Toronto General Hospital ANTIBIOGRAM All Inpatients January 1, 2017 - December 31, 2017

Blood Isolates - % Susceptible

Blood Isolates — % Susceptible																											
≥80% Susceptible 70-79% Susceptible ≤69% Susceptible	#	%	Ampicillin	Amoxicillin-Clavulanic acid	Penicillin	Penicillin IV (meningitis)	Penicillin IV (non-meningitis)	Piperacillin-Tazobactam	Meropenem	Ertapenem	Cloxacillin	Cefazolin	Ceftriaxone	Ceftriaxone (meningitis)	Ceftriaxone (non-meningitis)	Ceftazidime	Clindamycin	Erythromycin	Doxycycline	Ciprofloxacin	Moxifloxacin	Trimethoprim-Sulfamethoxazole	Gentamicin	Tobramycin	Amikacin	Vancomycin	Linezolid
ALL BACTERIA	1433	-	11	25				54	60	56		42	51									66					
ALL GRAM-NEGATIVE BACTERIA	482	100	12	52				67	97	85		42	60			68				78		66	87	87	99		П
Escherichia coli	220	46	25	67				75	99	99		54	77			77				67		59	84	84	100		
Klebsiella pneumoniae	103	21	0	83				83	98	96		75	86			86				87		80	88	86	100		
Pseudomonas aeruginosa	42	9						81	86							88				83			88	98	98		
Enterobacter cloacae	33	7	0	0				0	100	94		0	0			0				100		94	100	97	100		
Serratia marcescens	28	6	0	0				0	100	100		0	0			0				100		100	100	82	100		
Klebsiella oxytoca	16	3	0	81				81	100	100		38	88			88				94		75	94	94	100		
Acinetobacter baumannii complex	9	2						89	100				22			78				100		100	100	100	100		
Proteus mirabilis	8	2	62	88				100	100	100		33	100			100				88		88	88	88	100		
Stenotrophomonas maltophilia ʻ	7	1																			100	100					
Enterobacter aerogenes	6	1	0	0				0	83	83		0	0			0				100		100	100	100	100		
Citrobacter freundii	6	1	0	0				0	100	100		0	0			0				83		83	83	83	100		
ALL GRAM-POSITIVE BACTERIA	951	100	11	11	5			47	41	41	37	41	47				54	40				65				97	
Coagulase-negative staphylococci	586	62						38	38	38	38	38					58	38	87			72				100	100
Staphyloccocus aureus, all isolates	131	14						93	93	93	93	93					76	71	96			98				100	99
- methicillin-susceptible	122	13						100	100	100	100	100					77	74	96			98				100	99
- methicillin-resistant (MRSA)	9	1						0	0	0	0	0					67	33	89			100				100	100
Enterococcus faecium, all isolates	74	8	7	7				7																		61	
- vancomycin-susceptible	45	5	11	11				11																		100	
- vancomycin-resistant (VRE)	29	3	0	0				0																		0	100
- vancomycin-susceptible (vanA+)	0	0																									
Viridans group streptococci°	56	6											95													100	
Enterococcus faecalis, all isolates	48	5	100	100				100																		100	
- vancomycin-susceptible	48	5	100	100				100																		100	
- vancomycin-resistant (VRE)	0	0																									
Streptococcus pneumoniae	15	2				87	87							87	100		93	73			100					100	
Group B streptococci**	13	1			100												85	85								100	
Group A streptococci**	13	1	_		100												77	77				<u> </u>		L		100	
Group G streptococci**	7	1			100												86	86								100	
Enterococcus gallinarum	4	0	100	100				100																		25	
Staphylococcus saprophyticus "	4	0																							<u> </u>		
General Notes:																											

General Notes:

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- > Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

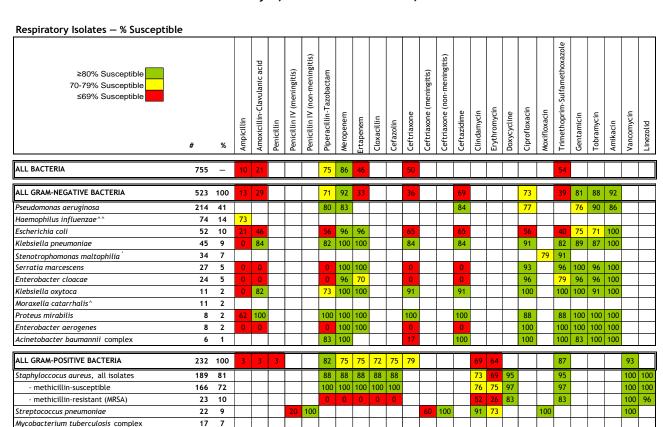
Year-Specific Notes

> Only a limited number of coagulase negative staphylococci isolates were tested for susceptibilities. The vast majority of coagulase-negative staphylococci are susceptible to vancomycin.

