem, A. baumanii, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, E. coli (S), Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, E. coli, Klebs ESBL, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, K. pneumoniae (S), Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, P. aeruginosa, Do not use Doripenem to treat any kind of pneumonia</li> <li>Doripenem, S. aureus MSSA, Do not use Doripenem to treat any kind of pneumonia.</li> <li>Doripenem, Strep. pneumoniae, Do not use Doripenem to treat any kind of pneumonia.</li> <li>Gatifloxacin, C. burnetii, FQs potential alternative if CNS infected as FQs have good CNS penetration</li> <li>Gatifloxacin, M. genitalium, resistance reported and emerging to all antibiotics including fluoroquinolones</li> </ul>
Serratia sp. 0 Shigella sp. 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 + + + + + + + + + + + + + + +	+     + <th>0 + + + + 0 + 0 0 + 0 ++ + + 0 ? ? ? + 0 ++ ? + 0 +/- +/- +/-* + 0 0 0 0 0 0 0 0 0 0 0 ? ? ? 0 0 0 0 0</th> <th>+ + + + + + ? + 0 0 + + + + + + ? ? 0 0 + + + + + ? ? 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>0 0 0 0 0 + 0 0 0 0 + + 0 0 0 0 0 + + + + + + + + + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</th> <th>+ 0 0 0 0 0 0 0 0 0 0 +* 0 0 + + 0 0 0 0 0 0 0 +/- +/- 0 +* 0 0 + 0 0 0 0 0 0 0 + ? ? ? 0 0 0 0 0 + ++ ++ ? ++ ? ? ? ? ? 0 0</th> <th>0 0 0 0 0 0 0 0 0 0 0 0 0 0 <del>\ \ \ \ \ \</del></th> <th><ul> <li>Gemifloxacin, C. burnetii, FQs alternative if CNS infected.</li> <li>Gemifloxacin, N. gonorrhoeae, Used in combination with azithro for ceftriaxone resistant strains</li> <li>Gentamicin, Bartonella sp., In combination with doxycycline or azithromycin</li> <li>Gentamicin, E. faecalis (S), Use only in combination.</li> <li>Gentamicin, E. faecium (S), Use only in combination</li> <li>Gentamicin, E. faecium (VRE), Use only in combination</li> <li>Gentamicin, E. faecium (VRE), Use only in combination</li> <li>Gentamicin, F. tularensis, Streptomycin is drug of choice</li> <li>Gentamicin, L. monocytogenes, Use only in combination</li> <li>Gentamicin, S. aureus CA-MRSA, Use only in combination</li> <li>Gentamicin, S. aureus HA-MRSA, Use only in combination</li> </ul></th>	0 + + + + 0 + 0 0 + 0 ++ + + 0 ? ? ? + 0 ++ ? + 0 +/- +/- +/-* + 0 0 0 0 0 0 0 0 0 0 0 ? ? ? 0 0 0 0 0	+ + + + + + ? + 0 0 + + + + + + ? ? 0 0 + + + + + ? ? 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 + 0 0 0 0 + + 0 0 0 0 0 + + + + + + + + + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+ 0 0 0 0 0 0 0 0 0 0 +* 0 0 + + 0 0 0 0 0 0 0 +/- +/- 0 +* 0 0 + 0 0 0 0 0 0 0 + ? ? ? 0 0 0 0 0 + ++ ++ ? ++ ? ? ? ? ? 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 <del>\ \ \ \ \ \</del>	<ul> <li>Gemifloxacin, C. burnetii, FQs alternative if CNS infected.</li> <li>Gemifloxacin, N. gonorrhoeae, Used in combination with azithro for ceftriaxone resistant strains</li> <li>Gentamicin, Bartonella sp., In combination with doxycycline or azithromycin</li> <li>Gentamicin, E. faecalis (S), Use only in combination.</li> <li>Gentamicin, E. faecium (S), Use only in combination</li> <li>Gentamicin, E. faecium (VRE), Use only in combination</li> <li>Gentamicin, E. faecium (VRE), Use only in combination</li> <li>Gentamicin, F. tularensis, Streptomycin is drug of choice</li> <li>Gentamicin, L. monocytogenes, Use only in combination</li> <li>Gentamicin, S. aureus CA-MRSA, Use only in combination</li> <li>Gentamicin, S. aureus HA-MRSA, Use only in combination</li> </ul>
