Antibiogram - 2023

St. Thomas-Elgin General 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 St. Thomas-Elgin
 General 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	630	61	90			89	74	90		100		78			93	92	82	
Klebsiella pneumoniae complex	139		94			88	86	89		98		87			94	93	88	
Proteus mirabilis	77	84	97					99			100	91			86	88	88	
Enterobacter cloacae complex	30									100		87			100	97	70	
Klebsiella oxytoca	44		91					95		98		98			95	95	98	
Pseudomonas aeruginosa	79			94					91	68	89	90				100		
Staphylococcus aureus (incl. MRSA)	251				61								89	100			99	100
MRSA	98				0								99	100			98	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.

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