Organism (% susceptible)	Maximum # of isolates tested		Cefazolin [f]		Ceftriaxone		Clindamycin [e]		Erythromycin		Gentamicin [j]		Levofloxacin [g]		Moxifloxacin		Nitrofurantoin [d]		Oxacillin [f]		Penicillin		Tetracyline		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 [i]	1231	989	100	100	100	100	96	88	73	60	99	97	89	87	89	88	95	89	100	100			94	93	97	98	100	100
MRSA (HMC 45%, UWMC 32%)	991	472	0	0	0	0	70	61	14	9	95	93	20	20	20	20	91	91	0	0			92	87	88	81	100[h]	100[h]
Staphylococcus, coagulase negative	304	240					61	65	36	36	73	75	53	51	56	49		97	42	38			85	86	48	58	100	100
Streptococcus pneumoniae [a]	99	40			b	b	87	83	70	55			99	97	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.*

[a] Penicillin or ceftriaxone may still be effective in patients with pneumonia (without meningitis) caused by *S. pneumoniae* with intermediate susceptiblity.

[b] *S. pneumoniae* vs ceftriaxone (w/out meningitis) : 98% susceptible, 1% intermediate, and 1% resistant at HMC; 90% susceptible, 7% intermediate and 3% resistant at UWMC.
S. pneumoniae vs ceftriaxone (w/ meningitis) : 89% susceptible, 8% intermediate and 3% resistant at HMC ; 83% susceptible, 6% intermediate and 11% resistant at UWMC.

[c] *S. pneumoniae* vs penicillin (w/out meningitis) : 95% susceptible, 1% intermediate and 4% resistant at HMC ; 87% susceptible, 8% intermediate and 5% resistant at UWMC.
S. pneumoniae vs penicillin (w/ meningitis) : 57% susceptible and 43% resistant at HMC ; 54% susceptible and 46% resistant at UWMC.

[d] Indicated in urinary tract infections only.

[e] Inducible clindamycin resistance for all *S. aureus* isolates was 6% at HMC and 17% at UWMC.

[f] Molecular testing for *mecA* is required for *Staphylococcus,* coagulase negative isolates to be reported as methicillin susceptible.

[g] Current susceptibility methods may fail to detect single-step mutations conferring low-level levofloxacin resistance.

[h] Less than 1% of *S. aureus* isolates were intermediate to vancomycin (VISA). At UWMC, n=3, at HMC n=0.

[i] Oxacillin, nafcillin, and cefazolin possess superior potency *in vitro* compared to other beta-lactams and have been associated with better outcomes in patients with MSSA bacteremia.

[j] Gentamicin monotherapy is not indicated in staphylococcal infections.

Organism (% susceptible)	Maximum # of isolates tested		Ampicillin		Daptomycin [b]		Doxycycline [b]		Erythromycin		High level gentamicin		High level streptomycin		Levofloxacin [a]		Linezolid [b]		Nitrofurantoin [a]		Synercid [b]		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
Enterococcus faecalis	137	427	98	99					19	20	72	77	72	86	50	75			98	98			98	99	23	26	99	99
Enterococcus faecium	49	245	8	12	90	76	34	44	3	2	97	96	88	82		8	100	95		56		96	8	12		24	22	34
Enterococcus spp. [c]	518		87		95		36		18		85		84		69		98		88				87		21		88	

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

[a] Indicated in urinary tract infections only.

[b] Daptomycin, doxycycline, linezolid, and synercid are tested against VRE only.

[c] Until November 2013, enterococcal isolates from non-sterile sites at HMC were identified to the genus level only. Thereafter, species level identification occured.