B. burgdoferi + Brucella sp. 0 Capnocytophagia +/- C. burnetii 0 Ehrlichia, Anaplas 0 Eikenella sp +/-	0 0 0 0 0 0 0 0 + 0 0 0 0 0 0 0 0 0 0 0	+ ++     + + + + + + + + + + + + + + + + + + +	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 + + 0 + ? ? 0 0 0 0 0 + 0 +/- ? ? 0 0 0 0 0 + 0 + +* +* 0 0 0 0 0 0 0 ? 0 0 0 0 0 0 0 0 0 + ? ? 0 ? + 0 +	0       ++       0	0 0 0 0	0 0 0 + + + + ? + + + ? 0 0 ? + 0 0 0 0 0 0 + + + ? 0 0 +/- + + ? ? ? ? + + + ? 0 0 0 + 0 + + + ? + + ? 0 0 0 +/- 0 0 0 0 0 0 + + + ? 0 0 0 + 0 0 0 0 0 0 + + + ? 0 0	0       0	<ul> <li>Gentamicin, S. aureus MSSA, Use only in combination</li> <li>Gentamicin, S. epidermidis (R), Use only in combination</li> <li>Gentamicin, S. epidermidis (S), Use only in combination</li> <li>Gentamicin, S. lugdunensis, Use only in combination</li> <li>Gentamicin, Staph coag-neg (R), Use only in combination</li> <li>Gentamicin, Staph coag-neg (S), Use only in combination</li> <li>Gentamicin, Strep. anginosis gp, Use only in combination</li> <li>Gentamicin, Strep. gp C,F,G, Use only in combination for Group B strep</li> <li>Gentamicin, Viridans Strep., Use only in combination</li> <li>Imipenem, Morganella sp., Currently recommended breakpoints for imipenem have significantly reduced susceptibility rates for imipenem compared to other carbapenems. The clinical significance of this is not</li> </ul>
F. tularensis  H. ducreyi  H. influenzae  Kingella sp.  K. granulomatis  Legionella sp.  Leptospira sp.  ++	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 ++ ? ? ? ? ? ( ? ? ? ++ ? ? + + ? ( + + + + + + + + + + + ? ( 0 0 0 ++ ? ? ? ? ? ( 0 0 0 ++ + + + + + + + + (	0 ++ ? ? 0 0 0 0 0 0 ++ ? ? 0 0 0 0 0 0 + + + + + + + + + + + + + + + + + + +	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	? + ? 0 ? ? ? + + + + ? 0 0 0 0 0 + + + ? ? 0 0 0 0 0 0 0 0 + 0 0 ? ? ? + + + + 0 0 ? + 0 + + + + 0 + + + ? 0 0 0 0 0 0 + + + + + + + + + 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<ul> <li>known but in absence of clinical data of efficacy use of another carbapenem should be considered for infections caused by this organism.</li> <li>Imipenem, P. mirabilis, Currently recommended breakpoints for imipenem have significantly reduced susceptibility rates for imipenem compared to other carbapenems. The clinical significance of this is not known but in absence of clinical data of efficacy use of another carbapenem should be considered for infections caused by this organism.</li> <li>Imipenem, P. vulgaris, Currently recommended breakpoints for imipenem have significantly reduced susceptibility rates for imipenem compared to other carbapenems. The clinical significance of this is not known but in absence of clinical data of efficacy use of another carbapenem should be considered for infections caused by this organism.</li> <li>Imipenem, Providencia sp., Currently recommended breakpoints for imipenem have significantly reduced</li> </ul>
