

## Urinary Tract Pathogens (in Order of Frequency) - % Susceptible

Organism	Number of Isolates	Amox clavulanic	Ampicillin	Cefazolin (1)	Ceftazidime	Ceftriaxone	Ciprofloxacin	Gentamicin	Meropenem	Nitrofurantoin	Trimethoprim-Sulfamethoxazole
E. coli ^	335	77	42	67		70	45	93	100	93	66
Enterococcus species ^^^^	139										
Klebsiella pneumoniae *	81	100		96		96	93	96	100	41	95
Proteus mirabilis +	41	100	98	98		100	88	98	100		98
Group B Streptococcus ^^	<30										
Pseudomonas aeruginosa	<30				94 n=16		88 n=16	81 n=16			

### Organism Notes:

\* Includes ESBL and AMP-C isolates ( 3.7% of total Klebsiella pneumoniae isolates identified as ESBL and AMP-C ).

^ Includes ESBL and AMP-C isolates ( 28.1% of total E.coli isolates identified as ESBL and AMP-C ). In Ontario, E.coli is found to be 97.5% 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. Susceptibility to Amoxicillin is 97.5% and to Nitrofurantoin is 96.6%

+ Includes ESBL and AMP-C isolates ( 0.0% 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	Gentamicin	Tetracycline (2)	Trimethoprim-Sulfamethoxazole
Staphylococcus aureus ^^^	139	63			60	63	36		98	99
Pseudomonas aeruginosa	32		94	94				100		
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 36.7% 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.