Organism-Specific Notes:

- ** Beta-hemolytic streptococci: Susceptibilty testing to penicillin is not routinely performed since resistant strains have not been recognized. All isolates are considered susceptible to penicillin.
- " S. saprophyticus: Susceptibility testing is not routinely performed. Most urinary tract infections due to this organism respond to nitrofurantoin, trimethoprim/sulfamethoxazole or fluoroquinolones.
- * Viridans group streptococci: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.
- $\hbox{` S. maltophilia: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.}$

Toronto General Hospital ANTIBIOGRAM All Inpatients and Outpatients January 1, 2017 - December 31, 2017



General Notes:

Viridans group streptococci°

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- > Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

Year-Specific Notes:

> Susceptibility for cefazolin are not available for Gram-negative isolates from non-sterile site specimens for the current year.

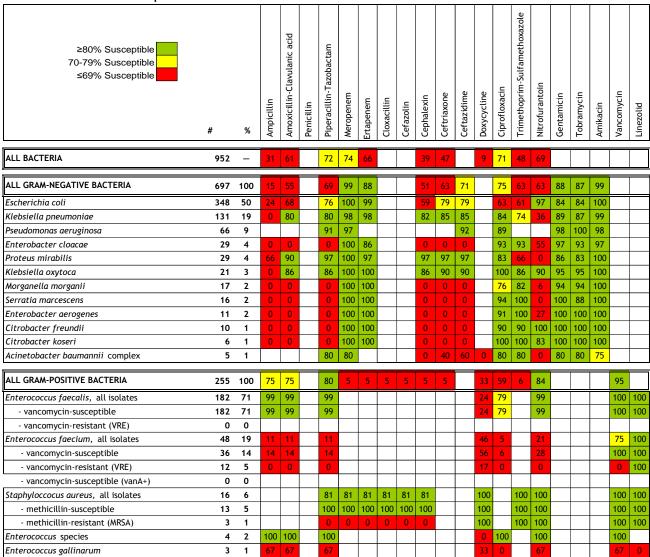
2

Organism-Specific Notes:

- * M. catarrhalis: Susceptibility testing is not routinely performed. Most isolates are resistant to ampicillin and amoxicillin but are generally susceptible to other antibiotics commonly used for respiratory infections.
- ^^ H. influenzae and H. parainfluenzae: Susceptibility to ampicillin was determined using beta-lactamase testing. Beta-lactamase-positive isolates are resistant to ampicillin but are generally susceptible to amoxicillin-clavulanic acid and cefuroxime.
- * Viridans group streptococci: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.
- ' S. maltophilia: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.

Toronto General Hospital ANTIBIOGRAM All Inpatients January 1, 2017 - December 31, 2017

All Urine Isolates — % Susceptible



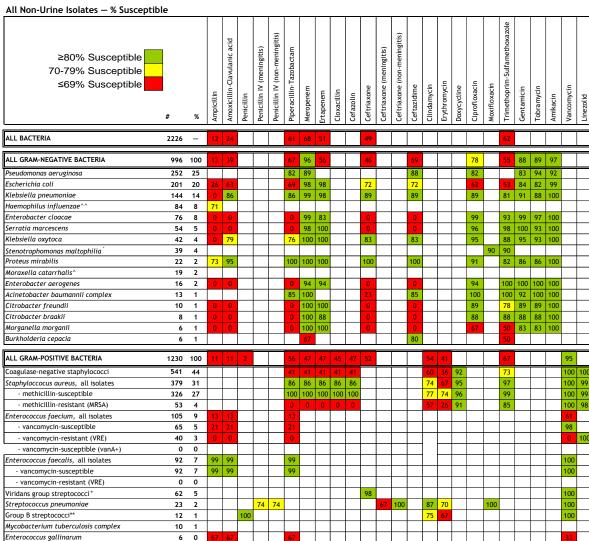
General Notes:

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- > Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

Year-Specific Notes:

 ${\color{red}\succ} \ \, {\tt Susceptibility} \ \, {\tt for} \ \, {\tt cefazolin} \ \, {\tt are} \ \, {\tt not} \ \, {\tt available} \ \, {\tt for} \ \, {\tt Gram-negative} \ \, {\tt isolates} \ \, {\tt from} \ \, {\tt non-sterile} \ \, {\tt site} \ \, {\tt specimens} \ \, {\tt for} \ \, {\tt the} \ \, {\tt current} \ \, {\tt year}.$

Toronto General Hospital ANTIBIOGRAM All Inpatients January 1, 2017 - December 31, 2017



General Notes:

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- \succ Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

Year-Specific Notes:

Susceptibility for cefazolin are not available for Gram-negative isolates from non-sterile site specimens for the current year.

Organism-Specific Notes:

- ^ M. catarrhalis: Susceptibility testing is not routinely performed. Most isolates are resistant to ampicillin and amoxicillin but are generally susceptible to other antibiotics commonly used for respiratory infections.
- ^^ H. influenzae and H. parainfluenzae: Susceptibility to ampicillin was determined using beta-lactamase testing. Beta-lactamase-positive isolates are resistant to ampicillin but are generally susceptible to amoxicillin-clavulanic acid and cefuroxime.
- ** Beta-hemolytic streptococci: Susceptibilty testing to penicillin is not routinely performed since resistant strains have not been recognized. All isolates are considered susceptible to penicillin.
- * Viridans group streptococci: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.
- 'S. maltophilia: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.