

2018 BC Vancouver Island Antibiograms

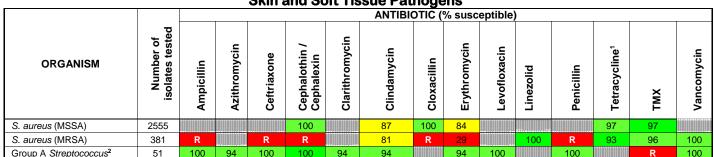
The following antibiograms are profiles of antimicrobial susceptibility testing results of pathogens submitted to LifeLabs from January 1, 2017 to December 31, 2017 as per the Clinical and Laboratory Standards Institute (CLSI) document M39-A4.

Respiratory Tract Pathogens

		ANTIBIOTIC (% susceptible)																	
ORGANISM	Number of isolates tested	Amoxicillin - Clavulanate	Ampicillin¹	Azithromycin	Ceftriaxone	Cefuroxime	Ciprofloxacin	Clarithromycin	Doxycycline	Erythromycin	Levofloxacin	Tetracycline	Penicillin (oral)	TMX	Ceftazidime	Gentamicin	Meropenem	Piperacillin- Tazobactam	ran
Haemophilus influenzae	74	99	70		99		100					89	R	65					
Moraxella catarrhalis ²	45		R										R						
Pseudomonas aeruginosa	32						97								97	88	100	100	97
Streptococcus pneumoniae3	274	>95	>95	74	>95	>95		74	59	74	100		>80	85					

¹Results of ampicillin testing can be used to predict results for amoxicillin.

Skin and Soft Tissue Pathogens



¹ Isolates susceptible to tetracycline are predictably susceptible to doxycycline; however, some isolates resistant to tetracycline may be susceptible to doxycycline.

Urinary Tract Pathogens

		ANTIBIOTIC (% susceptible)											
ORGANISM	Number of isolates tested	Ampicillin¹	Ceftriaxone	Cephalothin / Cephalexin	Ciprofloxacin	Fosfomycin ²	Gentamicin	Nitrofurantoin	Tetracycline ³	ТМХ			
Escherichia coli	8316	66	94	49	89	96	94	99	81	84			
Enterococcus faecalis	1426	100		R	86	96 ⁵		99	22	R			
Group B Streptococcus⁴	1309						R			R			
Klebsiella pneumoniae	951	R	97	94	98		98	42	89	95			

¹ Results of ampicillin testing can be used to predict results for amoxicillin.

⁵Calculations performed using fewer than the CLSI recommendation of 30 isolates. May not be statistically reliable for comparison with other years or locations



90-100% of isolates are susceptible to the antibiotic indicated (GOOD CHOICE)

51-89% of isolates are susceptible to the antibiotic indicated (INTERMEDIATE CHOICE)

0-50% of isolates are susceptible to the antibiotic indicated (POOR CHOICE)

The organism is inherently resistant to the antibiotic indicated **OR** is not recommended due to poor clinical response and/or poor activity Antimicrobial susceptibility testing not performed

TMX = Trimethoprim-Sulfa; MSSA = Methicillin-susceptible Staphylococcus aureus; MRSA = Methicillin-resistant Staphylococcus aureus

²Susceptibility testing for Moraxella catarrhalis is not routinely performed. Most clinical isolates of M. catarrhalis are resistant to amoxicillin but are generally susceptible to amoxicillin-clavulanate, macrolides, trimethoprim-sulfamethoxazole, quinolones, cefuroxime, cefixime, and ceftriaxone

³Detailed data for beta-lactam antibiotics is not available for S. pneumoniae due to differences in testing for oxacillin susceptible and resistant strains.

⁴Calculations performed using fewer than the CLSI recommendation of 30 isolates. May not be statistically reliable for comparison with other years or locations.

²Groups A, B, C and G streptococcal isolates are predictably susceptible to penicillin, amoxicillin and cephalosporins, therefore antimicrobial susceptibility testing is not routinely performed.

² Fosfomycin testing was performed on a limited number of isolates *E. coli* (n=198) and E faecalis (n = 25).

³ Isolates susceptible to tetracycline are predictably susceptible to doxycycline; however, some isolates resistant to tetracycline may be susceptible to doxycycline.

Antimicrobial susceptibility testing is not routinely performed on urine isolates of Streptococcus group B because such infections usually respond to antibiotics commonly used to treat uncomplicated urinary tract infections, such as ampicillin, cephalosporins and nitrofurantoin. Susceptibility to fluoroquinolones is variable