THE STEWARDSHIP SCOOP

The Antimicrobial and Diagnostic Stewardship Program (ADSP) team is here to bring you the latest

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MICRO PEARLS: INFERRING SUSCEPTIBILITIES BETWEEN AGENTS

Take Away: In some cases, we can extrapolate susceptibility with one agent to another, even if it has not been explicitly tested!

Agents with Established Equivalence

These have demonstrated near-complete cross-resistance and –susceptibility, allowing for interchangeability per CLSI guidance.

Identified Isolates	Equivalent Agents			
Enterobacterales (e.g., *E. coli* and *Klebsiella*)	Cefazolin	Cephalexin		
***Staphylococcus* spp.** *(Note: oxacillin-susceptibility infers nafcillin and methicillin susceptibility. For example, if a Staph aureus isolate tests oxacillin-S, it is MSSA.)*	Oxacillin	Nafcillin	Cefazolin	Cephalexin
***Streptococcus* spp.** *(Please refer to the March 2026 Stewardship Scoop for more information about Strep!)*	Penicillin	Ampicillin		
Gram-Negative Bacteria *(In the rare event where polymyxin is being considered for systemic infections in combination: colistin susceptibilities are reported, however, polymyxin B should be used)*	Colistin	Polymyxin B		

Other Common Scenarios: What Would Stewie Do (WWSD)?

Q: If an isolate is reported as tetracycline-susceptible, can I can use *any* tetracycline?

A: Tetracycline & Doxycycline
Isolates are commonly more susceptible to doxycycline than tetracycline. If tetracycline susceptibility is reported, we can infer that the isolate will also be susceptible to doxycycline. However, **isolates resistant to tetracycline** may be susceptible to doxycycline; if doxycycline is a preferred treatment, **contact the microbiology lab to confirm doxycycline susceptibility**.

A: Tetracycline, Minocycline, & Tigecycline
These susceptibilities are often run separately and cannot be extrapolated.

Q: Are ampicillin-sulbactam and amoxicillin-clavulanate susceptibilities interchangeable?

A: Sulbactam is active against *Acinetobacter* spp. isolates; amoxicillin-clavulanate should not replace ampicillin-sulbactam in these infections.

A: NMH, LFH, & Palos: For other gram-negative isolates, including Enterobacterales (e.g., *E. coli*, *Klebsiella*), clavulanate has demonstrated more potent inhibition of some β-lactamases than sulbactam *in vitro* and may be a more effective agent. Amoxicillin-clavulanate susceptibilities are often run and hidden; **if ampicillin-sulbactam susceptibilities are listed as intermediate or resistant and if amox-clav is an optimal choice for the infection, contact the microbiology lab to confirm amox-clav susceptibilities if not displayed.**

References: CLSI 2026; Drawz 2010, PMID: 20065329; Sfeir 2026. PMID: 41429685