Antimicrobial Susceptibility Report January 1, 2016 to December 31, 2016 South West Out Patient (Excluding Hospitals)

Urinary Tract Pathogens - % Susceptible

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftriaxone	Ciprofloxacin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim- Sulfamethoxazole
E. coli ^	11708	89	62	93	95	86	94	100	97	80
Enterococcus species ^^^^	3593									
Klebsiella pneumoniae *	1753	98		96	96	96	99	100	34	92
Group B Streptococcus ^^	1569									
Proteus mirabilis +	412	99	84	97	99	96	91	100		84
Staphylococcus saprophyticus ^^^	391	_								

Organism Notes:

* Includes ESBL and AMPC isolates (2.2% of total Klebsiella pneumoniae isolates identified).

^ Includes ESBL and AMPC isolates (2.8% of total E.coli isolates identified). In Ontario, E.coli is found to be 99.5% susceptible to Fosfomycin.

[^] This isolate is predictably susceptible to Penicillin.

Acute and uncomplicated urinary tract infections due to Staphylococcus saprophyticus will respond to commonly used antibiotics including Nitrofurantoin, Trimethoprim-Sulfamethaxazole and Fluoroquinolones.

Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against Enterococcus species. Enterococcus isolates recovered from urine are generally susceptible to amoxicillin and nitrofurantoin.

+ Includes ESBL and AMPC isolates (0.0% of total Proteus mirabilis isolates identified).

Antibiotic Notes:

(1) Cefazolin interpretation predicts results for Cephalexin (Keflex) in accordance with CLSI standards for urinary sites only (not systemic).

All Other Sources (Excluding Surveillance) - % Susceptible

Organism	Number of Isolates	Cefazolin	Ceftazidime	Ciprofloxacin	Clindamycin	Cloxacillin	Erythromycin	Gentamicin	Tetracycline (2)	Trimethoprim- Sulfamethoxazole
Group A Streptococcus ^^	2061									
Staphylococcus aureus ^^^	1506	89			78	89	72		96	100
Pseudomonas aeruginosa	352		98	91				97		
Group B Streptococcus ^^	193									

Organism Notes:

^^ This isolate is predictably susceptible to Penicillin.

Includes Methicillin Resistant S.aureus (MRSA). MRSA is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems). MRSA constitutes 10.4% of total Staphylococcus aureus isolates identified.

Antibiotic Notes:

(2) Organisms that are susceptible to Tetracycline are also considered susceptible to Doxycycline.

General Notes:

Antibiogram results, patient risk factors for resistant organisms, and resistance epidemiology should be considered together to help guide empiric treatment of initial infections. Treatment should be re-evaluated as additional information from culture and sensitivity become available.

Calculation of results based on first isolate per patient.

90-100% of isolates are susceptible to the antibiotic indicated (GOOD CHOICE) 21-89% of isolates are susceptible to the antibiotic indicated (INTERMEDIATE CHOICE) 0-20% of isolates are susceptible to the antibiotic indicated (POOR CHOICE) Value based on < 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable. n = # of isolates tested. Antibiotic susceptibility testing is not typically performed on the organism.