

# **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 ^	713	85	54	84		87	58	91	100	97	70
Enterococcus species ^^^	190										
Klebsiella pneumoniae *	136	99		89		89	90	93	100	38	86
Proteus mirabilis +	119	100	82	92		95	85	92	100		88
Group B Streptococcus ^^	49										
Pseudomonas aeruginosa	36				94		86	92			

#### **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 (3.4% 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 ^^^	285	64			50	64	46		98	100
Pseudomonas aeruginosa	95		93	80				95		
Group B Streptococcus ^^	<30									

## **Organism Notes:**

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 33.7% 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.

<sup>\*</sup> Includes ESBL and AMP-C isolates ( 11.0% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

<sup>^</sup> Includes ESBL and AMP-C isolates (12.2% of total E.coli isolates identified as ESBL and AMP-C). In Ontario, E.coli is found to be 98.1% susceptible to Fosfomycin.

<sup>^</sup> This isolate is predictably susceptible to Penicillin.

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