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Table 1: Gram positive isolates recovered from clinical specimens: % susceptible; 2016

Organism (number tested)	Penicillin	Amoxicillin	Flucloxacillin	Erythromycin	Cotrimoxazole	Tetracycline	Doxycycline	Clindamycin	Ciprofloxacin	Rifampicin	Gentamicin	Amikacin	Vancomycin	Fusidic acid	Mupirocin	Ceftriaxone	Moxifloxacin	Nitrofurantoin	Norfloxacin
Methicillin-susceptible <i>Staphylococcus aureus</i> - MSSA (3853)	15		100	88	94		99	90	96	100	99	100 ⁽⁵⁹⁾	100	82	93				
Methicillin-resistant <i>Staphylococcus aureus</i> - MRSA (559) ^a	R		R	77	97		99	86	88	100	97		100	56	93				
<i>Staphylococcus epidermidis</i> (442)	-		29	49	52		95	63 ⁽³⁴⁹⁾	66	87	52	78 ⁽⁹⁾	100	49					
<i>Staphylococcus lugdunensis</i> (29)	0		83	100	100		100	100	100	100	86		100	97					
Other coagulase negative <i>Staphylococci</i> (340) ^b	-		49	57	80		96	74 ⁽²⁷³⁾	74	98	64	100 ⁽⁸⁾	100	73					
<i>Streptococcus pyogenes</i> (984)	100			94		85													
<i>Streptococcus agalactiae</i> (220)	100			81															
<i>Streptococcus pneumoniae</i> (57) ^c - non-meningitis criteria	Dose dependent ^d			80		80							100			93	100		
- meningitis criteria	58												100			93	100		
<i>Enterococcus faecalis</i> (1081) ^e		100											100					100 ^f	90 ^f (912)
<i>Enterococcus faecium</i> (109) ^e		15											89					44 ^f	13 ^f (62)

- MRSA are also resistant to amoxicillin/clavulanate, cephalosporins and carbapenems.
- Routine testing of urine isolates of *Staphylococcus saprophyticus* is not recommended; Infections respond to concentrations achieved in the urine of antimicrobial agents commonly used to treat acute uncomplicated urinary tract infections (eg nitrofurantoin, trimethoprim/sulfamethoxazole).
- Streptococcus pneumoniae* isolates are from blood cultures and CSF only. When meningitis is suspected, a penicillin MIC of ≤ 0.06 mg/L mg/L is considered susceptible. For non-meningitis isolates, a penicillin MIC of ≤ 0.06 mg/L can predict susceptibility to penicillin (oral or parenteral), and other β -lactam agents including amoxicillin, cefaclor, cefuroxime, ceftriaxone, and meropenem. Supplementary testing of other β -lactam agents may be warranted if penicillin MIC is ≥ 0.12 mg/L and use of other agent is considered.
- For non-meningitis isolates susceptibility is dose dependent; 86% susceptible at dose of 1.2 g Q6H; 91% susceptible at a dose of 2.4 g Q6H or 1.2g Q4H; 93% susceptible at 2.4 g Q4H.
- Enterococcus* species: cephalosporins, clindamycin, gentamicin and cotrimoxazole are not effective clinically. For advice on the treatment and management of patients infected or colonised with vancomycin-resistant enterococci (VRE) contact the Clinical Microbiologist.
- Nitrofurantoin and Norfloxacin only apply to lower urinary tract *Enterococcus* isolates.