

UPDATE

To: Inpatient Providers

2016 Antimicrobial Susceptibility Trend Report

3/28/2017

This year we are providing a separate antibiogram specifically for our outpatient community providers to make it easier to find the antibiotics more likely to be used in this setting. We are still providing the full antibiogram for inpatient use. If this does not meet your needs, 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.

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2016 Antibigram Inpatient Providers (January-December)

Relative Cost Per Day PO/IV ¹	\$\$\$	\$	\$	\$	\$	\$	\$	\$	\$\$\$	\$\$\$	\$	\$\$\$	\$\$\$	\$\$\$ IV	\$	\$
Gram Negative Organisms Legend: • Susceptible Reported as % • (Maximum # strains tested) ↑ > 5% increase in Susceptibility from Previous Year ↓ > 5% decrease in Susceptibility from Previous Year	Amikacin	Ampicillin	Amp/sulbactam	Cefazolin ³	Cefoxitin	Ceftazidime	Ceftriaxone	Ciprofloxacin	Gentamicin	Meropenem	Levofloxacin	Pip/Tazobactam	Tobramycin	Trimethoprim/sulfa	Nitrofurantoin Urinary Tract Infections only	Cefepime ⁴
<i>Escherichia coli</i> (1764)	100	59	65	70 ³	90	97	94	78	92	100	78	97	93	81	96	23/77 ^{2,7}
<i>Enterobacter species</i> ² (89)	100	-	-	0	0	91	85	98	100	100	99	91	96	90	41	
<i>Klebsiella species</i> (424)	100	0	70	63 ³ ↑	95 ↑	89	85	84 ↑	98	99	85 ↑	90	86	81	43 ↑	
<i>Proteus species</i> (147)	100	90 ↑	95 ↓	82 ³	90 ↓	100	99	71 ↑	99	100	76 ↑	98	99	77 ↑	0	
<i>Pseudomonas aeruginosa</i> (180)	99	-	-	-	-	94	-	79	91	94	74	99	100	-	-	

Relative Cost Per Day PO/IV ¹	\$	\$	\$	\$	\$	\$\$\$	\$	\$\$\$	\$	\$	\$	\$	\$	\$\$\$ IV	\$\$\$	\$
Gram Positive Organisms Legend: • Susceptible Reported as % • (Maximum # strains tested) ↑ > 5% increase in Susceptibility from Previous Year ↓ > 5% decrease in Susceptibility from Previous Year	Ampicillin	Ceftriaxone Non-meningitis	Ceftriaxone Meningitis	Clindamycin	Erythromycin	Gentamicin	Levofloxacin	Linezolid	Oxacillin ⁸	Penicillin	Penicillin Non-meningitis	Penicillin Meningitis	Tetracycline	Trimethoprim/sulfa	Vancomycin	Nitrofurantoin Urinary Tract Infections only
<i>Staphylococcus aureus</i> ⁵ (552)	-	-	-	73	35 ↓	99	72	100	57	0	-	-	97	97	100	100
<i>Staphylococcus coagulase negative</i> (172)	-	-	-	65	46	93	65 ↓	100	58	0	-	-	85 ↓	77 ↑	100	99
<i>Enterococcus faecalis</i> ⁶ (194)	99	-	-	-	-	-	71	100	-	98	-	-	-	-	100	100
<i>Enterococcus faecium</i> ^{2,6,7} (15)	2/15	-	-	-	-	-	3/15	100	-	2/15	-	-	-	-	9/15	2/15
<i>Streptococcus pneumoniae</i> ² (44)	-	98	82	77	55	-	100	100	-	-	98	57	75	-	100	-
<i>Streptococcus agalactiae</i> (Group B) ² (35)	100	-	-	46	46 ↑	-	100	100	-	100	-	-	-	-	100	-

- Relative Total Cost per Day PO/IV for Treatment: Green = Least expense, Red = Most expense
- Trend assessment not provided due to low number of isolates.
- 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.
- Cefepime tested by manual method on ESBL positive only
- Staph aureus* oxacillin data are based on the first isolate per patient within the calendar year.
- 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.
- Due to low number of isolates, reported as actual number of isolates susceptible.
- Oxacillin is tested as a surrogate for methicillin and nafcillin