## Antibiogram LHSC and St. Joseph's Healthcare Facilities

## A Guide to Interpreting the Antibiogram

- The antibiogram is an annual cumulative report of the antimicrobial susceptibility rates of common pathogens recovered from patients receiving care at London Health Sciences Centre and St. Joseph's Healthcare facilities and is to be used as a resource to inform empirical antimicrobial therapy.
- Susceptibility rates are calculated from the compilation of susceptibility results from all 'first' clinical isolates of a specific pathogen recovered from an individual patient per 30-day period. The rationale for this referral period is based on the need to represent 'wild-type' susceptibility profiles and avoid over-representing antimicrobial resistance that may develop de novo during a patient's prolonged hospital stay.
- Susceptibility rates for pathogens or clinical scenarios represented by less than 30 isolates are not calculated due to their limited statistical significance and interpretive value.
- The appropriateness of empiric therapy is highlighted using a colour range that corresponds to susceptibility rates. Green, 80-100%; Yellow, 70-79%; Red, <70%.

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Gram Negative Organisms	Number of Isolates	Ampicillin	Amoxacillin-Clavulanate	Piperacillin-Tazobactam	Cephalexin (urinary tract)	Cefazolin	Ceftriaxone	Ceftazidime	Imipenem	Meropenem	Ciprofloxacin	Levoflxacin	Gentamicin	Tobramycin	TMP-SMX
Escherichia coli	3264	57	86		86	75	89		100		77		92	93	79
Klebsiella pneumoniae complex	763		94		91	85	91		99		87		96	95	87
Proteus mirabilis	417	87	97				96			99	85		93	94	89
Enterobacter cloacae complex	342						68		98		91		98	97	87
Klebsiella oxytoca	232		90				93		100		96		95	95	95
Citrobacter freundii complex	113						65		98		79		91	89	80
Serratia marcescens	109						98		100	99	91		100	93	100
Klebsiella aerogenes	74						63		100		93		100	100	100
Morganella morganii	70						79		26	99	64		81	81	67
Citrobacter koseri	58		100				97		100		100		100	100	98
Pseudomonas aeruginosa	934			88				86	75	84	80		89	93	
Stenotrophomonas maltophilia	99											87			93

Enterobacter, Citrobacter, Klebsiella aerogenes and Serratia species are intrinsically resistant to ampicillin, cefazolin, and cefuroxime and may develop resistance to broader-spectrum beta-lactams during prolonged beta-lactam therapy.

Stenotrophomonas maltophilia results do not include isolates from cystic fibrosis patients.

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Gram Positive Organisms	Number of Isolates	Ampicillin	Penicillin	Penicillin (Meningeal)	Penicillin (Non-meningeal)	Cloxacillin	Ceftriaxone	Ceftriaxone (Meningeal)	Ceftriaxone (Non-meningeal)	Clindamycin	Doxycycline	Gentamicin	TMP-SMX	Vancomycin
Staphylococcus aureus (incl. MRSA)	2169					70				78	100		99	100
MRSA	652					0				87	100		96	100
Staphylococcus epidermidis	239					39				63			68	100
Staphylococcus lugdunensis	47					97				88			100	100
Enterococcus faecalis	173	98										87		100
Enterococcus faecium	174	6										59		87
Streptococcus pyogenes (GAS)	129									93				
Streptococcus agalactiae (GBS)	101									54				
Streptococcus pneumoniae	70		76	89	76			88	97				83	100
Streptococcus anginosus group	85		100				95							100
Streptococcus mitis group	30		83				97							100

Enterococcus susceptibility to gentamicin refers to synergy with cell wall active agents, including penicillin, ampicillin, or vancomycin.

Streptococcus pyogenes (group A streptococcus) and Streptococcus agalactiae (group B streptococcus) are considered susceptible to penicillin and routine testing is not performed.

Susceptibility of S. pneumoniae to certain  $\beta$ -lactams is pharmacodynamically interpreted to guide therapy for meningeal (M) and non-meningeal (NM) infections, and infections treated with oral penicillin V (PO).