

Organism ( % susceptible)	Maximum # of isolates tested		Cefazolin		Ceftriaxone		Clindamycin <sup>e</sup>		Erythromycin		Gentamicin		Levofloxacin		Moxifloxacin		Nitrofurantoin <sup>d</sup>		Oxacillin		Penicillin		Tetracycline		Trimeth/sulfa		Vancomycin	
	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U
MSSA	1378	918	100	100	100	100	95	88	70	59	99	97	88	88	88	89	100		100	100			94	96	96	99	100	100
MRSA (HMC 41%, UWMC 37%)	973	545	0	0	0	0	70	65	13	12	96	95	21	17	21	17	96	100	0	0			91	91	89	90	100	99
<i>Staphylococcus</i> , coag neg	267	175	f	f			65	55	38	38	85	78	60	47	61	49	78	100	f	f			82	93	54	55	100	100
<i>Streptococcus pneumoniae</i> <sup>a</sup>	94	65			b	b	81	81	54	59			100 <sup>g</sup>	98 <sup>g</sup>	100	97					c	c					100	100

Blank cells = insufficient data or drug is not tested. H = HMC; U = UWMC; MSSA, methicillin-susceptible *S. aureus*; MRSA, methicillin-resistant *S. aureus*.

<sup>a</sup> Penicillin or ceftriaxone may still be effective in patients with pneumonia (without meningitis) caused by *S. pneumoniae* with intermediate susceptibility.

<sup>b</sup> *S. pneumoniae* vs ceftriaxone (without meningitis) : 87% susceptible and 13% intermediate at HMC; 92% susceptible, 6% intermediate and 2% resistant at UWMC.

*S. pneumoniae* vs ceftriaxone (with meningitis) : 77% susceptible, 10% intermediate and 13% resistant at HMC ; 91% susceptible, 2% intermediate and 7% resistant at UWMC.

<sup>c</sup> *S. pneumoniae* vs penicillin ( without meningitis) : 84% susceptible, 10% intermediate and 6% resistant at HMC ; 91% susceptible, 3% intermediate and 6% resistant at UWMC.

*S. pneumoniae* vs penicillin (with meningitis) : 45% susceptible and 55% resistant at HMC ; 66% susceptible and 34% resistant at UWMC.

<sup>d</sup> Indicated in urinary tract infections only.

<sup>e</sup> Inducible clindamycin resistance for all *S. aureus* isolates was 9% at HMC and 16% at UWMC.

<sup>f</sup> At UWMC molecular testing for *mecA* is required for isolates to be reported as methicillin susceptible. Of those tested, 76% of isolates were *mecA* negative and therefore methicillin susceptible.

<sup>g</sup> Current susceptibility methods may fail to detect single-step mutations conferring low-level levofloxacin resistance.

Organism ( % susceptible)	Maximum # of isolates tested		Ampicillin		Daptomycin <sup>b</sup>		Doxycycline <sup>b</sup>		Erythromycin		High level gentamicin		High level streptomycin		Levofloxacin <sup>a</sup>		Linezolid <sup>b</sup>		Nitrofurantoin <sup>a</sup>		Synercid		Penicillin		Tetracycline		Vancomycin	
	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U	H	U
<i>Enterococcus faecalis</i> <sup>c,e</sup>	38	347	97	100					20	15	71	74	83	77		72			100				97	100		22	100	99
<i>Enterococcus faecium</i> <sup>c,e</sup>	67	229	9	8	87	86	34	43	10	5	97	95	90	82		5	93	96		54	100	99	5	7		20	16	25
<i>Enterococcus</i> spp. <sup>d</sup>	754	234	87	92	93		36		15	33	84	87	80	85	65	69	93		89	98			86	92	19	20	90	99

Blank cells = insufficient data or drug was not tested. H = HMC; U = UWMC.

<sup>a</sup> Indicated in urinary tract infections only.

<sup>b</sup> Daptomycin, doxycycline, linezolid, and synercid are tested against VRE only.

<sup>c</sup> Only isolates from sterile sites are included at HMC. Isolates from both sterile and non-sterile site are included from UWMC.

<sup>d</sup> At HMC, enterococcal isolates from non-sterile sites are identified to the genus level.

<sup>e</sup> An insufficient number of isolates were speciated at HMC in 2012 to be statistically significant. Additional 2011 data were included in this analysis.