

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 ^	12801	81	57	85	90	67	98	92	100	97	76
Enterococcus species ^^^	3333										
Klebsiella pneumoniae *	2327	91		90	92	85		97	100	39	89
Group B Streptococcus ^^	1689										
Proteus mirabilis +	816	97 n:815	76	89	98	91		94	100		83
Staphylococcus saprophyticus ^^^	421										

Organism Notes:

- * Includes ESBL and AMP-C isolates (7.2% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).
- ^ Includes ESBL and AMP-C isolates (10.3% 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 (1.8% 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 ^^	3947								
Staphylococcus aureus ^^^	1718	82			79	82	68	93	99
Pseudomonas aeruginosa	486		97 n:483	88 n:483					
Group B Streptococcus ^^	158								

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 16.4% 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.