

## 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 ^	268	69	48	71		73	54	94	85	100	97	74
Klebsiella pneumoniae *	92	87		85		88	82		99	100	38	88
Enterococcus species ^^^^	92											
Proteus mirabilis +	<30	100 n:26	92 n:26	100 n:26		100 n:26	92 n:26		85 n:26	100 n:26		85 n:26
Pseudomonas aeruginosa	<30				86 n:21		95 n:21					
Group B Streptococcus ^^	<30											

### Organism Notes:

\* Includes ESBL and AMP-C isolates ( 12.0% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

^ Includes ESBL and AMP-C isolates ( 26.9% 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 ( 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	Tetracycline (2)	Trimethoprim-Sulfamethoxazole
Staphylococcus aureus ^^^	145	54 n:138			75 n:138	54 n:138	49 n:138	93 n:138	99 n:138
Pseudomonas aeruginosa	45		93	91					
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 45.5% 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: #CCCCCC; 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.