**Princess Margaret Hospital ANTIBIOGRAM**  
**All Inpatients and Outpatients**  
**January 1, 2018 - December 31, 2018**

**Blood 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>476</td>
<td>51 shows</td>
<td>17 shows</td>
</tr>
<tr>
<td><strong>ALL GRAM-NEGATIVE BACTERIA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>149</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>Klebsiella pneumoniae</td>
<td>54</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>Stenotrophomonas maltophilia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>149</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td>Enterobacter cloacae</td>
<td>54</td>
<td>36</td>
<td>54</td>
</tr>
<tr>
<td><strong>ALL GRAM-POSITIVE BACTERIA</strong></td>
<td>327</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Coagulase-negative staphylococci</td>
<td>190</td>
<td>58</td>
<td>100</td>
</tr>
<tr>
<td>Viridans group streptococci</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Staphylococcus aureus, all isolates</td>
<td>247</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>- methicillin-susceptible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- methicillin-resistant (MRSA)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enterooccus faecium, all isolates</td>
<td>247</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vancomycin-resistant (VRE)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Enterococcus faecalis, all isolates</td>
<td>247</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- vancomycin-resistant (VRE)</td>
<td></td>
<td></td>
<td></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.

**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:**
- 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.

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Princess Margaret Hospital ANTIBIOGRAM  
All Inpatients and Outpatients  
January 1, 2018 - December 31, 2018  
Prepared by University Health Network/Mount Sinai Hospital Department of Microbiology  
Wednesday, December 11, 2019
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

58
---
34
36
79
83
28
26
70
56

37
---
42
46
85
89
22
22
73
67

17
---
46
44

11
---
30

5
---
14

3
---
8

21
---
10
19
19
71
71
71
67
71
81

10
---
48

1
---
5

4
---
19

2
---
10

1
---
5

2
---
10

1
---
5

2
---
10

1
---
5

2
---
10

1
---
5

1
---
5

>80% Susceptible
70-79% Susceptible
≤69% Susceptible

Respiratory Isolates – % Susceptible

ALL BACTERIA

Haemophilus influenzae

Pseudomonas aeruginosa

Stenotrophomonas maltophilia

Moraxella catarrhalis

Enterobacter cloacae

ALL GRAM-NEGATIVE BACTERIA

Staphylococcus aureus, all isolates

- methicillin-susceptible

- methicillin-resistant (MRSA)

Enterococcus faecium, all isolates

- vancomycin-susceptible

- vancomycin-resistant (VRE)

- vancomycin-susceptible (vanA+)

Viridans group streptococci

Coagulase-negative staphylococci

Mycobacterium tuberculosis complex

ALL GRAM-POSITIVE BACTERIA

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:
- 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.

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General Notes:

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Susceptibility testing is not routinely performed. Most urinary tract infections due to this organism respond to nitrofurantoin, trimethoprim/sulfamethoxazole or fluoroquinolones.

### Organism-Specific Notes:

- **Group B streptococci**: Susceptibility 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.
Princess Margaret Hospital ANTIBIOGRAM
All Inpatients and Outpatients
January 1, 2018 - December 31, 2018

All Non-Urine Isolates — % Susceptible

<table>
<thead>
<tr>
<th>Organisms</th>
<th>≤69%</th>
<th>70-79%</th>
<th>80-89%</th>
<th>≥90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Bacteria</td>
<td>891</td>
<td>100</td>
<td>94</td>
<td>6</td>
</tr>
<tr>
<td>All Gram-Negative Bacteria</td>
<td>312</td>
<td>100</td>
<td>95</td>
<td>5</td>
</tr>
<tr>
<td>Pseudomonas aeruginosa</td>
<td>77</td>
<td>100</td>
<td>92</td>
<td>0</td>
</tr>
<tr>
<td>Escherichia coli</td>
<td>70</td>
<td>84</td>
<td>99</td>
<td>1</td>
</tr>
<tr>
<td>Klebsiella pneumonia</td>
<td>54</td>
<td>17</td>
<td>94</td>
<td>1</td>
</tr>
<tr>
<td>Haemophilus influenzae</td>
<td>25</td>
<td>8</td>
<td>90</td>
<td>0</td>
</tr>
<tr>
<td>Stenotrophomonas maltophilia</td>
<td>22</td>
<td>7</td>
<td>95</td>
<td>100</td>
</tr>
<tr>
<td>Enterobacter cloacae</td>
<td>17</td>
<td>5</td>
<td>100</td>
<td>94</td>
</tr>
<tr>
<td>Kiebsella oxytoca</td>
<td>12</td>
<td>2</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Serratia marcescens</td>
<td>7</td>
<td>2</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Proteus mirabilis</td>
<td>7</td>
<td>2</td>
<td>96</td>
<td>100</td>
</tr>
<tr>
<td>Acinetobacter baumannii complex</td>
<td>7</td>
<td>2</td>
<td>86</td>
<td>100</td>
</tr>
<tr>
<td>Morganella catarrhalis</td>
<td>5</td>
<td>2</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Citrobacter koseri</td>
<td>5</td>
<td>2</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>All Gram-Positive Bacteria</td>
<td>579</td>
<td>100</td>
<td>94</td>
<td>6</td>
</tr>
<tr>
<td>Staphylococcus aureus, all isolates</td>
<td>220</td>
<td>38</td>
<td>93</td>
<td>97</td>
</tr>
<tr>
<td>- methicillin-susceptible</td>
<td>204</td>
<td>35</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>- methicillin-resistant (MRSA)</td>
<td>16</td>
<td>3</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Coagulase-negative staphylococci</td>
<td>219</td>
<td>38</td>
<td>83</td>
<td>100</td>
</tr>
<tr>
<td>Viridans group streptococci</td>
<td>78</td>
<td>13</td>
<td>97</td>
<td>97</td>
</tr>
<tr>
<td>Enterococcus faecium, all isolates</td>
<td>35</td>
<td>6</td>
<td>95</td>
<td>5</td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td>20</td>
<td>3</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>- vancomycin-resistant (VRE)</td>
<td>15</td>
<td>3</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Enterococcus faecalis, all isolates</td>
<td>13</td>
<td>2</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>- vancomycin-susceptible</td>
<td>13</td>
<td>2</td>
<td>100</td>
<td>100</td>
</tr>
<tr>
<td>Streptococcus pneumonia</td>
<td>7</td>
<td>1</td>
<td>86</td>
<td>100</td>
</tr>
</tbody>
</table>

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Organism-Specific Notes:
- H. catarrahilis : 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.

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