

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 ^ | 4708 | 80 | 60 | 86 | 91 | 72 | 98 | 94 | 100 | 97 | 81 |
| Enterococcus species ^^^^ | 1367 | | | | | | | | | | |
| Klebsiella pneumoniae * | 1050 | 90 | | 91 | 93 | 86 | | 96 | 100 | 43 | 90 |
| Group B Streptococcus ^^ | 464 | | | | | | | | | | |
| Proteus mirabilis + | 258 | 99 | 81 | 92 | 99 | 92 | | 93 | 100 | | 87 |
| Staphylococcus saprophyticus ^^^ | 127 | | | | | | | | | | |

Organism Notes:

* Includes ESBL and AMP-C isolates (6.8% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

^ Includes ESBL and AMP-C isolates (8.6% 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 97.1% and to Nitrofurantoin is 96.9%

+ Includes ESBL and AMP-C isolates (0.4% 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 ^^^ | 864 | 80 n:790 | | | 79 n:790 | 80 n:790 | 69 n:790 | 94 n:790 | 99 n:788 |
| Group A Streptococcus ^^ | 701 | | | | | | | | |
| Pseudomonas aeruginosa | 218 | | 97 | 89 | | | | | |
| Group B Streptococcus ^^ | 73 | | | | | | | | |

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 19.6% 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.

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| | 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. |