Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria for July 2024-June 2025

Numbers below represent **percent of susceptible isolates** (no. of isolates tested)

MOSES ICU (N2M, F2N, F6C, CSI, N3S, F7BS)		n	Ampicillin	Ampicillin-Sulbactam	Aztreonam	Cefazolin	Cefepime	Ceftazidime	Ceftriaxone	Ciprofloxacin	Clindamycin	Daptomycin[2]	Gentamicin	Levofloxacin	Linezolid	Meropenem	Nitrofurantoin[3]	Oxacillin	Penicillin G	Piperacillin-Tazobactam	Tetracycline	Tobramycin	Trimethoprim-Sulfamethoxazole	Vancomycin
Gram Negative	*Acinetobacter baumannii* complex[1]	18		72%			56%		**22%**	56%			**72%**			56%	0%			**50%**		**83%**	61%	
	Enterobacter cloacae	34			**71%**		85%		**68%**	**94%**			100%			100%	1			**71%**		97%	**94%**	
	Escherichia coli	111	**23%**	**27%**	66%	47%	67%		66%	44%			79%			97%	95%			**59%**		76%	54%	
	Klebsiella pneumoniae	83		57%	69%	60%	69%		69%	**61%**			93%			94%	**45%**[1]			64%		88%	70%	
	Proteus mirabilis[1]	25	76%	76%	80%	4%	84%		80%	76%			**76%**							80%		**80%**	80%	
	Pseudomonas aeruginosa	79			75%		89%			84%			97%			93%				**84%**		1		
	Serratia marcescens[1]	23			91%		96%		87%	91%			96%			100%				87%		48%	1	
	Stenotrophomonas maltophilia[1]	27						**44%**						81%									93%	
Gram Positive	*Staphylococcus aureus*	125				60%				73%		97%						60%	0%		87%		90%	100%
	Staphylococcus epidermidis	50				30%				**42%**		83%						30%	0%		78%			100%
	Staphylococcus lugdenesis[1]	4				1				1		1						1	1		1			1
	Enterococcus faecalis[1]	24	100%												100%									96%
	Enterococcus faecium	34	**3%**								100%				100%									**29%**
	Enterococcus faecalis (Urine)[1]	9	1												1									1
	Enterococcus faecium (Urine)[1]	3	1								1				1									1

denotes antibiotics that are not routinely tested against or known to be clinically relevant treatment options for the specific organisms

10^{+} % decrease in susceptibility from 2022-2023 antibiogram

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10^{+} % decrease in susceptibility compared to global inpatient population

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1 Organisms with fewer than 30 isolates should be interpreted with caution as small numbers may bias group susceptibilities

2 For *E. faecalis*, daptomycin is not recommended due to cost and the availability of an agent with a narrower spectrum of activity

3 For treatment of uncomplicated urinary tract infection with CrCl > 30mL/min only