

# **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 ^	343	69 n:340	53 n:340	<b>74</b> n:340		78 n:340	54 n:340	<b>93</b> n:339	<b>91</b> n:340	100 n:340	94 n:339	67 n:340
Klebsiella pneumoniae *	159	98		98		98	91		100	100	42	92
Enterococcus species ^^^	142											
Proteus mirabilis +	76	95 n:75	81 n:75	93 n:75		97 n:75	<b>75</b> n:75		93 n:75	100 n:75		81 n:75
Pseudomonas aeruginosa	47				98		85					
Group B Streptococcus ^^	33											

#### **Organism Notes:**

- \* Includes ESBL and AMP-C isolates (1.9% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).
- ^ Includes ESBL and AMP-C isolates (21.0% of total E.coli isolates identified as ESBL and AMP-C).

^^^ 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 ( 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	Tetracycline (2)	Trimethoprim- Sulfamethoxazole
Staphylococcus aureus ^^^	163	<b>79</b> n:156			<b>71</b> n:156	<b>79</b> n:156	69 n:156	<b>96</b> n:156	<b>99</b> n:156
Pseudomonas aeruginosa	64		95	83					
Group B Streptococcus ^^	<30								

## **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 20.2% 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.

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.

<sup>^</sup> This isolate is predictably susceptible to Penicillin.