

## 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 ^	9122	85	63	89	93	77	98	94	100	97	81
Enterococcus species ^^^^	2294										
Klebsiella pneumoniae *	1689	94		94	95	88		98	100	51	92
Group B Streptococcus ^^	774										
Proteus mirabilis +	407	94	84	90	95	91		96	100		85
Staphylococcus saprophyticus ^^^	299										

### Organism Notes:

\* Includes ESBL and AMP-C isolates ( 4.5% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

^ Includes ESBL and AMP-C isolates ( 6.8% of total E.coli isolates identified as ESBL and AMP-C ).

^^ 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 97.9% and to Nitrofurantoin is 96.5%

+ Includes ESBL and AMP-C isolates ( 3.7% 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 ^^	1973								
Staphylococcus aureus ^^^	1461	78			81	78	73	96	98
Pseudomonas aeruginosa	365		96	90					
Group B Streptococcus ^^	120								

### 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 20.3% 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.