YRH Antibiotic Susceptibility (*Jan 1, 2017- Dec 31, 2017*)

Inpatients - Gram Negative Isolates: % Susceptible

	# tested	Amoxicillin/Clavulanate	Ampicillin	Cefazolin (Cephalexin [1])	Ceftazidime	Ceftriaxone	Piperacillin/Tazobactam	Ertapenem	Meropenem	Ciprofloxacin	Nitrofurantoin [1]	SXT/TMP	Tetracycline [2]	Gentamicin	Tobramycin
E. coli	107	84	58	87	91	91	93	100	100	76	97	77	70	91	91
Klebsiella pneumoniae	288	98	R	93	98	96	97	99	100	97	35	90	85	97	97
Klebsiella oxytoca	85	89	R	54	100	94	89	100	100	100	92	100	97	100	100
Citrobacter freundii	37	R	R	R	62*	62*	R	97	97	87	97	89	87	87	89
Enterobacter cloacae	147	R	R	R	67*	61*	R	86	97	97	54	92	89	99	99
Enterobacter aerogenes	37	R	R	R	65*	65*	R	89	97	95	R	100	92	100	100
Serratia marcescens	90	R	R	R	99	91	-[3]	98	100	90	R	100	21	99	93
Morganella morganii	45	R	R	R	91	91	98	100	100	89	R	82	24	98	79
Proteus mirabilis	38	100	95	100	100	100	100	100	100	86	R	78	R	97	100
Afermenters															
Pseudomonas aeruginosa	30	-	-	-	93	-	85	-	96	90	-	R	-	100	100
Burkholderia cepacia	27	-	-	-	33	15	-	-	78	26	-	48	-	R	R
Stenotrophomonas sp.	36	-	-	-	39	-	-	-	R	28	-	92	-	19	22
Acinetobacter baumannii complex	60	-	-	-	78	18	82	-	100	98	-	98	-	97	100

All results are rounded to the nearest whole number
Some isolates may have duplicates included which may alter the results
** approximate # tested as not all isolates tested against all antibiotics
* may develop resistance on treatment due to inducible AmpC B-lactamase (not recommended for treatment for Enterobacter and Citrobacter)
"R" intrinsically resistant or sensitivity <10%
"-" either not tested or not active
[1] Cephalexin should only be used for uncomplicated UTI
[2] doxycycline susceptibility can be inferred from tetracycline
[3] may be susceptible but not reported
[4] includes isolates from Oct 2014-Sept 2017 (due to low number of isolates)
[5] *Enterobacter aerogenes* now called *Klebsiella aerogenes*
Species in green indicate susceptibility rates from Capital Health Data due to low local isolates

Susceptibility	<50%	50-89%	≥90%

Inpatients - Gram Positive Isolates: % Susceptible

	# tested**	Amoxicillin/Clavulanate	Ampicillin	Penicillin	Cloxacillin[8]	Ceftriaxone	Clindamycin	Erythromycin	Ciprofloxacin	Levofloxacin	Nitrofurantoin[9]	SXT/TMP	doxycycline	Vancomycin
Staphylococcus aureus [1]	538	88[2]	R	R	88	-	77	71	83	-	99	98	98[6]	100
MRSA	64	R	R	R	R	R	33	16	19	-	100	95	98[6]	98
Coagulase negative Staphylococcus	217	37[2]	-	-	37	-	58	43	46	-	99	61	92[6]	100
Enterococcus faecalis	87	99[2]	99	-[7]	R	R	R	R	83	-	98	R	28	100
Enterococcus faecium	53	R[2]	R	-[7]	R	R	R	R	R	-	R	R	21	98
Streptococcus pyogenes[4] **(Group A Streptococcus)**	38	100[2]	100[2]	100[3]	100[2]	100[2]	84	84	-	-	-	R	-	100[3]
Streptococcus pneumoniae [5,10]	64	69[2]	69[2]	69	-	100	-	71	-	98	-	-	76	100[3]

Susceptibility <50% 50-89% ≥90%

All results are rounded to the nearest whole number
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** approximate # tested as not all isolates tested against all antibiotics
"R" intrinsically resistant or susceptibility < 10%
"-" either not tested or not active
MRSA = methicillin resistant *Staphylococcus aureus*
[1] includes MSSA and MRSA
[2] inferred susceptibility from other agents (may be more active than penicillin but not tested)
[3] predicted susceptibility from literature
[4] includes isolates from Oct 2015 to Sept 2017
[5] non-CSF isolates (CSF isolates may have different resistance due to lower MIC breakpoints for penicillin and ceftriaxone)
[6] doxycycline susceptibility inferred from tetracycline
[7] may be susceptible but not reported (not better than ampicillin)
[8] cefazolin and cephalexin susceptibilities can be inferred from cloxacillin
[9] for uncomplicated UTI only
[10] combined inpatient and outpatient data
Species in green indicate susceptibility rates from Capital Health Data due to low local isolates

