



New Antibigrams for 2025

The annual antibiogram has been updated and posted to the regional stewardship page on The Source. This is also still accessible from the EPIC dashboard for providers and pharmacists as well as the lab catalog for anyone not on the intranet. See page 2 for graphs of resistance trends.

Here are some highlighted differences from last year's:

- Inpatient antibiogram now is broken into 3 components. This was done to better delineate hospital-acquired pathogens from community-onset ones
 - <48 hours urine
 - <48 hours non-urine
 - ≥48 hours non-urine
- To align with the rest of the system we'll begin to use only *E. coli* urinary susceptibility to craft UTI guidelines vs looking at *E. coli*, *K. pneumo*, and *P. mirabilis* combined. *E. coli* is 75% of all outpatient urinary Enterobacterales isolates.
- This is the first year of data after adopting the BD Phoenix platform in microbiology, this means:
 - Only have data from February through December, 11 months instead of 12.
 - Some bug-drug combos that previously reported "Cannot determine if susceptible or intermediate" due to test limitations no longer do, examples are cefazolin and ciprofloxacin, so antibiogram susceptibility "decreased" by showing only susceptible.
 - Ampicillin/sulbactam can be and was separated from ampicillin.
 - Doxycycline is shown for gram-positives. Tetracycline shown for gram-negatives, but minocycline will be reported if tetracycline resistant for gram-negatives.
- 2023 CLSI breakpoint changes to aminoglycosides are now in effect; it reduced the susceptible cutoff as well as made changes to which can be used for ***P. aeruginosa***:
 - Gentamicin should no longer be used
 - Amikacin should only be used for urinary sources
 - Tobramycin can be used for any source still
- Due to the above breakpoint changes tobramycin for double coverage of nosocomial pneumonia is no longer beneficial, fluoroquinolones still provide only limited benefit.
- *Klebsiella* species group being reported instead of pneumoniae and oxytoca separately.

CRE = Carbapenem-resistant Enterobacterales
MDRO = Multi-drug resistant organism

ESBL = Extended-spectrum beta-lactamase
CLSI = Clinical & Laboratory Standards Institute

If you have questions please contact Infectious Diseases, Antimicrobial Stewardship, or Microbiology.