M. catarrhalis  N. gonorrhoeae  N. meningitidis  P. multocida  R. ricketsii  T. pallidum	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 ++ + + + + + + + + + + + + + + + +	+ + + + + + + + + + + + + + + + + + +	0 + + + + 0 + +/- + + 0 + + + 0 + +/- +/- 0 +/- 0 ? ? ? 0 0 0 + + 0 +/- ? ? 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+ + + + + + + + + 0 0 + +/- ++ ? + ? ? ? 0 0 + + + + + + + ? ? 0 0 + + + ? + ? + + ? 0 0 0 0 0 0 0 0 0 0 0 0	0 +/- + + + + + + + + + 0 0 0 0 0 0 0 0 0 0	0 0 0 0 + + + + + + + + + + + + + + + 0 0 0 0 0 0 0 + + + + + + + + + + + + ? 0 0 0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 +/- ? 0 0 + 0 0 + + + + + 0 0 0 + 0 0 0 0 + 0 0 + ? + * ? 0 0	0         0	susceptibility rates for imipenem compared to other carbapenems. The clinical significance of this is not known but in absence of clinical data of efficacy use of another carbapenem should be considered for infections caused by this organism.  Levofloxacin, Ehrlichia, Anaplas, Levo active in vitro in one small study  Moxifloxacin, M. genitalium, resistance reported and emerging to all antibiotics including fluoroquinolone Prulifloxacin, E. faecalis (S), Most strains +/-, can be used in UTI, not in systemic infection.  Rif (comb), Bartonella sp., In combination with doxycycline  Rif (comb), Brucella sp., In combination  Rif (comb), C. burnetii, In combination  Rif (comb), C. faecalis (S), In combination  Rif (comb), E. faecalis (S), In combination.
V. cholera 0 V. parahemolyticus 0 V. vulnificus 0 Y. pestis 0 Aerobic GNB non-fermenter A. baumanii 0	0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0       0     0     0     0     0     0     0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 + ? ? ? ? ( ? ? ? + ? + + ? ( 0 0 0 + ? ? ? ? ? (	0 + ? ? 0 0 0 0 0 0 + ? ? 0 0 0 0 0 0 + ? ? 0 0 0 0 0 0 + ? ? 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0     0     0     +     +     ?     ?     +     +     ?     0     0       ?     +     ?     ?     +     +     ?     ?     0     0       ?     +     0     0     ?     0     0     +     +     ?     0     0       ?     +     0     0     0     0     0     +     +     +     ?     0     0       +/-     0     0     0     0     0     0     +/-     +/-     +/-     +*     0     0	0       0	<ul> <li>Rif (comb), E. faecalis (VRE), In combination</li> <li>Rif (comb), E. faecium (S), In combination.</li> <li>Rif (comb), E. faecium (VRE), In combination</li> <li>Rif (comb), E. faecium (VRE), In combination</li> <li>Rif (comb), Legionella sp., In combination</li> <li>Rif (comb), S. aureus CA-MRSA, In combination</li> <li>Rif (comb), S. aureus MSSA, In combination</li> <li>Rif (comb), S. aureus MSSA, In combination</li> <li>Rif (comb), S. lugdunensis, In combination</li> <li>Rif (comb), Staph coag-neg (R), In combination</li> <li>Rif (comb), Staph coag-neg (S), In combination</li> </ul>
