The Children's Hospital at Montefiore

Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria

July 2024 – June 2025

NOTES

Box color: Less susceptible ⟷ More susceptible intrinsic resistance

Text color: > 10% increase in susceptibility from previous year
> 10% decline in susceptibility from previous year

[1] Percentages are not calculated for organisms with <10 isolates. For *N* of < 30 isolates, results may not be statistically relevant. Interpret with caution.

STAPHYLOCOCCUS AUREUS CHAM July 2022 - June 2025	OXA/ CEFZN		CLINDA		TET		MINO		TMP/SMX		VANC		GENT SYN	
OUTPATIENT	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
MSSA	229	100	229	81	229	92	229	100	229	85	229	100	229	97
MRSA	179	0	179	85	179	58	179	99	179	90	179	100	179	93
INPATIENT	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
MSSA	256	100	255	75	255	92	255	99	256	88	256	100	256	96
MRSA	134	0	134	84	134	69	134	100	134	84	134	100	134	96

ENTEROCOCCUS **Adult and Pediatric Urine*** MOSES 2024-2025	AMPI		LEVOFLX		NITRO		TETRACYC		VANC	
	N	% S	N	% S	N	% S	N	% S	N	% S
Enterococcus faecalis	*163*	99	*161*	78	*162*	100	*163*	21	*163*	96
Enterococcus faecium	*48*	6	*48*	15	*15*	0	*48*	6	*48*	31

*Urine cultures with 10^5 colonies of enterococci as a single organism have a routine susceptibility test. Infectious Diseases generally recommends susceptibility testing when patients do not respond to empiric therapy.

ENTEROCOCCUS **Adult and Pediatric Sterile Sites** All Campuses 2024-2025	AMPI[C]		DAPTO[A]		LINEZD		VANC		GENT SYN[B]		STREP SYN[B]	
	N	% S	N	% S	N	% S	N	% S	N	% S	N	% S
Enterococcus faecalis	139	99	139	67	139	99	139	92	139	77	139	87
Enterococcus faecium	96	10	94	95	96	98	94	36	95	86	95	60

A. For *E. faecalis*, daptomycin is not recommended due to the possibility of resistance and the cost and availability of an agent with a narrower spectrum of activity (i.e. ampicillin/amoxicillin).
B. Susceptibility indicates synergy with penicillin, ampicillin, piperacillin-tazobactam, and vancomycin.
C. Ceftriaxone may be used for synergy. Please contact ID in regards to its use.

CANDIDA All Campuses 2024-2025	*C. albicans*					*C. parapsilosis*[1]					*C. tropicalis*[1]					*C. glabrata*					*C. auris*[A,1]		
	N	S	SDD	I	R	N	S	SDD	I	R	N	S	SDD	I	R	N	S	SDD	I	R	N	S	R
Fluconazole	*87*	95	2		2	*18*	89	11		0	*22*	41	45		14	*41*		93		7	*19*	11	89
Voriconazole	*87*	98		1	1	*18*	100		0	0	*22*	41		55	5								
Micafungin	49	98		0	2	*12*	17		0	83	*18*	94		0	6	*39*	100		0	0	*19*	100	0
Amphotericin B																					*19*	47	53

*Data is shown for epidemiologic purposes; contact ID for questions about use of antifungals.
A. Breakpoints for *C. auris* have not been established by CLSI. Breakpoints used here are defined by the CDC and are based on those established for closely related *Candida* species and on expert opinion.

GRAM NEGATIVE CHAM July 2022 - June 2025	N	AMPI	AMPI/SULB	PIP/TAZO	CEFAZOL	CEFTRIAX	CEFEPM	MERO	CIPROFLX	TMP/SMX	NITRO (urine only)
		Percent Susceptible									
Enterobacter cloacae	35	-	-	-	-	-	97	100	91	94	36
Haemophilus influenzae[1] *	20	50	-	-	-	100	-	-	100	50	-
Klebsiella pneumoniae	97	-	65	74	70	77	79	100	75	77	49
Proteus mirabilis	36	61	78	89	-	91	94	-	91	81	-
Pseudomonas aeruginosa +	143	-	-	85	-	-	94	91	89	-	-
Salmonella sp.[1]	19	92	89	89	-	92	89	100	-	92	-
Serratia marcescens	36	-	-	89	-	86	100	100	78	93	-
Stenotrophomonas maltophilia[1]	25	-	-	-	-	-	-	-	‡	°	-

* *Haemophilus influenzae* susceptibility to azithromycin is 95%
+ Tobramycin should only be used for *Pseudomonas aeruginosa* and the susceptibility is 94%
‡ *Stenotrophomonas maltophilia* susceptibility to levofloxacin is 80%
° The use of TMP/SMX monotherapy should be cautioned against for serious disease. Please consult infectious disease for further assistance

ESCHERICHIA COLI CHAM July 2022 - June 2025	N	AMPI°	AMPI/SULB*	PIP/TAZO	CEFAZOLΔ	CEFTRIAX	CEFEPM	MERO	GENT	CIPROFLX	TMP/SMX	NITRO (urine only)
		Percent Susceptible										
Admitted Patients												
Urine [Cystitis]	194	38	43	85	79	87	89	100	89	64	68	98
All sources	331	37	44	85	65	85	88	100	87	64	64	
ICU Patients												
All sources	95	24	35	65	57	65	67	100	90	55	61	88
ED and Clinic Patients												
Urine [Cystitis]	630	41	46	91	88	92	93	100	88	71	63	98
All sources	568	41	46	91	75	92	93	100	88	70	63	

° Ampicillin can be used as a marker for using amoxicillin in uncomplicated UTIs.
* Ampicillin-sulbactam can be used as a marker for using amoxicillin-clavulanic acid in uncomplicated UTIs
Δ Susceptibility to cefazolin indicates that the use of oral cephalosporins such as cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin and loracarbef **may be considered** for **UNCOMPLICATED UTIs [Cystitis] ONLY** due to *E.coli, K. pneumoniae*, and *P. mirabilis* with the 2015 CLSI revised breakpoints.

STREPTOCOCCUS PNEUMONIAE All Campuses Adult & Pediatrics 2024-2025		Sterile Site				Non-Sterile Site			
		N	S	I	R	N	S	I	R
PENICILLIN[A,B]	Meningitis	44	68		32				
	Non-CNS	44	91	9	0				
	Parenteral					75	84	8	8
	Oral					75	49	19	32
CEFTRIAXONE[A]	Meningitis	44	93	5	2	75	91	1	8
	Non-CNS	44	98	2	0	75	92	8	0
LEVOFLOXACIN		47	98	0	2	77	99	0	1
TRIMETH/SULFA[C]						76	66	11	24

A. Pneumococcal susceptibility rates against penicillin and ceftriaxone from sterile sites are reported as if isolates came from both CSF and all other sterile sites. Susceptibility rates are higher for non-CSF sites because higher antibiotic concentrations can be reached.
B. For pneumococcal isolates from non-sterile sites (sputum), penicillin susceptibility rates are also reported separately for oral and parenteral formulations. The suceptibility rate is higher for parenteral than oral penicillin because higher concentrations are achieved when penicillin is given parenterally.
C. Pneumococci from sterile sites are not tested against erythromycin and trimethoprim-sulfamethoxazole because those antimicrobials generally should be used only for pneumococcal respiratory infections.