

Edinburg Children's Hospital Antibigram 2019 – URINE

Gram Positive Pathogens % Sensitive (Sensitivities based on blood drug concentrations. Results may not be applicable to urine infections where antimicrobial concentrations are higher)	# Isolates	Penicillins		FQs	AGs ²	Other/Misc.						
		Ampicillin	Oxacillin	Levofloxacin	Gentamicin	Tetracycline	Clindamycin	Trimeth/Sulfa	Nitrofurantoin ³	Rifampin ⁴	Vancomycin ⁵	Linezolid
<i>Enterococcus faecalis</i>	52	100	-	98	71	15	-	-	98	-	100	88
<i>Staphylococcus aureus</i> ^{1,6}	10	±	50	80	100	100	90	100	100	100	100	100
<i>Staphylococcus epidermidis</i> ⁶	3	-	67	100	100	67	100	100	100	100	100	100
Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists												
AGs=Aminoglycosides, FQs=Fluoroquinolones, MSSA= Methicillin Susceptible Staphylococcus Aureus, MRSA= Methicillin Resistant Staphylococcus Aureus, VRE= Vancomycin Resistant Enterococcus, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant ¹ Oxacillin or Cefazolin 1 st line therapy for MSSA ² Not for monotherapy in gram positive infections. For gram positive synergy with Beta-Lactams or Vancomycin ³ For uncomplicated urinary tract infections only ⁴ Not to be used alone for antimicrobial therapy due to quick emergence of resistance ⁵ 1 st line therapy for severe MRSA infections ⁶ % susceptibility results based on small numbers (<30 isolates). Interpret results with caution. ⁷ 100% susceptible to Cefotaxime/Ceftriaxone												

Edinburg Children's Hospital Antibigram 2019 – URINE

Gram Negative Pathogens % Sensitive (Sensitivities based on blood drug concentrations. Results may not be applicable to urine infections where antimicrobial concentrations are higher)	# Isolates	Penicillins			Cephalosporins				FQs	AGs			Other/Misc.		
		Ampicillin	Ampicillin/Sulb	Piperacillin/Taz	Cefazolin (1 st gen)	Cefoxitin (2 nd gen)	Ceftriaxone (3 rd gen)	Cefepime (4 th gen)	Levofloxacin	Amikacin	Gentamicin	Tobramycin	Trimeth/Sulfa	Nitrofurantoin ²	Meropenem ³
<i>Citrobacter freundii</i> ^{1,4}	6	-	-	83	-	-	83	100	100	+	100	100	83	83	100
<i>Enterobacter aerogenes</i> ^{1,4}	7	-	-	100	-	-	100	100	100	+	100	100	100	29	100
<i>Enterobacter cloacae</i> ^{1,4}	12	-	-	-	75	-	75	100	100	+	100	100	100	75	100
<i>Escherichia coli</i>	505	38	45	93	88	-	93	93	87	+	85	86	61	96	100
<i>Klebsiella pneumoniae</i>	57	-	75	91	82	-	84	84	88	+	86	81	70	37	100
<i>Morganella morganii</i> ⁴	16	-	-	100	-	-	94	100	94	+	88	94	88	-	100
<i>Proteus mirabilis</i>	108	93	96	100	99	-	99	99	100	+	97	97	94	-	100
<i>Pseudomonas aeruginosa</i> ⁴	34	-	-	100 ⁵	-	-	-	100	100	+	100	100	-	-	100
Lack of data indicates that the organism is intrinsically resistant to the antibiotic or that insufficient hospital susceptibility data exists															
AGs=Aminoglycosides, FQs=Fluoroquinolones, ESBL= Extended Spectrum Beta-Lactamase, + = usually susceptible, ± = variably susceptible/resistant, - = usually resistant ¹ May develop resistance during prolonged therapy with 3 rd generation cephalosporins. Isolates that are initially susceptible may become resistant within three to four days after initiation of therapy. Testing of repeat isolates may be warranted. ² For uncomplicated urinary tract infections only ³ Restricted to Infectious Disease consult ⁴ % susceptibility results based on small numbers (<30 isolates). Interpret results with caution. ⁵ Do not use if MIC>16.															