Organism susceptibility to antibacterials: tetracyclines and other antibacterials

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	Tetracyclines		Other antibacterials									
	doxycycline	minocycline	aztreonam	daptomycin	fosfomycin	linezolid	metronidazole	nitrofurantoin[1]	sodium fusidate	tigecycline	trimethoprim	trimethoprim with sulfamethoxazole
Gram-negative												
Acinetobacter spp.		v								v		
Aeromonas spp.										v		
Burkholderia cepacia												
Burkholderia pseudomallei	2	2										
Campylobacter jejuni and *coli*												
Citrobacter freundii												
Enterobacter spp.								v				
Escherichia coli												
Haemophilus influenzae												
Klebsiella spp.												
Moraxella catarrhalis												
Morganella spp.												
Neisseria gonorrhoeae	v											
Neisseria meningitidis												
Pasteurella multocida												
Proteus mirabilis												
Proteus vulgaris												
Providencia spp.												
Pseudomonas aeruginosa												
Salmonella spp.												
Serratia spp.												
Shigella spp.												
Stenotrophomonas maltophilia												
Yersinia spp.												

1 urinary isolates only
2 use with another antibacterial
3 MRSA: implies resistance to all beta-lactams
4 most community-acquired MRSA are susceptible
5 susceptible in vitro, insufficient or limited clinical data

Legend

	susceptible
v	variable
	resistant
	no data available or antibacterial not recommended

© 2026 Australian Medicines Handbook Pty Ltd

Organism	Tetracyclines		Other antibacterials									
	doxycycline	minocycline	aztreonam	daptomycin	fosfomycin	linezolid	metronidazole	nitrofurantoin[1]	sodium fusidate	tigecycline	trimethoprim	trimethoprim with sulfamethoxazole
Gram-positive												
Corynebacterium jeikeium												
Enterococcus faecalis					v							
Enterococcus faecium												
Listeria spp.												
Staphylococcus aureus											1	
Staphylococcus aureus (MRSA)[3]											1	4
Staphylococcus epidermidis												v
Staphylococcus lugdunensis												
Staphylococcus saprophyticus												
Streptococcus - group A, B, C, G												
Streptococcus anginosus												
Streptococcus pneumoniae												
Viridans streptococcus group												
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						5						
Mycobacterium tuberculosis						5						
Mycoplasma pneumoniae						5						
Nocardia spp.												

1 urinary isolates only
2 use with another antibacterial
3 MRSA: implies resistance to all beta-lactams
4 most community-acquired MRSA are susceptible
5 susceptible in vitro, insufficient or limited clinical data

Legend

	susceptible
v	variable
	resistant
	no data available or antibacterial not recommended

© 2026 Australian Medicines Handbook Pty Ltd