Anaerobe Cumulative Antibiogram	Amoxicillin/clavulanate	Cefoxitin	Clindamycin	Meropenem	Metronidazole	Moxifloxacin	Piperacillin/tazobactam
Bacteriodes fragilis	75	87	66	92	98	63	97
Cutibacterium acnes	100	–	90	–	2	98	100
Propionbacterium spp	100	–	81	–	2	–	100
Clostridium perfringens	100	–	82	100	100	98	100

Reference:
CLSI M100 36th edition
Isolates collected from selected US hospitals from Jan. 1, 2017, to Dec. 31, 2024.

Common Indications for Empiric Vancomycin

Febrile Neutropenia
- High risk (refer to NCCN or IDSA guidelines for criteria) with severe cephalosporin allergy
- Suspected serious catheter-related infection, SSTI, pneumonia, hemodynamic instability, blood culture with gram-positive cocci, or previous MRSA infection/colonization

Community-Acquired Pneumonia (CAP)
- Severe CAP (ie: admitted to ICU) PLUS hospitalized with IV antibiotics within prior 90 days
- Prior respiratory isolation of MRSA

Hospital-acquired (HAP)/ventilator-associated (VAP) Pneumonia
- Prior respiratory isolation of MRSA
- Empyema
- Risk factors for resistance or mortality
  - HAP: mechanical ventilation, septic shock, IV antibiotics within 90 days
  - VAP: acute respiratory distress syndrome prior to VAP, septic shock at time of VAP, IV antibiotics within 90 days, acute renal replacement therapy prior to VAP, ≥ 5 days in hospital prior to VAP

Skin and Soft Tissue Infection (SSTI)
- Severe purulent infection or presence of abscess
- Non-purulent infection with one of the following:
  - Severe cephalosporin allergy
  - MRSA risk (penetrating trauma, MRSA infection elsewhere or nasal colonization, injection drug use, severely immunocompromised)
  - Necrotizing fasciitis
  - ICU admission for SSTI

Diabetic Foot Infection (DFI)/Chronic Wound
- Any indications listed within SSTI section
- Severe or chronic-moderate
  - Moderate: deeper than skin & subcutaneous tissues, no signs of systemic inflammatory response syndrome (SIRS)
  - Severe: SIRS OR presence of ischemia
- ICU admission for DFI or chronic wound

Scan QR Code for a full list of indications

SMH Levofloxacin Guidelines for Use

- CAP when B-lactam allergy present
- HAP/VAP: As 2nd agent if dual pseudomonas coverage indicated
- Acute exacerbation of COPD
- MDR organism
- Pseudomonas if po agent needed
- UTI when B-lactam allergy present (acute uncomplicated cystitis in women)
- UTI if complicated/male
- Prostatitis
- Pyelonephritis step-down
- Gram-negative (excluding pseudomonas) bacteremia step-down if po agent needed
- Intra-abdominal infection
- Uncomplicated febrile neutropenia
- Leukemia antibiotic prophylaxis
- Surgical prophylaxis if B-lactam allergy

