# Antimicrobial Susceptibility Report January 1, 2017 to December 31, 2017 Champlain LTC (Excluding Hospitals)

# **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 ^	546	85	43	68		70	40	85	100	92	59
Enterococcus species ^^^^	195										
Klebsiella pneumoniae *	122	97		93		94	91	93	100	42	87
Proteus mirabilis +	79	100	84	97		100	85	96	100		87
Group B Streptococcus ^^	46										
Pseudomonas aeruginosa	37				86		92	92			

#### **Organism Notes:**

\* Includes ESBL and AMP-C isolates ( 5.7% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

^ Includes ESBL and AMP-C isolates (29.7% 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.

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 ^^^	198	75			48	75	45		97	100
Pseudomonas aeruginosa	54		93	87				98		
Group B Streptococcus ^^	33									

### **Organism Notes:**

^^ This isolate is predictably susceptible to Penicillin.

MRSA is resistant to all B-Lactams (penicillins, cephalosporins, B-lactam/B-lactamase inhibitor combinations, and carbapenems). MRSA constitutes 25.3% 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.

