Organism susceptibility to antibacterials: aminoglycosides, carbapenems, glycopeptides, lincosamides

The following table provides a general guide to clinical antimicrobial susceptibilities. The table is intended to assist empirical selection of antimicrobials in the absence of laboratory confirmation of susceptibility; it is not a substitute for management advice from clinical microbiologists or infectious diseases specialists. Consider these data in conjunction with the clinical condition of the patient, site of infection, knowledge of local susceptibility patterns (which may vary) and evidence-based guidelines. Use the narrowest spectrum antibiotic that is effective to limit the development of antimicrobial resistance. When in doubt seek specialist advice.

The designation of susceptibility used in the table is 75% (an organism is deemed susceptible if at least 3 out of 4 cultures tested are susceptible to that antibiotic).

Organism	Aminoglycosides			Carbapenems			Glycopeptides		Lincosamides	
	amikacin	gentamicin	tobramycin	ertapenem	imipenem	meropenem	vancomycin	teicoplanin	clindamycin	lincomycin
Gram-negative										
Acinetobacter spp.										
Aeromonas spp.			1							
Burkholderia cepacia										
Burkholderia pseudomallei										
Campylobacter jejuni and *coli*										
Citrobacter freundii										
Enterobacter spp.										
Escherichia coli										
Haemophilus influenzae										
Klebsiella spp.										
Moraxella catarrhalis										
Morganella spp.										
Neisseria gonorrhoeae		1,2				1				
Neisseria meningitidis										
Pasteurella multocida						1				
Proteus mirabilis										
Proteus vulgaris										
Providencia spp.										
Pseudomonas aeruginosa										
Salmonella spp.	3	3	3							
Serratia spp.										
Shigella spp.	3	3	3							
Stenotrophomonas maltophilia										
Yersinia spp.	1		1							

1 likely susceptible but currently validated laboratory breakpoints not available
2 in combination with azithromycin
3 organism can test susceptible, but antibacterial clinically ineffective
4 sometimes used for synergistic effect with beta-lactam antibacterial
5 some strains may not be susceptible
6 MRSA: implies resistance to all beta-lactams
7 can be used if susceptible to beta-lactam antibacterial
8 use with beta-lactam antibacterial for Group B streptococcus only, eg in neonatal sepsis

Legend

	susceptible
v	variable
	resistant
	no data available or antibacterial not recommended

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Organism	Aminoglycosides			Carbapenems			Glycopeptides		Lincosamides	
	amikacin	gentamicin	tobramycin	ertapenem	imipenem	meropenem	vancomycin	teicoplanin	clindamycin	lincomycin
Gram-positive										
Corynebacterium jeikeium										
Enterococcus faecalis		4								
Enterococcus faecium							v,5	v,5		
Listeria spp.		4								
Staphylococcus aureus	4	4	4							
Staphylococcus aureus (MRSA)[6]									v	v
Staphylococcus epidermidis				7	7	7				
Staphylococcus lugdunensis										
Staphylococcus saprophyticus										
Streptococcus - group A, B, C, G		4,8							v	v
Streptococcus anginosus		4								
Streptococcus pneumoniae										
Viridans streptococcus group		4								
Anaerobes										
Actinomyces										
Bacteroides fragilis group										
Clostridioides difficile										
Clostridium perfringens										
Cutibacterium (Propionibacterium) acnes										
Fusobacteria spp.										
Peptostreptococcus spp.										
Prevotella melaninogenica										
Miscellaneous										
Chlamydophila, *Chlamydia* spp.										
Legionella spp.										
Mycobacterium avium complex										
Mycobacterium tuberculosis										
Mycoplasma pneumoniae										
Nocardia spp.										

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