Organism (% susceptible)	Maximum # of isolates tested		Amikacin		Ampicillin		Amp/sulbactam		Aztreonam		Cefazolin		Cefepime [a]		Cefotetan		Ceftazidime		Ceftriaxone		Ciprofloxacin [a]		Doxycycline		Ertapenem		Gentamicin		Imipenem		Levofloxacin [a]		Meropenem		Minocycline		Moxifloxacin [g]		Nitrofurantoin [c]		Pip/tazo [a]		Ticar/clav		Tobramycin		Trimeth/sulfa	
	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	H	U	H	U	H	U	H	U	H	U	H	U	H	U
Acinetobacter baumanii/calcoaceticus complex [h]	129	47	65	83									65	90			44	84			38	87			0	0	54	77	78	100	40	87	60	87	70	94					38	85	40	85	63	83		
Citrobacter freundii complex [b]	71	86			0	0	63	62	83	79	0	0	100	99			83	79	80	79	80	87	74	65	99	97	93	93			89	89	100	100			59	65	76	96	90	86					83	64
Enterobacter aerogenes [b]	67	64			0	0	40	61	79	91	0	0	100	100	72	87	79	90	78	88	97	97	97	85	99	97	99	100			100	97	100	100			97	94	100	82	85	91					96	95
Enterobacter cloacae complex [b]	213	150			0	0	42	30	82	67	0	0	100	99	73	61	80	66	79	62	95	86	87	73	97	83	98	87			96	91	100	100			87	69	81	76	86	77					90	81
Escherichia coli	1323	1459	97	99	46	45	59	56	93	88	71	64	98	95	99	98	94	90	90	85	69	65	71	71	100	99	88	83			69	65	100	100			68	67	98	98	98	97					68	64
Haemophilus influenzae [f]		90				76														100												98						98										66
Klebsiella oxytoca	112	115			0	0	58	50	95	83	32	21	100	100	100	100	100	96	96	83	95	83	86	79	100	100	99	95			98	84	100	100			86	79	100	98	90	85					94	73
Klebsiella pneumoniae	415	400			0	0	87	83	97	91	86	81	99	98	100	99	97	92	96	89	92	86	82	78	100	99	96	96			94	88	100	100			89	83	88	82	98	97					88	83
Morganella morganii [b]	36	33			0	0	47	22	100	100	0	0	100	97	100	97	94	90	97	94	58	77			100	100	69	79			63	90	97	100			33	55			97	94					51	76
Proteus mirabilis	261	151	93		71	75	92	96	100	99	19	17	100	99	100	99	100	99	99	97	60	67	0	0	100	99	85	88			67	74	100	99			55	57	0	0	100	100					61	66
Pseudomonas aeruginosa (non-CF)	429	406	99	100									93	90			93	89			76	66					97	94	80	84	76	66	84	78							89	79	54	38	98	96		
Pseudomonas aeruginosa (CF) [e]		975		52						63				50				69				39						44		53		34		70		15						68		45		72		54
Serratia marcescens [b]	91	85			0	0	11	15	98	95	0	0	100	100	100	93	100	100	93	92	93	95			100	94	93	100			95	97	100	100							96	99					95	95
Stenotrophomonas maltophilia (non-CF	55	65															31	29											0	0		71			100	91	82	80					22				96	92
Stenotrophomonas maltophilia (CF) [d]		110		11						4				7				17				3						8		0		24		8		93						8		30		11		67

Blank cells = insufficient data or drug was not tested; H = HMC; U = UWMC; CF = isolates from patients with cystic fibrosis.

[a] NOTE: Some organism/antibiotic combinations may exhibit dose-dependent susceptibility (e.g. cefepime, piperacillin-tazobactam, and fluoroquinolones). Current CLSI interpretive breakpoints are not reflective of full susceptibility at all antibiotic dosages and therefore may not predict clinical efficacy. In these cases, the MIC should be used to guide appropriate therapy. See http://web.labmed.washington.edu/tests/micro/antibiotics for more information.

[b] *Citrobacter freundii* , *Enterobacter* spp., *Hafnia alvei* , *Morganella* spp., *Providencia* spp. and *Serratia* spp. have an inducible beta-lactamase. Resistance to penicillins and 3rd generation cephalosporins may arise on therapy.

[c] Indicated in urinary tract infections only.

[d] Chloramphenicol was tested at UWMC with 24% of CF *S. maltophilia* isolates susceptible.

[e] Colistin was tested at UWMC with 92% of CF *P. aeruginosa* isolates susceptible.

[f] 14% (n=177) of *H. influenzae* at HMC were beta-lactamase positive; 22% (n=87) at UWMC were beta-lactamase positive. At UWMC 99% of isolates were susceptible to amoxicillin-clavulanate, 100% susceptible to cefuroxime, 91% susceptible to azithromycin, and 97% susceptible to chloramphenicol.

[g] No CLSI breakpoints are available for moxifloxacin, therefore EUCAST breakpoints for Enterobacteriaceae (<= 0.50mg/ml susceptible and >= 2.0mg/ml resistant) were used to determine % susceptible.

[h] Tigecycline was tested against *Acinetobacter baumanii/calcoaceticus* complex with 52% of HMC isolates and 76% of UWMC isolates exhibiting an MIC of <=0.25mg/ml.