# Antimicrobial Susceptibility Report January 1, 2023 to December 31, 2023 North East Out Patient (Excluding Hospitals)

# **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 ^	4651	87	63	93	94	78	99	95	100	98	84
Enterococcus species ^^^^	1040										
Klebsiella pneumoniae *	820	94		95	96	88		98	100	36	93
Group B Streptococcus ^^	747										
Staphylococcus saprophyticus ^^^	203										
Proteus mirabilis +	171	96	89	95	96	95		95	100		89

#### **Organism Notes:**

\* Includes ESBL and AMP-C isolates ( 4.3% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

^ Includes ESBL and AMP-C isolates (5.7% of total E.coli isolates identified as ESBL and AMP-C ).

M 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 97.0% and to Nitrofurantoin is 95.2%

+ Includes ESBL and AMP-C isolates (2.9% 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	Tetracycline (2)	Trimethoprim- Sulfamethoxazole
Group A Streptococcus ^^	1410								
Staphylococcus aureus ^^^	948	<mark>85</mark> n:833			<b>80</b> n:833	<mark>85</mark> n:833	<b>70</b> n:833	<b>96</b> n:833	<b>100</b> n:830
Pseudomonas aeruginosa	232		97	84					n:1
Group B Streptococcus ^^	143								

### Organism Notes:

<sup>^</sup> 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 15.2% of total Staphylococcus aureus isolates identified.

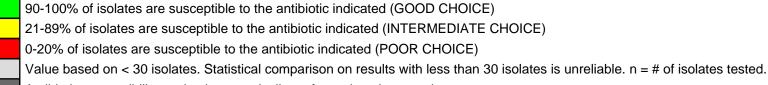
#### Antibiotic Notes:

(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.



Antibiotic susceptibility testing is not typically performed on the organism.