# Antimicrobial Susceptibility Report January 1, 2022 to December 31, 2022 Mississauga Halton LTC (Excluding Hospitals)

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

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftazidime	Ceftriaxone	Ciprofloxacin	Fosfomycin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim- Sulfamethoxazole
E. coli ^	485	61	38	68		71	44	97	88	100	97	71
Klebsiella pneumoniae *	147	91		93		93	86		97	100	56	93
Enterococcus species ^^^^	123											
Proteus mirabilis +	90	99	89	94		99	59		97	100		92
Pseudomonas aeruginosa	38				92		79		95			
Group B Streptococcus ^^	<30											

#### **Organism Notes:**

\* Includes ESBL and AMP-C isolates (6.8% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

^ Includes ESBL and AMP-C isolates (29.5% of total E.coli isolates identified as ESBL and AMP-C ).

M 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 95.7% and to Nitrofurantoin is 94.9%

+ Includes ESBL and AMP-C isolates (1.1% 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 ^^^	92	<b>85</b> n:85			66 n:85	<b>85</b> n:85	65 n:85		<b>100</b> n:85	<b>100</b> n:85
Pseudomonas aeruginosa	40		98	90				100		
Group B Streptococcus ^^	<30									

#### 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 15.2% 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.

