# Mount Sinai Hospital ANTIBIOGRAM
## All Inpatients
### January 1, 2018 - December 31, 2018

### Blood Isolates – % Susceptible

<table>
<thead>
<tr>
<th>Organism/Microorganism</th>
<th>≥80% Susceptible</th>
<th>70-79% Susceptible</th>
<th>≤69% Susceptible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ampicillin</td>
<td>17</td>
<td>125</td>
<td>33</td>
</tr>
<tr>
<td>Amoxicillin-Clavulanic acid</td>
<td>28</td>
<td>56</td>
<td>12</td>
</tr>
<tr>
<td>Penicillin</td>
<td>55</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Piperacillin-Tazobactam</td>
<td>33</td>
<td>55</td>
<td>12</td>
</tr>
<tr>
<td>Meropenem</td>
<td>55</td>
<td>19</td>
<td>6</td>
</tr>
<tr>
<td>Ertapenem</td>
<td>50</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Cloxacillin</td>
<td>32</td>
<td>46</td>
<td>6</td>
</tr>
<tr>
<td>Cefazolin</td>
<td>46</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>Ceftriaxone</td>
<td>46</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>Ceftriaxone (meningitis)</td>
<td>46</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>Ceftriaxone (non-meningitis)</td>
<td>46</td>
<td>32</td>
<td>12</td>
</tr>
<tr>
<td>Ceftazidime</td>
<td>64</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Clindamycin</td>
<td>57</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Erythromycin</td>
<td>27</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Doxycycline</td>
<td>68</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>Ciprofloxacin</td>
<td>68</td>
<td>24</td>
<td>8</td>
</tr>
<tr>
<td>Moxifloxacin</td>
<td>97</td>
<td>98</td>
<td>0</td>
</tr>
<tr>
<td>Trimethoprim-Sulfamethoxazole</td>
<td>93</td>
<td>99</td>
<td>0</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>89</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Tobramycin</td>
<td>97</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Vancomycin</td>
<td>97</td>
<td>97</td>
<td>0</td>
</tr>
<tr>
<td>Linezolid</td>
<td>97</td>
<td>97</td>
<td>0</td>
</tr>
</tbody>
</table>

### 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-POSITVE 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. If you have any questions, please contact the UHN/MSH Department of Microbiology.

### Organism-Specific Notes:
- * Betahemolytic streptococci: Susceptibility 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.
- Viridans group streptococci: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.

Prepared by University Health Network/Mount Sinai Hospital Department of Microbiology

Wednesday, December 11, 2019
### Mount Sinai Hospital ANTIBIOGRAM

#### All Inpatients

January 1, 2018 - December 31, 2018

#### Respiratory Isolates — % Susceptible

<table>
<thead>
<tr>
<th>Organism</th>
<th>≥80% Susceptible</th>
<th>70-79% Susceptible</th>
<th>≤69% Susceptible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL BACTERIA</strong></td>
<td>138</td>
<td>12</td>
<td>26</td>
</tr>
<tr>
<td><strong>ALL GRAM-NEGATIVE BACTERIA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>88</td>
<td>100</td>
<td>21</td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>16</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>16</td>
<td>18</td>
<td>28</td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td>11</td>
<td>13</td>
<td>28</td>
</tr>
<tr>
<td>Enterobacter cloacae</td>
<td>6</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Stenotrophomonas maltophilia</td>
<td>6</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td><strong>ALL GRAM-POSITIVE BACTERIA</strong></td>
<td>50</td>
<td>100</td>
<td>28</td>
</tr>
<tr>
<td>Staphylococcus aureus, all isolates</td>
<td>42</td>
<td>84</td>
<td>28</td>
</tr>
<tr>
<td>- methicillin-susceptible</td>
<td>39</td>
<td>78</td>
<td>28</td>
</tr>
<tr>
<td>- methicillin-resistant (MRSA)</td>
<td>3</td>
<td>6</td>
<td>28</td>
</tr>
<tr>
<td>Streptococcus pneumoniae</td>
<td>5</td>
<td>10</td>
<td>28</td>
</tr>
<tr>
<td>Mycobacterium tuberculosis complex</td>
<td>2</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Enterococcus faecium, all isolates</td>
<td>1</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>- vancomycin-resistant (VRE)</td>
<td>1</td>
<td>2</td>
<td>28</td>
</tr>
<tr>
<td>- vancomycin-susceptible (vanA+)</td>
<td>0</td>
<td>0</td>
<td>28</td>
</tr>
</tbody>
</table>

#### 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.

**Organism-Specific Notes:**
- **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.
- **S. maltophilia**: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.
### Mount Sinai Hospital ANTIBIOGRAM

#### All Inpatients

January 1, 2018 - December 31, 2018

**Urine Isolates — % Susceptible**

<table>
<thead>
<tr>
<th>Organism</th>
<th>≥80% Susceptible</th>
<th>70-79% Susceptible</th>
<th>≤69% Susceptible</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALL BACTERIA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>642</td>
<td>45%</td>
<td>55%</td>
<td>0%</td>
</tr>
<tr>
<td><strong>ALL GRAM-NEGATIVE BACTERIA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>431</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
</tr>
<tr>
<td><em>Escherichia coli</em></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Klebsiella pneumoniae</em></td>
<td>30%</td>
<td>40%</td>
<td>30%</td>
</tr>
<tr>
<td><em>Pseudomonas aeruginosa</em></td>
<td>40%</td>
<td>40%</td>
<td>20%</td>
</tr>
<tr>
<td><em>Proteus mirabilis</em></td>
<td>25%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td><em>Enterobacter cloacae</em></td>
<td>15%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td><em>Citrobacter koseri</em></td>
<td>11%</td>
<td>10%</td>
<td>5%</td>
</tr>
<tr>
<td><em>Klebsiella oxytoca</em></td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td><em>Serratia marcescens</em></td>
<td>2%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td><em>Citrobacter freundii</em></td>
<td>5%</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>ALL GRAM-POSITIVE BACTERIA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>211</td>
<td>88%</td>
<td>88%</td>
<td>4%</td>
</tr>
<tr>
<td><em>Enterococcus faecalis, all isolates</em></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vancomycin-resistant (VRE)</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Staphylococcus aureus, all isolates</em></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- methicillin-susceptible</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- methicillin-resistant (MRSA)</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Enterococcus faecium, all isolates</em></td>
<td>86%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vancomycin-resistant (VRE)</td>
<td>0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group B streptococci**</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coagulase-negative staphylococci</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><em>Enterococcus species</em></td>
<td>100%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Organism-Specific Notes:**
- Beta-hemolytic streptococci: Susceptibility testing to penicillin is not routinely performed since resistant strains have not been recognized. All isolates are considered susceptible to penicillin.
**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.**

**Beta-hemolytic streptococci:** Susceptibility 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 results.

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**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.**

**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. parainfluenza:** 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:** Susceptibility 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.