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%.

2021 Antibiogram LHSC and St. Joseph's Healthcare Facilities

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	3430	61	87		88	74	89		99		78		93	93	79
Klebsiella pneumoniae complex	872		94		91	86	92		99		89		98	96	86
Proteus mirabilis	377	83	97				97			100	84		90	92	85
Enterobacter cloacae complex	369						67		95		94		98	96	90
Klebsiella oxytoca	250		88				91		98		96		96	96	94
Citrobacter freundii complex	130						64		95		83		94	92	83
Serratia marcescens	156						93		97	100	92		98	88	100
Klebsiella aerogenes	117						74		98		100		99	99	100
Morganella morganii	80						83		10	99	64		84	80	65
Citrobacter koseri	68		99				99		99		99		100	100	99
Pseudomonas aeruginosa	1047			86				84	70	85	79		85	89	
Stenotrophomonas maltophilia	118											97			97

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)	2418					69				82	100		99	100
MRSA	730					0				90	100		97	100
Staphylococcus epidermidis	320					38				65			62	100
Staphylococcus lugdunensis	37					97				92			100	100
Enterococcus faecalis	212	100										94		100
Enterococcus faecium	149	5										58		91
Streptococcus agalactiae (GBS)	65									38				
Streptococcus pneumoniae	41			77	98			93	95				88	100
Streptococcus anginosus group	92		98				95							100
Streptococcus mitis group	40		83				88							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 β -lactams is pharmacodynamically interpreted to guide therapy for meningeal (M) and non-meningeal (NM) infections, and infections treated with oral penicillin V (PO).