070–0009 04/06/26

2026

Antimicrobial Agent Susceptibilities

PROVIDED BY

Microbiology
217–788–3057

Pharmacy
217–788–3010

Springfield Memorial Hospital

701 N. First St. • Springfield, IL 62781

Percent Susceptible — All Inpatients

April 16–Dec. 31, 2025
Inpatient isolates only, first isolate per patient

	# Isolates	Ampicillin ($$$–IV) ($–PO)	Ampicillin/sulbactam ($$)	Cefepime ($$)	Ceftazidime ($$)	Ceftriaxone ($)	Clindamycin ($$–IV) ($–PO)	Daptomycin ($$)	Erythromycin ($)	Gentamicin ($$)	Levofloxacin ($–IV) (¢–PO)	Linezolid ($$–IV) ($–PO)	Meropenem ($$$)	Nitrofurantoin ($)	Oxacillin ($$)	Penicillin-G ($$)	Piperacillin/tazobactam ($$)	Tetracycline	TMP/SMX ($$–IV) (¢–PO)	Tobramycin ($)	Vancomycin ($$)
GRAM NEGATIVE BACILLI	**Percent Susceptible**																				
Escherichia coli	1136	51	64		94	88	R			91	73			96	R	R	96		76	93	R
Klebsiella pneumoniae	381	R	77		90	85	R			93	80			21	R	R	94		83	93	R
Klebsiella oxytoca	110	R	79	99	97	90	R			95	94			75	R	R	93		92	95	R
Proteus mirabilis	279	79	91		98	93	R			95	71			R	R	R	100	R	85	95	R
Enterobacter cloacae	133	R	R	92			R			96	87				R	R			86	97	R
Klebsiella aerogenes	63	R	R	98			R			98	92			8	R	R			95	100	R
Serratia marcescens	65	R	R	100	98	97	R			100	92			R	R	R			100	98	R
Citrobacter freundii	39	R	R	97			R			95	85			100	R	R			82	95	R
Morganella morganii	36	R	R	97	81	83	R			89	69			R	R	R	94		72	92	R
Pseudomonas aeruginosa	393	R	R	92	93	R	R				87		89		R	R	81	R	R	99	R
Acinetobacter baumannii	48	R	75	46	38		R			85	54		54		R	R	35		81	85	R
Stenotrophomonas maltophilia	49	R	R			R	R			R	90		R		R	R	R		94	R	R
GRAM POSITIVE COCCI	**Percent Susceptible**																				
Staphylococcus aureus§	597	R					72		39			100			49			86	95		100
Staphylococcus epidermidis	166	R					50		27			100			31			69			100
Staphylococcus lugdunensis	37	R					81		78			100			70			95			100
Enterococcus faecalis	133	99		R	R	R	R	66				97							R	R	96
Enterococcus faecium	68	18		R	R	R	R	84				99							R	R	21
Streptococcus agalactiae	37	100				100	34				97					100					100
*Streptococcus pyogenes**	43	100				100										100					100
*Streptococcus pneumoniae***	52					92†										66†					
						100‡			59		100					100‡			76		100

Percent Susceptible — ICU

April 16–Dec. 31, 2025
ICU isolates only, first isolate per patient

	# Isolates	Ampicillin	Ampicillin/sulbactam	Cefepime	Ceftazidime	Ceftriaxone	Clindamycin	Erythromycin	Gentamicin	Levofloxacin	Linezolid	Meropenem	Nitrofurantoin	Oxacillin	Penicillin-G	Piperacillin/tazobactam	Tetracycline	TMP/SMX	Tobramycin	Vancomycin
GRAM NEGATIVE BACILLI	**Percent Susceptible**																			
Escherichia coli	90	46	58		96	88	R		90	74			93	R	R	98		69	91	R
Klebsiella pneumoniae	36	R	72		89	83	R		89	83				R	R	94		78	89	R
Proteus mirabilis	17	76	82		100	94	R		82	82			R	R	R	100	R	76	100	R
Enterobacter cloacae	18	R	R	89			R		94	83				R	R			72	94	R
Pseudomonas aeruginosa	50	R	R	92	96	R	R			92		82		R	R	83	R	R	96	R
*Acinetobacter baumanii***	17	R	88	65	53		R		88	65		65		R	R	53		88	88	R
GRAM POSITIVE COCCI	**Percent Susceptible**																			
Staphylococcus aureus§	88	R					67	40			100			53			89	95		100

KEY

- * Combined isolates from 2021–2024
- ** Combined isolates from 2024–2025
- **R** Intrinsic resistance
- § First staphylococcus aureus isolate per patient
- † Meningitis interpretations
- ‡ Non-meningitis interpretations

COST

- ¢ < $1
- $ = $1–$10
- $$ = $10–$50
- $$$ = $50–$100
- $$$$ = $100–$200
- $$$$$ > $200