Aerobic - cell wall-deficient C. trachomatis Chlamydophila sp. 0	0 0	0 0 0 0 0 0 +/- 0 0 0 0 0 0 0 + +* 0 + 0 0 0 0 0 +/- 0 0 0 * +* 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	+/- +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	0 0 +/- +/- + 0 + 0 0 0 0 + + + + 0 + 0 0 0 0 +/- 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 +/- 0 0 0 0 0 0 +/- +/- 0 0 0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 + 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	<ul> <li>Tetracycline, T. pallidum, Not recommended as first line therapy, but a possible alternative in the penicillin-allergic patient</li> <li>Tetracycline, V. parahemolyticus, Resistance rates vary markedly geographically and exceed 20% in some countries.</li> <li>Tetracycline, V. vulnificus, Resistance rates vary markedly geographically and exceed 20% in some countries.</li> <li>Tigecycline, A. baumanii, Use only if no other treatment option. Use in combination</li> <li>Tigecycline, C. freundii, FDA recommends use only if no other option</li> <li>Tigecycline, C. jeikeium, Do not use unless no other option</li> <li>Tigecycline, C. koseri, FDA recommends use only if no other option</li> <li>Tigecycline, E. aerogenes, FDA suggests avoidance unless no other treatment option</li> </ul>
U. urealyticum 0 Anaerobic GNB	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0	0 0 0 + ? + + + (	0 0 0 0 0 0 +/- +/- 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 ? ++* ? ? +/- +/- +/- ? 0 0 0 0 0 +/- +/- +/- +/- ++ ++ ++ + + 0 0 0 0 0 0 ++ ++* + ? ++ + + + ? 0 0 0 + +/- 0 0 0 0 + +/- +/- +/- + 0 0 0 + +/- 0 0 0 0 0 + + + + + 0 0 0 + +/- +/- +/- +/- 0 + + + + + 0 0	0       0	<ul> <li>Tigecycline, E. cloacae, FDA recommends use only if no other option</li> <li>Tigecycline, E. coli (S), Use only if no other treatment option</li> <li>Tigecycline, E. coli, Klebs ESBL, Use only if no other options</li> <li>Tigecycline, E. coli, Klebs KPC, Use only if no other option</li> <li>Tigecycline, E. coli, Klebs KPC, Use only if no other option</li> <li>Tigecycline, Enterics CRE, NOS, Use only if no other option</li> <li>Tigecycline, K. pneumoniae (S), Use only if no other option</li> <li>Tigecycline, Morganella sp., Use only if no other treatment option</li> <li>Tigecycline, S. maltophilia, Do not use unless no other treatment option</li> <li>Tigecycline, Salmonella sp., Use only if no other treatment option</li> <li>Tigecycline, Serratia sp., Use only if no other treatment option</li> <li>Tigecycline, Serratia sp., Use only if no other treatment option</li> <li>Tigecycline, Shigella sp., Use only if no other treatment option</li> </ul>
Anaerobic gram-positive  Actinomyces sp. ++  C. difficille 0  Clostridum sp. ++	++ 0 0 0 0 0 0 + 0 0 0 0 0 0 0	+ ++ + + + + + + + + + + + + + + + + +	+ + 0 0 ? 0 ? ? 0 0 0 0 0 0 0 0 0 0 0 + + 0 0 + 0 0 0 0	0 0 ? ? 0 ? + 0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 + + ? + 0 +/- ? ? + + + + +	+ + ? ? ? ? ? ? ? ? 0 0 0 0 0 0 0 0 0 0	? ? ? ? ? ? ? ? ? ? 0 0 0 0 0 0 0 0 0 0 0 0 0 0 ? ? ? ? ? ? ? ? ? ? 0 0 0 + + + + + + + ? ? ? 0 0	0 + ++ ++ + + + + + + + + + + + + + + +	0 ? 0 0 + ? 0 0 0 0 0 0 0 0 0 0 + 0 + 0	Antimicrobial قسم الصيدلة الإكلينيكيية قسم الصيدلة الإكلينيكيية قسم الصيدلة الإكلينيكية المسابق المسا