Outpatients - Gram Negative Isolates: % Susceptible

	# tested	Amoxicillin/Clavulanate	Ampicillin	Cefazolin (Cephalexin [1])	Ceftazidime	Ceftriaxone	Piperacillin/Tazobactam	Ertapenem	Meropenem	Ciprofloxacin	Nitrofurantoin [1]	SXT/TMP	Tetracycline [2]	Gentamicin	Tobramycin
E. coli	1210	87	65	94	97	97	97	100	100	89	98	84	80	93	94
Klebsiella pneumoniae	170	93	R	96	96	96	95	100	100	92	45	89	85	100	96
Klebsiella oxytoca	49	98	R	69	100	98	98	100	98	100	96	100	94	100	100
Citrobacter freundii	101	R	R	R	87*	87*	86*	99	99	95	92	87	84	92	93
Enterobacter cloacae	42	R	R	R	88*	76*	71*	100	98	100	64	88	95	100	100
Enterobacter aerogenes	79	R	R	R	90*	87*	87*	98	98	96	14	96	98	100	100
Serratia marcescens	111	R	R	R	100	90	-[3]	96	99	92	R	96	17	99	79
Morganella morganii	59	R	R	R	85	92	98	98	100	93	R	85	11	85	95
Proteus mirabilis	101	100	92	87	98	98	100	100	99	94	R	94	R	95	95
Afermenters															
Pseudomonas aeruginosa	80	-	-	-	91	-	89	-	95	79	-	R	-	93	100
Burkholderia cepacia	33	-	-	-	30	-	-	-	61	R	-	R	-	R	R
Stenotrophomonas sp.	55	-	-	-	35	R	-	-	R	13	-	91	-	13	R
Acinetobacter baumannii complex	46	-	-	-	94	24	-	-	-	98	-	100	-	100	100

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Includes inpatient and outpatient samples
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[5] *Enterobacter aerogenes* now called *Klebsiella aerogenes*
Species in green indicate susceptibility rates from Capital Health Data due to low local isolates

Susceptibility	<50%	50-89%	≥90%

Outpatients - Gram Positive Isolates: % Susceptible

	# tested**	Amoxicillin/Clavulanate	Ampicillin	Penicillin	Cloxacillin[8]	Ceftriaxone	Clindamycin	Erythromycin	Ciprofloxacin	Levofloxacin	Nitrofurantoin[9]	SXT/TMP	doxycycline	Vancomycin
Staphylococcus aureus [1]	140	-	-	R	87	-	80	75	81	84	99	100	98	100
MRSA	109	R	R	R	R	R	52	27	34	-	99	93	100[6]	100
Coagulase negative Staphylococcus	170	42[7]	-	-	42	-	62	49	44	-	99	61	-	98
Enterococcus faecalis	240	99[2]	99	-[7]	R	R	R	R	64	-	98	R	28	100
Enterococcus faecium	63	10[2]	10	-[7]	R	R	R	R	44	-	R	R	16	100
***Streptococcus pyogenes* (Group A Streptococcus)**	38	100[2]	100[2]	100	100[2]	100[2]	84	84	-	-	-	R	-	100[3]
Streptococcus pneumoniae [5,10]	64	69[2]	69[2]	69	-	100	-	71	-	98	-	-	77	100[3]

Susceptibility <50% | 50-89% | ≥90%

All results are rounded to the nearest whole number
Some isolates may have duplicates included which may alter the results
Includes inpatient and outpatient samples
** approximate # tested as not all isolates tested against all antibiotics
"R" intrinsically resistant or susceptibility < 10%
"-" either not tested or not active
MRSA = methicillin resistant *Staphylococcus aureus*
[1] includes MRSA
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[9] for uncomplicated UTI only
[10] combined inpatient and outpatient data
Species in green indicate susceptibility rates from Capital Health Data due to low local isolates

E. coli and *Klebsiella pneumoniae* (urinary isolates only): % Susceptible

	# tested	Amoxicillin/Clavulanate	Ampicillin	Cefazolin (Cephalexin [1])	Ceftazidime	Ceftriaxone	Piperacillin/Tazobactam	Ertapenem	Meropenem	Ciprofloxacin	Nitrofurantoin [1]	SXT/TMP	Tetracycline	Gentamicin	Tobramycin
Inpatient Urine															
E. coli	97	84	59	87	91	91	92	100	100	77	99	77	71	91	90
Klebsiella pneumoniae	212	99	R	95	99	97	97	100	100	97	37	92	88	97	98
Outpatient Urine															
E. coli	1097	87	66	95	97	97	95	100	97	88	95	84	80	94	99
Klebsiella pneumoniae	159	93%	R	96	96	96	94	100	100	91	44	88	84	100	96

All results are rounded to the nearest whole number
Some isolates may have duplicates included which may alter the results
"R" intrinsically resistant or sensitivity <10%
"-" either not tested or not active
[1] for uncomplicated UTI only
Species in green indicate susceptibility rates from Capital Health Data due to low local isolates

Susceptibility	<50%	50-89%	≥90%

Candida species: % Susceptible (2016-2017)*

	# tested	Fluconazole	Fluconazole (dose dependent[1])	Voriconazole	Micafungin
Candida albicans	646	97	3	99	100
C. parapsilosis	126	91	2	98	100
C. glabrata	99	0	93	-	100
C. tropicalis	46	100	9	95	100
C. krusei	34	0	0	100	100
C. unspecified	45	91	0	98	98

Susceptibility <50% 50-89% ≥90%

All results are rounded to the nearest whole number
Some isolates may have duplicates included which may alter the results
"-" no data
* data combined from 2016 and 2017 calendar years (includes both blood stream and non-blood stream isolates)
[1] a higher dose of fluconazole would be indicated
Species in green indicate susceptibility rates from Capital Health Data due to low local isolates