

## Non-Urine Isolates

Gram Positive Isolates												
	# of Isolates	Azithromycin (Erythromycin)	Tetracycline (Doxycycline)	Moxifloxacin	Trimethoprim-Sulfamethoxazole	Clindamycin	Penicillin	Ampicillin (Amoxicillin)	Ampicillin-Sulbactam	Cephalexin	Minocycline	Linezolid
<i>Streptococcus pneumoniae</i>	85	64.7%	82.4%	98.8%	77.6%	80.0%	84.7%	84.7%	84.7%	Not Tested	Not Tested	100.0%
<i>Staphylococcus aureus</i>	217	45.6	94.5%	67.7%	99.1%	86.2%	Not Tested	60.8%	60.8%	60.8%	97.7%	100.0%

### Community Acquired Pneumonia

### IDSA Guidelines Empiric Recommendations<sup>A</sup>

No risk factors for drug-resistant *S. pneumoniae* and no use of antimicrobials within prior 3 months

$\beta$ -lactam (e.g., high-dose amoxicillin) + macrolide<sup>B</sup>  
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)

$\beta$ -lactam (e.g., high-dose amoxicillin) + macrolide OR  
Respiratory Fluoroquinolone (e.g., Moxifloxacin)  
Alternative: Doxycycline +  $\beta$ -lactam

### Mild Skin and Soft Tissue Infections

### IDSA Guidelines Empiric Recommendations<sup>C</sup>

Nonpurulent (cellulitis/erysipelas) – Without systemic signs

Penicillin VK; OR  
Cephalosporin; OR  
Dicloxacillin; OR  
Alternative: Clindamycin<sup>D</sup>

Purulent (furuncle/carbuncle/abscess)  
- Without systemic signs

Incision and drainage

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%.

(A) Mandell LA, et al. IDSA/ATS. 2007;44 Suppl 2:S27-S63.

(B) With a high rate of local macrolide resistance (>25%), consider the following agents:  $\beta$ -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.<sup>A</sup> Fluoroquinolone use is a risk factor for developing *Clostridium difficile*-associated diarrhea. (Deshpande A, et al. J Antimicrob Chemother. 2013;68:1951-61.)

(C) Stevens DL, et al. Clin Infect Dis. 2014;59:e10-e52.

(D) For  $\beta$ -lactam allergy, clindamycin may be appropriate. Caution: use of clindamycin increases risk of colitis caused by *C. difficile*.