Antifungal Drugs	Fluconazole	ltraconazole	Voriconazole	Posaconazole	Isavuconazole	Anidulafungin	Caspofungin	Micafungin	Amphotericin B			BK Virus	Cytomegalovirus	Hepatitis B	Hepatitis C	Herpes simplex	НРV	Influenza A	Influenza B	JC Virus / PML	RSV
ungi										Hepatitis B											
spergilllus fumigatus	0	+/-	++	+	++	+/-	+/-	+/-	+	Adefovir	NA	NA	NA	++	NA	NA	NA	NA	NA	NA	NA
spergillus terreus	0	+/-	++	+	++	+/-	+/-	+/-	0	Emtricitabine		NA	NA	+/-*	NA	NA	NA	NA	NA	NA	NA
spergiullus flavus	0	+/-	++	+	++	+/-	+/-	+/-	+	Entecavir	NA	NA	NA	++	NA	NA	NA	NA	NA	NA	NA
Candida albicans	++	+	+	+	+	++	++	++	+	Lamivudine	NA	NA	NA	+/-*	NA	NA	NA	NA	NA	NA	NA
andida dubliniensis	++	+	+	+	+	++	++	++	++	Telbivudine	NA	NA	NA	+/-*	NA	NA	NA	NA	NA	NA	NA
Candida glabrata	+/-	+/-	+/-	+/-	+/-	++	++	++	++	Tenofovir	NA	NA	NA	++	NA	+/-*	NA	NA	NA	NA	NA
Candida guilliermondii	++	++	++	++	+	++	++	++	++	Hepatitis C											
Candida krusei	0	0	+	+	+	++	++	++	++	Daclatasvir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
Candida lusitaniae	++	+	+	+	+	++	++	++	0	Dasabuvir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
Candida parapsilosis	++	+	+	+	+	+	+	+	++	Elbasir	NA	NA	NA	NA	++	NA	NA	NA	NA	-	NA
Candida tropicalis	++	+	+	+	+	++	++	++	++	Grazoprevir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
Cryptococcus sp.	++	+	+	+	+	0	0	0	++	Interferon alfa, peg	NA	NA	NA	++	+ *	NA	NA	NA	NA	NA	NA
ematiaceous molds			Ledipasvir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA							
usarium sp.	0	+/-	+/-	+/-	+/-	0	0	0	+/-	Ombitasvir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
Mucormycosis	0	0	0	+	+	0	0	0	++	Paritaprevir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
cedo apiospermum		0	+	+/-	+/-	0	0	0	0	Ribavirin	+/-	NA	NA	0	+ *	NA	NA	NA	NA	NA	+/-*
omentospora prolificans	0	0	0	0	0	0	0	0	0	Simeprevir	NA	NA	NA	NA	+ *	NA	NA	NA	NA	NA	NA
richosporon spp.	+/-	+	+	+	+	0	0	0	+	Sofosbuvir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
Dimorphic Fungi										Velpatasvir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
lastomyces	+/-	++	+	+	+	0	0	0	++	Voxilaprevir	NA	NA	NA	NA	++	NA	NA	NA	NA	NA	NA
Coccidioides	++	++	+	+	+	0	0	0	++	Influenza											
listoplasma	+/-	++	+	+	+	0	0	0	++	Amantadine	NA	NA	NA	NA	NA	NA	NA	+/-*	+/-*	NA	NA
porothrix	+/-	++	+	+	+	0	0	0	++	Oseltamivir	NA	NA	NA	NA	NA	NA	NA	++	+	NA	NA
										Peramivir	NA	NA	NA	NA	NA	NA	NA	+ *	+ *	NA	NA
antibacterials Notes:										Rimantadine	NA	NA	NA	NA	NA	NA	NA	+/-*	+/-*	NA	NA
Amikacin, Nocardia sp., Use in combination			_					., .		Zanamavir	NA	NA		_	-	NA	NA	++	+	-	-
Amoxicillin, C. trachomatis, Recommended or bacteria persist rather than being killed.	•		•			-				Herpes, CMV, VZV, misc.											
Ampicillin, C. trachomatis, Recommended onl bacteria persist rather than being killed.	y as alte	ernate f	or preg	nant w	omen, c	due to c	oncern	that		Acyclovir	NA	NA	0	NA	NA	++	NA	NA	NA	NA	NA
Azithromycin, E. coli (S), Enterohemorrhagic E			•	-11 -ntib	- '-+les lu	almalia	- fl. 10rd			Cidofovir	+	+	++	NA	NA	+ *	NA	NA	NA	+ *	NA
Azithromycin, M. genitalium, resistance reported and emerging to all antibiotics including fluoroquinolones Azithromycin, U. urealyticum, Link with STI unclear. Some data suggests in patients with symptoms longer										Famciclovir	NA	NA	0	NA	NA	++	NA	NA	NA	NA	NA
than 3 weeks, 6 days 500mg qd more efficacio Aztreonam, E. coli, Klebs MBL, Aztreonam is n			_		√BL+ st	rains of	ten hav	ve othe	r	Foscarnet	NA	NA	++	NA	NA	+	NA	NA	NA	NA	NA
enzymes that can. Ceftazidime, Y. enterolitica, Clinical failures re	enorted	ı								Ganciclovir	+/-	NA	++	NA	NA	+	NA	NA	NA	NA	NA
Ceftriaxone, E. faecalis (S), Use only in combine	nation v	with am	-							Letermovir	NA	NA	++ *	NA	NA	NA	NA	NA	NA	NA	NA
Ceftriaxone, F. necrophorum, Use in combination with metronidazole Ceftriaxone, Nocardia sp., May be used as part of combination therapy; never used as monotherapy										Valacyclovir	NA	NA	0	NA	NA	++	NA	NA	NA	NA	NA
Cefuroxime, Y. enterolitica, Clinical failures reported  Ciprofloxacin, E. faecalis (S), Most strains +/-, can be used in UTI, not in systemic infection.										Valganciclovir	+/-	NA	++	NA	NA	+	NA	NA	NA	NA	NA
Daptomycin, S. aureus CA-MRSA, Do not use f	for pneu	umonia	1	,	••••					Topical Agents											
Daptomycin, S. aureus HA-MRSA, Do not use for pneumonia Daptomycin, Strep. anginosis gp, Despite in vitro susceptibility, resistance to daptomcyin emerges rapidly										Imiquimod	NA	NA	NA	NA	NA	NA	++	NA	NA	NA	NA
in viridans group streptococci Daptomycin, Viridans Strep., Despite in vitro susceptibility, resistance to daptomcyin emerges rapidly in										Penciclovir	NA			_	NA	+ *	NA	NA	NA	NA	NA

