

Urinary Tract Pathogens (in Order of Frequency) - % Susceptible

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftazidime	Ceftriaxone	Ciprofloxacin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim- Sulfamethoxazole
E. coli ^	258	79	39	71		75	48	88	100	96	67
Enterococcus species ^^^	102										
Proteus mirabilis +	81	100	73	96		100	63	99	100		70
Klebsiella pneumoniae *	47	98		89		89	87	96	98	43	81
Group B Streptococcus ^^	<30										
Pseudomonas aeruginosa	<30				100 n=10		70 n=10	70 n=10			

Organism Notes:

^ Clindamycin, Trimethoprim/Sulfamethoxazole and all Cephalosporins are ineffective against Enterococcus species. Enterococcus isolates recovered from urine are generally susceptible to amoxicillin and nitrofurantoin. Susceptibility to Amoxicillin is 97.1% and to Nitrofurantoin is 97.4%

+ Includes ESBL and AMP-C isolates (0.0% of total Proteus mirabilis isolates identified as ESBL and AMP-C).

Antibiotic Notes:

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

All Other Specimen Types excluding (Urines and Surveillance) - Organisms in Order of Frequency - % Susceptible

Organism	Number of Isolates	Cefazolin	Ceftazidime	Ciprofloxacin	Clindamycin	Cloxacillin	Erythromycin	Gentamicin	Tetracycline (2)	Trimethoprim- Sulfamethoxazole
Staphylococcus aureus ^^^	47	93			77	93	74		93	100
Pseudomonas aeruginosa	37		97	86				100		
Group B Streptococcus ^^	<30									

Organism Notes:

^ This isolate is predictably susceptible to Penicillin.

1 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 6.4% 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.

^{*} Includes ESBL and AMP-C isolates (8.5% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

[^] Includes ESBL and AMP-C isolates (25.2% of total E.coli isolates identified as ESBL and AMP-C). In Ontario, E.coli is found to be 98.1% susceptible to Fosfomycin.

[^] This isolate is predictably susceptible to Penicillin.