Antimicrobial Susceptibility Report

January 1, 2025 to December 31, 2025

North East LTC (Excluding Hospitals)

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 ^	570	71 n:569	47 n:569	82 n:569		87 n:569	58 n:569	95 n:569	88 n:569	100 n:569	96 n:569	73 n:569
Klebsiella pneumoniae *	214	72		73		74	71		93	100	50	74
Enterococcus species ^^^^	182											
Proteus mirabilis +	86	98	88	94		98	70		97	100		90
Pseudomonas aeruginosa	74				95		86					
Group B Streptococcus ^^	41											

Organism Notes:

* Includes ESBL and AMP-C isolates (25.7% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C).

^ Includes ESBL and AMP-C isolates (12.1% 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 97.1% and to Nitrofurantoin is 96.9%

+ Includes ESBL and AMP-C isolates (1.2% 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 ^^^	334	65 n:312			73 n:312	65 n:312	60 n:312	99 n:312	100 n:312
Pseudomonas aeruginosa	89		96	94					
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 34.1% 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.