### Outpatient Antibiogram
**January 1 – December 31, 2017**

**Non-Urine Isolates**

#### Gram Positive Isolates

<table>
<thead>
<tr>
<th></th>
<th># of Isolates</th>
<th>Azithromycin (Erythromycin)</th>
<th>Tetracycline (Doxycline)</th>
<th>Moxifloxacin</th>
<th>Trimethoprim-Sulfamethoxazole</th>
<th>Clindamycin</th>
<th>Penicillin</th>
<th>Ampicillin (Amoxicillin)</th>
<th>Ampicillin-Sulbactam</th>
<th>Cephalexin</th>
<th>Minocycline</th>
<th>Linezolid</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Streptococcus pneumoniae</strong></td>
<td>85</td>
<td>64.7%</td>
<td>82.4%</td>
<td>98.8%</td>
<td>77.6%</td>
<td>80.0%</td>
<td>84.7%</td>
<td>84.7%</td>
<td>84.7%</td>
<td>Not Tested</td>
<td>Not Tested</td>
<td>100.0%</td>
</tr>
<tr>
<td><strong>Staphylococcus aureus</strong></td>
<td>217</td>
<td>45.6%</td>
<td>94.5%</td>
<td>67.7%</td>
<td>99.1%</td>
<td>86.2%</td>
<td>Not Tested</td>
<td>60.8%</td>
<td>60.8%</td>
<td>60.8%</td>
<td>97.7%</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

#### Community Acquired Pneumonia

| No risk factors for drug-resistant *S. pneumoniae* and no use of antimicrobials within prior 3 months | β-lactam (e.g., high-dose amoxicillin) + macrolide
Alternative: Doxycycline |
| Comorbid conditions (e.g., chronic heart, lung, liver, or renal disease, alcoholism, malignancies, asplenia, immunosuppressive conditions or drugs, antimicrobials within prior 3 months) | β-lactam (e.g., high-dose amoxicillin) + macrolide OR Respiratory Fluoroquinolone (e.g., Moxifloxacin)
Alternative: Doxycycline + β-lactam |

#### Mild Skin and Soft Tissue Infections

| Nonpurulent (cellulitis/erysipelas) – Without systemic signs | Penicillin VK; OR Cephalexin; OR Dicloxacillin; OR Alternative: Clindamycin |
| Purulent (furuncle/carbuncle/abscess) - Without systemic signs | Incision and drainage |

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Isolates included in this antibiogram are from non-specialty outpatient clinics throughout New Mexico. Black shaded antibiotics have no coverage. Gray shaded antibiotics are <50% susceptible or Not Tested. Antibiotics included represent oral formulations available. Susceptibilities in green for oral treatment options are greater than or equal to 80%.

(B) With a high rate of local macrolide resistance (>25%), consider the following agents: β-lactam (e.g., high-dose amoxicillin or amoxicillin-clavulanate) + macrolide (azithromycin) OR doxycycline. Respiratory fluoroquinolones (e.g., moxifloxacin, levofloxacin) may be used as an alternative option. Fluoroquinolone use is a risk factor for developing *Clostridium difficile*-associated diarrhea. (Deshpande A, et al. J Antimicrob Chemother. 2013;68:1951-61.)
(D) For β-lactam allergy, clindamycin may be appropriate. Caution: use of clindamycin increases risk of colitis caused by *C. difficile*. 