

The following antibiograms are profiles of antimicrobial susceptibility testing results of pathogens from specimens submitted to LifeLabs in BC Mainland and on Vancouver Island in 2025 compiled as per Clinical and Laboratory Standards Institute (CLSI) document M39, 5<sup>th</sup> edition (2022). Only the most common pathogens in the respective anatomical sites are included in the antibiograms. Results with fewer than 30 isolates are excluded to ensure representativeness and reliability of the susceptibility data.

### Respiratory Tract Pathogens (Sputum)

ORGANISM	ANTIBIOTIC % susceptible (numerator / denominator)														
	Ampicillin/ Amoxicillin	Azithromycin	Cephalothin / Cephalexin	Ceftriaxone	Ciprofloxacin	Clarithromycin	Erythromycin	Levofloxacin	Tetracycline <sup>3</sup>	Penicillin (oral)	Cloxacillin	Trimethoprim- Sulfa	Ceftazidime	Tobramycin	Piperacillin- tazobactam
<i>Haemophilus influenzae</i>	63% (71 / 112)	99% (110 / 111)		100% (112 / 112)	100% (111 / 111)				81% (91 / 112)	R	R	61% (69 / 112)			
<i>Moraxella catarrhalis</i> <sup>1</sup>															
<i>Streptococcus pneumoniae</i>	See foot-note <sup>2</sup>	69% (31 / 45)		100% (45 / 45)		69% (31 / 45)	69% (31 / 45)	98% (31 / 45)	69% (31 / 45)	73% (33 / 45)		77% (31 / 45)			
<i>Staphylococcus aureus</i> (MSSA)			100% (35 / 35)				80% (28 / 35)		100% (35 / 35)		100% (35 / 35)	100% (35 / 35)			
<i>Pseudomonas aeruginosa</i>	R	R	R	R	78% (71 / 91)	R	R		R	R	R	R	97% (88 / 91)	98% (89 / 91)	97% (88 / 91)

<sup>1</sup> 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> Ampicillin / amoxicillin testing is not routinely performed on *Streptococcus pneumoniae*; however, isolates susceptible to penicillin are expected to be susceptible to ampicillin / amoxicillin, as per CLSI M100 guidance.

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

### Skin and Soft Tissue Pathogens

ORGANISM	ANTIBIOTIC % susceptible (numerator / denominator)													
	Ampicillin / Amoxicillin	Azithromycin	Ceftriaxone	Cephalothin / Cephalexin	Clarithromycin	Clindamycin	Cloxacillin	Erythromycin	Levofloxacin	Linezolid	Penicillin	Tetracycline <sup>1</sup>	Trimethoprim- Sulfa	Vancomycin
<i>S. aureus</i> (MSSA)				100% (9670 / 9670)		84% (8713 / 9673)	100% (9670 / 9670)	80% (7689 / 9673)				96% (9248 / 9673)	99% (9619 / 9671)	
<i>S. aureus</i> (MRSA)	R		R	R		74% (1607 / 2184)	R	46% (1001 / 2184)		100% (2183 / 2183)	R	70% (1519 / 2184)	88% (1001 / 2184)	100% (2183 / 2183)
Group A <i>Streptococcus</i> <sup>2</sup>	100% (291 / 291)	78% (226 / 291)	100% (291 / 291)	100% (291 / 291)	78% (226 / 291)	78% (228 / 291)		78% (226 / 291)	96% (279 / 291)		100% (291 / 291)		R	100% (291 / 291)

<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 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.

## Urinary Tract Pathogens

ORGANISM	ANTIBIOTIC % susceptible (numerator / denominator)								
	Ampicillin/ Amoxicillin	Cefazolin <sup>1</sup> / oral cephalosporins	Ceftriaxone	Ciprofloxacin	Fosfomycin	Gentamicin	Nitrofurantoin	Tetracycline <sup>3</sup>	Trimethoprim- Sulfa
<i>Escherichia coli</i>	59% (19226 / 32634)	86% (27984 / 32629)	87% (28275 / 32632)	67% (21702 / 32511)	98% (32137 / 32632)	92% (30105 / 32634)	97% (31795 / 32634)	77% (25085 / 32513)	80% (26030 / 32634)
<i>Enterococcus faecalis</i> <sup>4</sup>	100% (7612 / 7617)			87% (6597 / 7548)	98% (50 / 51)		99% (7562 / 7617)	25% (1888 / 7548)	R
Group B Streptococcus <sup>2</sup>									
<i>Klebsiella pneumoniae</i>	R	96% (4957 / 5175)	93% (4981 / 5305)	89% (4701 / 5288)		98% (5210 / 5305)	25% (1321 / 5305)	88% (4659 / 5288)	93% (4934 / 5305)
<i>Proteus mirabilis</i>	80% (1754 / 2193)	97% (2090 / 2150)	96% (2098 / 2193)	88% (1920 / 2189)		93% (2033 / 2193)	R	R	85% (1859 / 2193)

<sup>1</sup> Susceptibility was determined using the CLSI breakpoint for uncomplicated cystitis and therefore cannot be extrapolated to complicated urinary tract and systemic infections.

<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>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.

<sup>4</sup> Does not include vancomycin-resistant enterococcus.

R

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