

# **Urinary Tract Pathogens - % Susceptible**

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftazidime	Ceftriaxone	Ciprofloxacin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim- Sulfamethoxazole
E. coli ^	694	80	45	84		88	56	91	100	96	68
Enterococcus species ^^^	198										
Proteus mirabilis +	156	99	88	91		92	80	93	100		88
Klebsiella pneumoniae *	140	98		89		91	90	88	100	30	87
Pseudomonas aeruginosa	64				97		77	94			
Group B Streptococcus ^^	37										

### **Organism Notes:**

- \* Includes ESBL and AMPC isolates (9.3% of total Klebsiella pneumoniae isolates identified).
- ^ Includes ESBL and AMPC isolates (12.1% 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.

^^^ 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 (6.4% 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
Staphylococcus aureus ^^^	249	54			39	54	36		98	100
Pseudomonas aeruginosa	109		92	74				92		
Group B Streptococcus ^^	<30									

## 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 46.6% of total Staphylococcus aureus isolates identified.

## **Antibiotic Notes:**

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

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.