

## 2025 BC Vancouver Island Antibiograms

The following antibiograms are profiles of antimicrobial susceptibility testing results of pathogens submitted to LifeLabs in 2023-2024 (for respiratory tract pathogens) in 2024 (for skin and soft tissue and urinary tract pathogens) compiled as per Clinical and Laboratory Standards Institute (CLSI) document M39, 5th edition (2022). Results with fewer than 30 isolates are excluded to ensure representativeness and reliability of the susceptibility data.

Respiratory Tract Pathogens (Sputum)

	i	ANTIBIOTIC (% susceptible)														
ORGANISM	Number of isolates reported 2023-2024	Ampicillin/ Amoxicillin	Azithromycin	Cephalothin / Cephalexin	Ceftriaxone	Ciprofloxacin	Clarithromycin	Erythromycin	Levofloxacin	Tetracycline <sup>3</sup>	Penicillin (oral)	Cloxacillin	Trimethoprim- sulfa	Ceftazidime	Tobramycin	Piperacillin- tazobactam
Haemophilus influenzae	79	55	96		99	99				79	R	R	61			
Moraxella catarrhalis <sup>1</sup>	51															
Streptococcus pneumoniae	31	>95 <sup>2</sup>	71		100		71	71	97	74	71		74			
Staphylococcus aureus (MSSA)	31	·		100				57				100	100			
Pseudomonas aeruginosa	50	R	R	R	R	88	R	R		R	R	R	R	98	99	98

Susceptibility testing for Moraxella catarrhalis is not routinely performed. Most clinical isolates of M. catarrhalis are resistant to amoxicillin but susceptible to amoxicillin-clavulanate, macrolides, trimethoprim-sulfamethoxazole, quinolones, cefuroxime, cefixime, and ceftriaxone.

<sup>2</sup> Amoxicillin testing is not routinely performed on *Streptococcus pneumoniae*; however, 2019 testing of a subset of isolates showed >95% susceptibility.

<sup>3</sup> Isolates that test susceptible to tetracycline are considered susceptible to doxycycline and minocycline.

Skin and Soft Tissue Pathogens

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	S S	ANTIBIOTIC (% susceptible)													
ORGANISM	Number of isolates reported in 2024	Ampicillin/ Amoxicillin	Azithromycin	Ceftriaxone	Cephalothin / Cephalexin	Clarithromycin	Clindamycin	Cloxacillin	Erythromycin	Levofloxacin	Linezolid	Penicillin	Tetracycline <sup>1</sup>	Trimethoprim- Sulfa	Vancomycin
S. aureus (MSSA)	1814				100		88	100	81				97	99	
S. aureus (MRSA)	312	R		R	R		85	R	48		100	R	71	78	100
Group A Streptococcus <sup>2</sup>	377	100	77	100	100	77	77		77			100		R	100

<sup>1</sup> Isolates that test susceptible to tetracycline are considered susceptible to doxycycline and minocycline; however, isolates that test intermediate or resistant to tetracycline do

## **Urinary Tract Pathogens**

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	S	ANTIBIOTIC (% susceptible)										
	Number of isolates reported in 2024	Ampicillin/ Amoxicillin	Cefazolin¹ / oral cephalosporins	Ceftriaxone	Ciprofloxacin	Fosfomycin	Gentamicin	Nitrofurantoin	Tetracycline <sup>3</sup>	Trimethoprim- Sulfa		
Escherichia coli	5310	67	99	92	75	99	94	98	81	84		
Enterococcus faecalis	1309	100			89	92		99	24	R		
Group B Streptococcus²	996											
Klebsiella pneumoniae	907	R	99	95	89		98	30	88	93		
Proteus mirabilis	310	86	99	97	94		91	R	R	90		

The data does not represent all isolates because cefazolin was not tested when the resistance pattern suggested patterns of extended spectrum beta-lactamase. Susceptibility was determined using the CLSI breakpoint for uncomplicated cystitis, and therefore cannot be extrapolated to complicated urinary tract and systemic infections.

not always predict doxycycline or minocycline sensitivity.

<sup>2</sup> Group A Streptococcus is universally susceptible to penicillin, amoxicillin and cephalosporins, therefore antimicrobial susceptibility testing is not routinely performed. Antimicrobial susceptibility is tested on a subset of isolates.

<sup>&</sup>lt;sup>2</sup> Susceptibility testing is not routinely performed on urine isolates of Group B Streptococcus because such infections usually respond to antibiotics commonly used to treat uncomplicated urinary tract infections, such as ampicillin and cephalosporins. Susceptibility to nitrofurantoin and fluoroquinolones is variable.

<sup>&</sup>lt;sup>3</sup> Isolates that test susceptible to tetracycline are considered susceptible to doxycycline and minocycline; however, isolates that test intermediate or resistant to tetracycline do not always predict doxycycline or minocycline sensitivity.



90-100% of isolates are susceptible to the antibiotic indicated (GOOD CHOICE)

51-89% of isolates are susceptible to the antibiotic indicated (INTERMEDIATE CHOICE)

0-50% of isolates are susceptible to the antibiotic indicated (POOR CHOICE)

The organism is inherently resistant to the antibiotic indicated **OR** is not recommended due to poor clinical response and/or poor activity