Antimicrobial Susceptibility Report January 1, 2024 to December 31, 2024 Central East 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 ^	821	71 n:819	53 n:819	77 n:819		82 n:819	58 n:819	96 n:819	92 n:819	100 n:819	97 n:819	78 n:819
Klebsiella pneumoniae *	293	81		81 n:292		82	80		93	100	39	83
Enterococcus species ^^^^	218											
Proteus mirabilis +	160	98	76	89		98	86		98	100		87
Pseudomonas aeruginosa	84				88		86					
Group B Streptococcus ^^	47											

Organism Notes:

* Includes ESBL and AMP-C isolates (17.7% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

^ Includes ESBL and AMP-C isolates (17.3% of total E.coli isolates identified as ESBL and AMP-C).

[^] 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 97.9% and to Nitrofurantoin is 96.5%

+ Includes ESBL and AMP-C isolates (1.3% 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
Staphylococcus aureus ^^^	338	78 n:324			72 n:324	78 n:324	58 n:324	97 n:324	100 n:324
Pseudomonas aeruginosa	166		94	89					
Group B Streptococcus ^^	45								

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 22.8% 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.

