

2025 Outpatient Antibiogram

Contact Information

- For susceptibility test questions and data analysis please contact: **Dr. Taylor Wahlig or Dr. Sophie Arbefeville at 715-387-6300 or ext. 16300**
- For antimicrobial stewardship questions please contact: **Philip (Logan) Whitfield at 715-387-7578 or ext. 77578**
- For urgent questions regarding a specific patient case, please consult your local infectious diseases physician

Get fast access to our local infectious disease guidance and antimicrobial dosing information at the point of care.

Go to the Firstline App. Click the Firstline Icon on your desktop or go to the mobile app by scanning the QR code



Gram-positive Streptococci and Enterococci % Susceptible

No. Tested	Ampicillin	Amoxicillin	Penicillin IV	Ceftriaxone	Meropenem	Clindamycin	Erythromycin [4]	Levofloxacin	Ciprofloxacin	Linezolid	Nitrofurantoin	Tetracycline	Trimeth-Sulfa	Vancomycin
Streptococci														
Grp. B <i>Streptococcus agalactiae</i>	177	100	SP	100	100	-	42	36	99	-	100	-	19	100
Grp. G <i>Streptococci</i>	35	100	SP	100	-	-	80	80	99	-	100	-	60	100
<i>S. pneumoniae</i> (Non-meningeal)[6]	58	SP[1]	SP[1]	98	97	86	-	66	96	-	-	-	59	91
<i>S. pneumoniae</i> (Meningeal)[6]	58	-	-	74	88	86	-	-	-	-	-	-	-	SP
Enterococci														
<i>Enterococcus faecalis</i>	520	100	SP[2]	100	R	-	R	15	91[U]	89[U]	98	99[U]	29[U]	R

Gram-positive Staphylococci % Susceptible

No. Tested	Penicillin	Oxacillin[5]	Ceftaroline	Vancomycin	Erythromycin [4]	Clindamycin	Gentamicin[3]	Trimeth-Sulfa	Linezolid	Daptomycin	Nitrofurantoin	Rifampin[3]	Tetracycline
<i>Staphylococcus aureus</i>	880	0	75	100	100	64	77	98	95	100	100	100[U]	89
<i>Staphylococcus lugdunensis</i>	109	5	90	-	100	85	85	100	100	100	100[U]	100	96
<i>Staphylococcus epidermidis</i>	75	-	43	-	100	33	72	95	51	100	99[U]	99	73
<i>Staphylococcus intermedius</i>	34	-	91	-	100	82	85	88	85	100	100[U]	99	59

Notes

[1] Based on susceptibility to standard dose IV penicillin, susceptibility to oral penicillin, and studies of clinical efficacy, nearly all non-meningeal pneumococcal infections can be effectively treated with IV ampicillin or with high dose oral amoxicillin (in children: 80-100 mg/kg/day divided TID; adult dose and maximum dose in children: 1 g TID)

[2] Susceptibility approximately equivalent to ampicillin

[3] Should only be used in combination with other active agents

[4] Erythromycin susceptibility predicts susceptibility to azithromycin and clarithromycin

[5] Oxacillin predicts susceptibility to anti-staphylococcal penicillins, beta-lactam/lactamase inhibitor combinations, oral cepheims (e.g. cephalexin, cefprozil, cefuroxime), IV cepheims (e.g. ceftazolin, cefepime), and carbapenems.

[6] Inpatient and Outpatient isolates combined

[U] Use for uncomplicated cystitis ONLY

Susceptibility

≥ 90%
60-89%
< 60%

R	Isolate is resistant
-	Antimicrobial not routinely tested
SP	Susceptibility predicted

Gram-negative Enterobacterales % Susceptible	No. Tested	Ampicillin	Amoxicillin-clav[2]	Ampicillin-sulb	Piperacillin-tazo	Cefazolin[1]	Cefuroxime	Cefpodoxime	Cefoxitin	Ceftiaxone	Cefepime	Aztreonam	Ertapenem	Meropenem	Amikacin	Gentamicin	Tobramycin	Ciprofloxacin	Levofloxacin	Nitrofurantoin[U]	Doxycycline	Trimeth-Sulfa
<i>Citrobacter freundii</i> complex	89	R	R	R	R	R	R	R	R	R	100	R	99	100	100	92	97	93	93	94+	83	89
<i>Citrobacter koseri</i>	53	R	100	-	98	98	77	100	96	100	100	100	100	100	100	100	100	100	100	92+	98	100
<i>Enterobacter cloacae</i> complex	134	R	R	R	R	R	R	R	R	R	99	R	92	99	100	94	95	99	95	31+	89	91
<i>Escherichia coli</i>	3313	67	87	74	94	72	88	93	93	95	96	96	100	100	100	95	95	84	85	98	85	85
<i>Klebsiella aerogenes</i>	72	R	R	R	R	R	R	R	R	R	99	R	100	100	100	100	100	99	96	7+	93	100
<i>Klebsiella oxytoca</i>	135	R	90	75	87	3	89	96	96	91	96	92	100	100	99	97	97	96	96	73+	94	96
<i>Klebsiella pneumoniae</i>	500	R	95	88	92	81	92	96	97	97	97	97	100	100	100	98	97	89	89	24+	82	93
<i>Morganella morganii</i>	38	R	R	24	97	R	R	-	R	-	-	97	100	100	100	97	95	92	92	R	61	92
<i>Proteus mirabilis</i>	243	85	85	93	100	13	98	99	99	99	99	100	100	100	99	94	94	91	91	R	R	89
<i>Serratia marcescens</i>	65	R	R	R	-	R	R	-	R	94	100	100	100	100	100	100	91	89	91	R	94	100

Analysis Key	R	Isolate is resistant
	-	Antimicrobial not routinely tested

Susceptibility	≥ 90%
	60-89%
	< 60%

Notes

[U] Use nitrofurantoin for uncomplicated cystitis ONLY

[1] Non-urine isolates only

[2] In the treatment of infections due to Enterobacterales, use amoxicillin-clavulanate only for uncomplicated cystitis or step-down therapy for systemic infection.

* For urine isolates, check urine culture and susceptibility result history. In the absence of previous resistance, first-line agents for uncomplicated cystitis are TMP/SMX, nitrofurantoin, and cephalexin.

†Based on 2024 data

Gram-negative Non-Enterobacterales % Susceptible	No. Tested	Piperacillin-tazo	Ceftazidime	Cefepime	Meropenem	Tobramycin	Ciprofloxacin	Levofloxacin
<i>P. aeruginosa</i>	364	95	98	98	96	97	91	88