

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

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftriaxone	Ciprofloxacin	Fosfomycin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim-Sulfamethoxazole
E. coli ^	17496	90	62	88	92	72	98	93	100	98	82
Enterococcus species ^^^^	5783										
Group B Streptococcus ^^	3718										
Klebsiella pneumoniae *	2726	97		94	96	88		98	100	36	93
Proteus mirabilis +	1074	95 n:444	86	92	97	93		95	100		86
Staphylococcus saprophyticus ^^^	411										

Organism Notes:

* Includes ESBL and AMP-C isolates (3.8% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

^ Includes ESBL and AMP-C isolates (7.9% of total E.coli isolates identified as ESBL and AMP-C).

^^ This isolate is predictably susceptible to Penicillin.

^^^ Acute and uncomplicated urinary tract infections due to Staphylococcus saprophyticus will respond to commonly used antibiotics including Nitrofurantoin, Trimethoprim-Sulfamethaxazole and Fluoroquinolones.

^^^^ 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 98.7% and to Nitrofurantoin is 96.5%

+ Includes ESBL and AMP-C isolates (2.6% 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 ^^^	1205	89			77	89	72		96	100
Pseudomonas aeruginosa	357		93 n:356	83				97		
Group A Streptococcus ^^	352									
Group B Streptococcus ^^	163									

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 10.5% 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.