



**Yampa Valley Medical Center- ALL LOCATIONS
2023 Antibiotic Susceptibility Report**

GRAM NEGATIVE

Organism	# of isolates	Ampicillin	Amox/Clav	Cefazolin	Cephems Oral -Urine	Cefepime	Ceftazidime	Ceftriaxone	Gentamicin	Levofloxacin	Pip/Tazo	Trimeth/Sulfa
<i>E. coli</i>	454	63%	90%	82%	93%	97%	96%	96%	94%	86%	98%	79%
<i>K. pneumoniae</i>	55	--	93%	87%	98%	98%	98%	98%	100%	95%	95%	93%
<i>P. aeruginosa</i>	19*	--	--	--	--	100%	94%	--	94%	61%	83%	--
<i>P. mirabilis</i>	21*	86%	90%	0%	83%	100%	100%	95%	71%	81%	100%	71%
<i>E. cloacae</i>	16*	--	--	--	--	93%	81%	81%	100%	100%	81%	94%

GRAM POSTIVE

Organism	# of isolates	Ampicillin	Azithromycin	Clindamycin	Ceftriaxone	Doxycycline	Levofloxacin	Nitrofurant	Oxacillin	Trimeth/Sulfa	Vancomycin
<i>E. faecalis</i>	39	100%	--	--	--	62%	97%(ur)	100%(ur)	--	--	100%
<i>Staph aureus</i>	100	--	--	85%**	--	99%	--	100%(ur)	91%	93%	100%
MRSA		--	--	100%**	--	89%	--	100%(ur)	0%	78%	100%
MSSA		--	--	83%**	--	99%	--	100%(ur)	100%	94%	100%

* <30 isolates / reduced statistical significance

** Includes "Inducible Clindamycin" resistance

ur = For urine only

Organisms with <16 isolates not included

S. pneumoniae: High incidence of Macrolide resistance

For Staphylococci, oxacillin predicts methicillin, Beta-lactam combination agents, cepheems, and carbapenems.

Infection	Length of Therapy (Most Cases)
Community Acquired Pneumonia	5 days (clinically stable and afebrile x 2-3 days)
Hospital Acquired/Ventilator Associated Pneumonia	7 days with good initial clinical response
Skin-soft tissue infection (cellulitis)	5-7 days (erythema may not completely resolve by end of treatment, but should regress)
Uncomplicated cystitis	3-5 days (depends on antibiotic choice)
Complicated cystitis	5-7 days (depends on antibiotic choice, complicating feature, and clinical response)
Acute, uncomplicated pyelonephritis	5-7 days (including those with concomitant bacteremia)
Complicated intra-abdominal infections	4 days (adequate source control) ≥ 5-7 days (inadequate source control)
Bacteremia	Depends on source/pathogen/response – usually same duration as indicated for source <i>Staphylococcus aureus</i> / <i>lugdenensis</i> usually 4-6 weeks (ID Consult Strongly Encouraged)
**Guideline Based, Usual Durations for “Straight-Forward” Cases	

IV or PO therapy?

Antibiotics with similar plasma levels:
Bioavailability >85%

- Fluoroquinolones
- Doxycycline
- Linezolid
- Metronidazole
- SMP/TMX
- Fluconazole

Nitrofurantoin: Empiric coverage for Gram Negatives (local and state isolates)

Organism	% Sensitive
<i>E. coli</i>	98%
<i>K. pneumoniae</i>	57%
<i>K. oxytoca</i>	98%
<i>Enterobacter spp.</i>	33%
<i>Citrobacter spp.</i>	85%
<i>P. mirabilis</i>	-- not effective
<i>P. aeruginosa</i>	-- not effective

Anaerobic Susceptibility Data (U.S. data, CLSI)

	Amp/Sub	Pip/Tao	Cefoxitn	Meropenm	Clina	Mtz
<i>B. fragilis</i> Grp	78%	94%	70%	95%	33%	100%
Fusobacterium spp.	100%	96%	100%	100%	77%	95%
<i>C. perfringens</i>	100%	100%	99%	100%	83%	100%
Anaerobic GPC	88%	99%	94%	100%	97%	100%

UCHealth Yampa Valley Medical Center- Antibiotic Stewardship Committee

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