Antibiogram - 2023

Woodstock Hospital

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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 Woodstock Hospital 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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Organism	Number of Isolates	Ampicillin	Amoxacillin-Clavulanate	Piperacillin-Tazobactam	Cloxacillin	Cephalexin (urinary tract)	Cefazolin	Ceftriaxone	Ceftazidime	Imipenem	Meropenem	Ciprofloxacin	Clindamycin	Doxycycline	Gentamicin	Tobramycin	TMP-SMX	Vancomycin
Escherichia coli	668	62	92			90	75	91		100		78			95	95	83	
Klebsiella pneumoniae complex	141		92			85	80	86		100		85			93	91	84	
Proteus mirabilis	64	80	92					97			100	86			80	80	83	
Klebsiella oxytoca	45		91					93		100		98			100	98	98	
Pseudomonas aeruginosa	84			86					87	69	89	80				93		
Staphylococcus aureus (incl. MRSA)	182				68								82	100			99	100
MRSA	58				0								93	100			100	100

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.

https://www.lhsc.on.ca/palm/labs/microbiology.html#main-content