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2023

Allina Regional Hospitals Antimicrobial Susceptibilities of Major Pathogens

- The intent of this document is to provide a preliminary guide to susceptibilities. This information should be used together with the specific susceptibility results of the isolated organism and guidelines from current publications. This report summarizes routinely tested antibiotics. Actual patient reports may selectively exclude some results.
- Results are from inpatients only and include only one isolate per patient.
- Isolates collected from Emergency Department visits are included in the inpatient antibiogram.
- MRSA and VRE surveillance culture isolates are not included.
- All intermediate (I) interpretations are included in the resistant category.
- All organisms identified are held for a period of 7 days after the final results have been reported in case further testing is requested. Blood culture isolates are held for 1 month. Testing of additional antimicrobials is available upon request.
- Additional guidance can be found on the Allina Health Antibiotic Stewardship Program web page.

For further information, contact:

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Acinetobacter species (all combined)	30		100		100	76	100	100	100	100	100		65	93	96
Citrobacter species (all combined)	180				100	91	91	95	97	91	100	90	91	97	90
Enterobacter species (all combined)	171				98	85	83	95	98	91	98	53	81	98	95
Escherichia coli	3445	61	70	92	95	95	94	82	94	78	99	98	96	94	82
Klebsiella aerogenes (formerly Ent. aerogenes)	78				100	87	87	100	100	100	100	33	88	100	100
Klebsiella oxytoca	138		64		96	96	96	98	98	98	99	90	92	98	97
Klebsiella pneumoniae	531		89	95	96	96	96	93	98	91	99	37	96	97	91
Klebsiella variicola	92		98		100	100	100	100	100	98	100	82	98	100	98
Morganella morganii	46		10		95	93	91	86	97	84	100		97	100	86
Proteus mirabilis	290	89	95	97	98	98	99	88	94	88	99		99	95	89
Pseudomonas aeruginosa	317				93	93		89	97	84	95		92	99	
Serratia marcescens	42				100	100	97	92	100	90	100			95	97

* Cefazolin; the % susceptible can only be ascertained on isolates of *E. coli, Klebsiella pneumoniae,* and *Proteus mirabilis* from uncomplicated UTIs. The cefazolin threshold for susceptible is <= 2 μ g/ml for all other sources and Enterobacterales. The lowest dilution for cefazolin on the Allina FDA cleared automated platform is 4 μ g/ml, thus no susceptible results can be determined by this method.

≥90% Susceptible 61-89% Susceptible 0-60% Susceptible

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Enterococcus faecalis	679	99								70				87 ^U	100	99		98						99	
Enterococcus faecium 1	61	37								23				36 ⁰	100	38		36						67	
Staphylococcus aureus	817			73					81	100	97	58	99	79	100	100	73					99	93	100	
Staphylococcus Coag Negative	176			60					60	100	93	41	94	71	100	98	60					98	76	100	
Staphylococcus lugdunensis	77			96					83	100	100	83	100	100	100		96					100	100	100	
Strep. agalactiae (Strep Group B)	75	100			100				45			39		97	100			100						100	
Strep. dysgalactiae	47	100			100				82			82		100	100			100						100	
Strep. pneumoniae **	56		71			94	100	71											81	100	81		85	100	
Strep. pyogenes (Beta Strep Group A)	49	100			100				81			81		100	100			100						100	

Document prepared by: Joe Masloski, Allina Health Microbiology Technical Advisor

Links to Related Content

Allina Health Laboratory

Organism Groupings of Routinely Test Antimicrobials at Allina Health Laboratory

Allina Health Antimicrobial Susceptibility Data

2024 Allina Health Antimicrobial Costs

Pharmacy Services

Antimicrobial Stewardship

^UReported on urine isolates only.

¹ Daptomycin does not have recognized breakpoints for *E. faecium*. Susceptibilities reported in this antibiogram are based on the susceptible dose dependent (SDD) MIC ≤4 μg/mL using an 8-12 mg/kg daily regimen. Infectious Disease consultation is recommended prior to utilizing daptomycin to cover *E. faecium*.

² Ceftriaxone - IV meningitis susceptible MIC < 0.5 μg/mL.

 $^{^3}$ Ceftriaxone - IV non-meningitis susceptible MIC \leq 1 μ g/mL.

⁴ Daptomycin not reported on isolates from respiratory tract.

⁵ Gentamicin should not be used as monotherapy for gram positive infections.

⁶ Penicillin - Oral and IV meningitis susceptible MIC ≤ 0.06 μg/mL

⁷ Penicillin - IV nonmeningitis susceptible MIC ≤ 2 µg/ml.

⁸ Rifampin should not be used alone for antimicrobial therapy.

^{**} S.pneumoniae isolate distribution by specimen type; 63% blood, 28% respiratory, 1.7% spinal fluid, 7% other specimen types.