

## 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 ^	1356	71	51	76		79	54	96	89	100	93	74
Klebsiella pneumoniae *	507	86		86		87	79		96	99	54	86
Enterococcus species ^^^^	450											
Proteus mirabilis +	324	98 n:322	74 n:323	89 n:323		98 n:323	72 n:323		97 n:323	100 n:323		78 n:323
Pseudomonas aeruginosa	219				91 n:215		84 n:215					
Group B Streptococcus ^^	66											

### Organism Notes:

\* Includes ESBL and AMP-C isolates ( 13.0% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

^ Includes ESBL and AMP-C isolates ( 20.4% 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 ( 1.9% 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
Staphylococcus aureus ^^^	835	62 n:799			69 n:799	62 n:799	47 n:798	92 n:798	99 n:798
Pseudomonas aeruginosa	394		93	89					
Group B Streptococcus ^^	92								

### 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 37.1% 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.

<span style="background-color: #00FF00; width: 15px; height: 10px; display: inline-block;"></span>	90-100% of isolates are susceptible to the antibiotic indicated (GOOD CHOICE)
<span style="background-color: #FFFF00; width: 15px; height: 10px; display: inline-block;"></span>	21-89% of isolates are susceptible to the antibiotic indicated (INTERMEDIATE CHOICE)
<span style="background-color: #FF0000; width: 15px; height: 10px; display: inline-block;"></span>	0-20% of isolates are susceptible to the antibiotic indicated (POOR CHOICE)
<span style="background-color: #D3D3D3; width: 15px; height: 10px; display: inline-block;"></span>	Value based on < 30 isolates. Statistical comparison on results with less than 30 isolates is unreliable. n = # of isolates tested.
<span style="background-color: #808080; width: 15px; height: 10px; display: inline-block;"></span>	Antibiotic susceptibility testing is not typically performed on the organism.