Antibiotic Susceptibility Patterns of Commonly Isolated Bacteria
July 2024 – June 2025 (12 months)
MOSES

NOTES

1. Minimum inhibitory concentrations (MIC) and interpretations are based on the CLSI standards and an advanced antibiotic expert system.
2. Percentages are not calculated for organisms with <10 isolates. For *N* of < 30 isolates, results may not be statistically relevant. Interpret with caution.

KEY

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

Box color: intrinsic resistance

Less susceptible ⟷ More susceptible

	AMPI		AMPI/SULB		AZTREO		CEFAZOL		CEFEPM		CEFOXTN		CEFTRIAX		CIPROFLX		GENT		MERO		NITRO		PIP/TAZO		TOBRA		TMP/SMX	
	N	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S
Acinetobacter baumannii complex			59	58					59	32			59	12	59	34	59	58	59	36			55	33	59	76	59	47
Citrobacter freundii[2]					14	86			14	93			14	86	14	50	14	86	14	100	7	[2]	14	79	14	71	14	57
Citrobacter koseri			57	81	57	95	57	84	57	95	57	91	57	95	57	91	57	96	57	100	32	72	57	86	57	96	57	91
Enterobacter cloacae					102	73			102	84			102	68	102	83	102	95	102	97	36	42	102	70	102	95	102	83
Escherichia coli	1010	34	1010	39	1010	76	1010	58	1010	76	1010	73	1010	76	1009	50	1010	82	1010	99	767	97	1010	72	1010	79	1010	61
Klebsiella (Enterobacter) aerogenes					42	69			42	88			42	67	42	88	42	100	42	98	19	26[2]	42	57	42	98	42	98
Klebsiella oxytoca			61	34	61	70	61	30	61	74	61	66	61	72	60	77	61	90	61	92	26	58	61	66	61	87	61	80
Klebsiella pneumoniae			502	56	502	70	502	60	502	70	502	63	502	69	497	65	502	91	502	97	302	47	502	62	502	86	502	68
Morganella morganii			47	15	47	94			46	100	47	70	47	94	47	62	47	87	47	100			47	94	47	85	47	68
Proteus mirabilis	191	72	191	82	191	88	191	4	191	92	191	89	191	89	191	71	191	73					191	88	191	76	191	80
Providencia stuartii[2]			21	19	21	76			21	86	21	81	21	67	21	19			21	100			21	62			21	71
Serratia marcescens					78	86			78	91			78	82	78	79	78	97	78	99			78	81	78	58	67	96

	AMIK		AZTREO		CEFEPIME		CIPROFLX		GENT		MERO		PIP/TAZO	
	N	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S
Pseudomonas aeruginosa	215	100	430	79	432	88	437	82	433	96	437	89	436	81

	CEFTAZDM		LEVOFLX		MINO		TMP/SMX	
	N	% S	*N*	% S	*N*	% S	*N*	% S
Stenotrophomonas maltophilia	70	33	70	76	70	90	70	94

ENTEROCOCCUS **Urine*** MOSES	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.

STAPHYLOCOCCUS[A]	CLINDA		OXA / CEF		GENT[D]		PEN G		TETRACYC		TMP/SMX		VANC	
	N	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S	*N*	% S
S. aureus (**MSSA**)	367	75	367	100	367	97	367	0	367	92	367	93	367	100
S. aureus (**MRSA**)[B]	321	78	321	0	321	93	321	0	321	62	321	83	321	100
S. epidermidis	209	49	209	39	208	82	208	0	207	74			209	100
S. haemolyticus	32	41	32	22	32	41	32	0	32	56			32	100
S. lugdunensis[2]	25	72	25	76	25	96	25	0	25	84	18	100	25	100

A. All staphylococci may rapidly develop resistance during prolonged therapy with quinolones. Use with staphylococci is not recommended.
B. MRSA isolates with reduced susceptibility to daptomycin have been detected at Montefiore Campuses.
C. Oxacillin-resistant staphylococci are also resistant to all penicillins, cephalosporins, and carbapenems. Oxacillin-susceptible staphylococci are also susceptible to dicloxacillin, nafcillin, ampicillin-sulbactam, piperacillin-tazobactam, amoxicillin-clavulanic acid, cefazolin, cephalexin, cefotetan, ceftriaxone, cefepime, and meropenem (as well as other penicillins, cephalosporins, and carbapenems that are non-formulary).
D. Gentamicin should not be used as single agent and only for synergy for treatment of staphylococcal infections.

	AMPI		CEFTRIAX		CIPROFLX		TMP/SMX	
	N	% S	*N*	% S	*N*	% S	*N*	% S
Salmonella species (all inpatient isolates)[2]	29	97	18	94	29	62	29	100

	PEN		CEFTRIAX		VANC	
	N	% S	*N*	% S	*N*	% S
viridans *Streptococcus* (sterile sites)	66	77	68	99	68	100

STREPTOCOCCUS PNEUMONIAE All Campuses 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.

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

A. For *E. faecalis*, daptomycin is not recommended due to cost and the 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.

CANDIDA All Campuses 2024-2025	*C. albicans*					*C. parapsilosis*[2]					*C. tropicalis*[2]					*C. glabrata*					*C. auris*[A,2]		
	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.