

UPDATE

To: **Outpatient Providers**

2017 Antimicrobial Susceptibility Trend Report

6/11/2018

We are pleased to once again provide separate antibiograms for our outpatient and inpatient providers. If you require further assistance, please contact Microbiology or our Infectious Disease Department.

Note:

- Susceptibilities are reported as Percentages (%) of organisms tested.
- Maximum number (#) of strains tested is listed in ()
- ↑ Demonstrates a greater than (>) 5% increase in susceptibility from previous year
- ↓ Demonstrates a greater than (>) 5% decrease in susceptibility from previous year
- Trend assessment from the previous year is not provided for less than 100 isolates per species.
- The increase in cefazolin susceptibility for *Klebsiella pneumoniae*, *Proteus mirabilis*, and *Escherichia coli* is a reflection of the updated breakpoint standards by CLSI that we implemented in September 2016. Please refer to the previously released memo from September 28, 2016 or contact Microbiology with any questions.

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2017 Antibigram Outpatient Community Providers (January-December)

Relative Total Cost Per Day PO ¹	\$	\$\$\$	\$	\$\$\$	\$	\$
Gram Negative Organisms Legend: • Susceptible Reported as % • (Maximum # strains tested) ↑ > 5% increase in Susceptibility from Previous Year ↓ > 5% decrease in Susceptibility from Previous Year	Cefazolin ³	Ceftriaxone	Ciprofloxacin	Levofloxacin	Trimethoprim/sulfa	Nitrofurantoin Urinary Tract Infections only
<i>Escherichia coli</i> (1761)	92 ³ ↑	94	84↑	84↑	83	95
<i>Enterobacter species</i> ² (121)	0	86	100	100	91	42
<i>Klebsiella species</i> (397)	85 ³ ↑	89	91↑	92↑	86	48↑
<i>Proteus species</i> (143)	96 ³ ↑	99	73	75	76	0
<i>Pseudomonas aeruginosa</i> (214)	-	-	70↓	67↓	-	-

Relative Total Cost Per Day PO ¹	\$	\$	\$	\$	\$	\$\$\$	\$	\$	\$	\$	\$	\$
Gram Positive Organisms Legend: • Susceptible Reported as % • (Maximum # strains tested) ↑ > 5% increase in Susceptibility from Previous Year ↓ > 5% decrease in Susceptibility from Previous Year	Ceftriaxone Non-meningitis	Ceftriaxone Meningitis	Clindamycin	Erythromycin	Levofloxacin	Linezolid	Penicillin	Penicillin Non-meningitis	Penicillin Meningitis	Tetracycline	Trimethoprim/sulfa	Nitrofurantoin Urinary Tract Infections only
<i>Staphylococcus aureus</i> (656)	-	-	72	40↑	71	100	0	-	-	95	97	100
<i>Staphylococcus coagulase negative</i> (214)	-	-	72↑	55↑	66	100	0	-	-	85	74	99
<i>Enterococcus faecalis</i> (197)	-	-	-	-	74	100	99	-	-	-	-	100
<i>Enterococcus faecium</i> ^{2,5} (31)	-	-	-	-	10	100	13	-	-	-	-	10
<i>Streptococcus pneumoniae</i> ² (33)	97	88	94	55	100	100	-	98	81	88	-	-
<i>Streptococcus agalactiae</i> (Group B) ² (33)	-	-	30	24	97	100	100	-	-	-	-	-

1. Relative Total Cost per Day PO/IV for Treatment: Green = Least expense, Red = Most expense
2. Trend assessment not provided due to low number of isolates.
3. Cannot differentiate Cefazolin Susceptible from Intermediate categories by testing method on non urinary tract specimens. Results valid only when used as therapy for uncomplicated UTI for *Escherichia coli*, *Klebsiella pneumoniae* or *Proteus mirabilis*.
4. For serious enterococcal infections, combination therapy with a beta lactam and an aminoglycoside should be used. *E. faecium* data are based on first isolate per patient within calendar year.
5. Due to low number of isolates, reported as actual number of isolates susceptible.