

Urinary Tract Pathogens - % Susceptible

| Organism | Number of Isolates | Amox clavulanic | Ampicillin | Cefazolin (1) | Ceftazidime | Ceftriaxone | Ciprofloxacin | Gentamicin | Meropenem | Nitrofurantoin | Trimethoprim-Sulfamethoxazole |
|---------------------------|--------------------|-----------------|------------|---------------|-------------|-------------|---------------|------------|-----------|----------------|-------------------------------|
| E. coli ^ | 297 | 79 | 37 | 70 | | 73 | 48 | 90 | 100 | 95 | 68 |
| Enterococcus species ^^^^ | 100 | | | | | | | | | | |
| Proteus mirabilis + | 55 | 100 | 65 | 95 | | 100 | 60 | 98 | 100 | | 69 |
| Klebsiella pneumoniae * | 50 | 100 | | 100 | | 100 | 96 | 100 | 100 | 40 | 98 |
| Pseudomonas aeruginosa | <30 | | | | 96 n=23 | | 91 n=23 | 83 n=23 | | | |
| Group B Streptococcus ^^ | <30 | | | | | | | | | | |

Organism Notes:

* Includes ESBL and AMPC isolates (0.0% of total Klebsiella pneumoniae isolates identified).

^ Includes ESBL and AMPC isolates (26.3% of total E.coli isolates identified). In Ontario, E.coli is found to be 99.5% susceptible to Fosfomycin.

^^ 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.

+ Includes ESBL and AMPC isolates (0.0% of total Proteus mirabilis isolates identified).

Antibiotic Notes:

(1) Cefazolin interpretation predicts results for Cephalexin (Keflex) in accordance with CLSI standards for urinary sites only (not systemic).

All Other Sources (Excluding Surveillance) - % Susceptible

| Organism | Number of Isolates | Cefazolin | Ceftazidime | Ciprofloxacin | Clindamycin | Cloxacillin | Erythromycin | Gentamicin | Tetracycline (2) | Trimethoprim-Sulfamethoxazole |
|---------------------------|--------------------|-----------|-------------|---------------|-------------|-------------|--------------|------------|------------------|-------------------------------|
| Staphylococcus aureus ^^^ | 54 | 85 | | | 48 | 85 | 44 | | 98 | 100 |
| Pseudomonas aeruginosa | 34 | | 97 | 88 | | | | 97 | | |
| 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 18.5% 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. |