Antimicrobial Susceptibility Report January 1, 2022 to December 31, 2022 North West 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 ^ | 252 | 62 | 46 | 67 | | 73 | 50 | 97 | 92 | 100 | 95 | 65 |
| Enterococcus species ^^^^ | 94 | | | | | | | | | | | |
| Klebsiella pneumoniae * | 62 | 79 | | 77 | | 77 | 74 | | 89 | 100 | 35 | 79 |
| Proteus mirabilis + | 35 | 100 | 86 | 100 | | 100 | 94 | | 97 | 100 | | 100 |
| Pseudomonas aeruginosa | <30 | | | | 91 n:23 | | 96 n:23 | | 100 n:23 | | | |
| Group B Streptococcus ^^ | <30 | | | | | | | | | | | |

Organism Notes:

* Includes ESBL and AMP-C isolates (21.0% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

^ Includes ESBL and AMP-C isolates (27.4% 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 (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 ^^^ | 104 | 73 n:103 | | | 71 n:103 | 73 n:103 | 50 n:103 | | 97 n:103 | 100 n:103 |
| Pseudomonas aeruginosa | 34 | | 94 | 79 | | | | 97 | | |
| 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 27.9% 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.

