

### Selected Gram Positive Organisms (% Susceptible)

Organism (% susceptible)	Maximum # of isolates tested		Amp/sulbactam		Cefazolin		Ceftriaxone <sup>b</sup>		Clindamycin <sup>e</sup>		Erythromycin		Gentamicin		Levofloxacin		Linezolid		Moxifloxacin		Nitrofurantoin <sup>a</sup>		Oxacillin		Penicillin <sup>c</sup>		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	H	U	H	U		
<i>Staphylococcus</i> , coag neg	241	312 <sup>d</sup>	f	27	f	27			64	40	30	24	81	72	53	33	100	100					99	f	27	f	10	83	87	51	44	100	100	
MSSA <sup>c</sup>	1601	275	100	100	100	100			96	79	68	65	100	100	91	92	100	100					99	100	100	100	20	20	95	98	96	98	100	100
MRSA <sup>c</sup>	1912	277	0	0	0	0			63	41	6	6	98	94	20	12	100	100					100	97	0	0	0	0	94	94	95	95	100	100
<i>Streptococcus pneumoniae</i> <sup>a</sup>	158	62					86	86	91	84	73	69					98 <sup>h</sup>								72	78	90	84		72	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 be effective in patients with pneumonia (and no meningitis) caused by *S. pneumoniae* with intermediate susceptibility

<sup>b</sup> *S. pneumoniae* vs ceftriaxone: 1% resistant and 13% intermediate at HMC; 8% resistant and 6% intermediate at UWMC

<sup>c</sup> *S. pneumoniae* vs penicillin: 8% resistant and 20% intermediate at HMC; 12% resistant and 10% intermediate at UWMC

<sup>d</sup> Indicated in urinary tract infection only

<sup>e</sup> Methicillin resistance for all *S. aureus* isolates at HMC was 54%, at UWMC was 50%. Inducible clindamycin resistance for all *S. aureus* isolates at HMC was 7%, and at UWMC was 12%.

<sup>f</sup> Phenotypic beta-lactam susceptibility testing is unreliable for coagulase-negative staphylococci. Molecular testing for *mecA*(methicillin-resistance) is required before isolates can be reported as susceptible.

<sup>g</sup> At UWMC, molecular testing for *mecA* (methicillin-resistance) was performed on all *Staphylococcus*, coag neg isolates.

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

Organism (% susceptible)	Maximum # of isolates tested		Ampicillin		Levofloxacin <sup>h</sup>		Nitro furantoin <sup>d</sup>		Tetracycline		Vancomycin		High level gentamicin		High level streptomycin		Chloramphenicol		Doxycycline <sup>i</sup>		Linezolid <sup>j</sup>		Synergid <sup>j</sup>		Tigecycline <sup>j</sup>								
	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>k</sup>	65	100	100	100		37				25	98	90	72	58	80	79																	
<i>Enterococcus faecium</i> <sup>k</sup>	26	196	4	2		1		14		52	27	12	63	46	33	40	84	80	84	82	95	92	100	97	95								
<i>Enterococcus spp.</i> <sup>m</sup>	896	891	86	92	49	42	91	90	25	30	88	99	74	77	77	80	79		52		94		88		100								

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

<sup>d</sup> Indicated in urinary tract infection only

<sup>h</sup> Levofloxacin is tested against urinary tract isolates only at HMC and against all isolates at UWMC

<sup>j</sup> Chloramphenicol, doxycycline, linezolid, synergid and tigecycline are tested against VRE only.

<sup>k</sup> Includes all isolates from sterile sites and VRE from non-sterile sites at UWMC.

<sup>m</sup> *Enterococcus spp.* comprises isolates from non-sterile sites at both hospitals and includes VRE from HMC.



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