**Podofilox** 

Sinecatechins

Trifluridine

熱病 SANFORD GUIDE

Hepatitis B, Emtricitabine, Do not use as mono therapy. High level resistance occurs when emtricitabine is

Hepatitis B , Lamivudine, Do not use as mono therapy. High level resistance occurs when lamivudine is used alone against HBV Hepatitis B , Telbivudine, Do not use as mono therapy. High level resistance occurs when telbivudine is used

Herpes simplex, Tenofovir, Some evidence of activity against HSV

Hepatitis C, Interferon alfa, peg, No longer 1st line therapy Hepatitis C, Ribavirin, No longer 1st line therapy

Hepatitis C , Simeprevir, No longer preferred first line therapy except in special circumstances RSV , Ribavirin, Minimal Activity. Palivizumab is an option for prophylaxis in immunocompromised patients Influenza A, Amantadine, High level resistance H1N1 (non-swine) in 2008; Swine H1N1 susceptible

Influenza B, Amantadine, Influenza B is intrinsically resistant Influenza A, Peramivir, Good option for ICU patients who cannot absorb oral agents

Influenza B, Peramivir, Good option for ICU patients who cannot absorb oral agents Influenza A, Rimantadine, High level resistance H1N1 (non-swine) in 2008; Swine H1N1 susceptible Influenza B, Rimantadine, Influenza B is intrinsically resistant

Herpes simplex, Cidofovir, Best option when ACV resistance is present

JC Virus / PML, Cidofovir, Data support its use is inconclusive. When used properly, with appropriate premedication with probenecid and fluids, appears to work well vs. JC virus CNS disease

Cytomegalovirus, Letermovir, CMV prophylaxis in transplant pts

Herpes simplex, Penciclovir, Topical use only

Herpes simplex, Trifluridine, For ophthalmic use

Recommended (++)

ent is a first line therapy: reliably active in vitro, clinically effective, guideline mended, recommended as a first-line agent or acceptable alternative agent in

Agent is a potential alternative agent (active in vitro, possesses class activity comparable to known effective agents or a therapeutically interchangeable agents and hence likely to be clinically effective, but second line due to overly broad spectrum, toxicity, limited clinical experience, or paucity of direct evidence of

Variable activity such that the agent, although clinically effective in some settings or pes of infections is not reliably effective in others, or should be used in combination with another agent, and/or its efficacy is limited by resistance which has been

Not Recommended (0)

Agent is a poor alternative to other agents because resistance to likely to be present or occur, due to poor drug penetration to site of infection or an unfavorable toxicity profile, or limited or anecdotal clinical data to support effectiveness.

Insufficient Data (?) nsufficient data to recommend use.

Not Applicable (NA)

Agent has no activity against this pathogen.

dations, in vitro activity, predominant patterns of susceptibility or resistance and/or demonstrated clinical effectiveness. Variability in ce patterns due to regional differences or as a consequent of clinical setting (e.g., community-onset vs. ICU-acquired infection) should be tak count when using this table because activities of certain agents can differ significantly from what is shown in the table, which are by necessity







Cairo University Specialized Pediatric Hospital, Medication Consultation Unit, Clinical Pharmacy Dept. Data extracted from The Sanford® Guide to Antimicrobial Therapy Digital content update - January 2018 - Sanford Android App Designed and Edited by: Hossam A. Elgnainy, Clinical Pharmacist