# **ANTIMICROBIAL SUSCEPTIBILITY PATTERNS 2022**

# Microbiology **Canterbury Health Laboratories** Te Whatu Ora Waitaha Canterbury

#### **GENERAL NOTES**

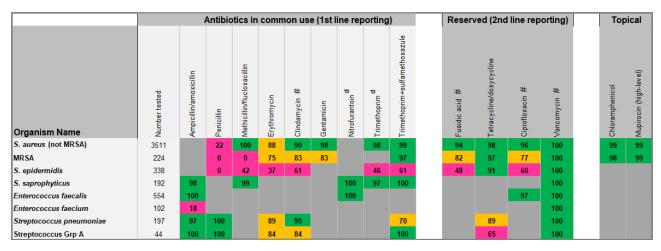
- The antimicrobial agents selected for routine or first-line susceptibility testing are chosen because they have the narrowest spectrum that will treat and contain an infection.
- The data presented are from tests performed from January to December 2022. Results are for antimicrobial/organism combinations where more than 30 isolates were tested (95% confidence interval of  $\pm$  15%).
- Test methods are predominantly those recommended by EUCAST (www.eucast.org).
- Antimicrobial susceptibility test results are provided for Gram-positive (page 1) and Gram-negative (page 2) isolates.

#### **Colour interpretation:**



### **GRAM-POSITIVE ISOLATES**

Table 1: Antimicrobial susceptibility test results for Gram-positive isolates recovered from all sites (2022)



#### Notes:

- \* Tested on 10-30 isolates
- a S. aureus susceptibility to methicillin/flucloxacillin denotes susceptibility to cefazolin and amoxicillin-clavulanate
- <sup>b</sup> Enterococcus species are intrinsically resistant to cephalosporins
- <sup>c</sup> Includes Intermediate (Susceptible, Increased Exposure) results
- <sup>d</sup> Treatment of uncomplicated urinary tract infections only
- # Use requires patient-specific Infectious Diseases/Clinical Microbiology approval (document this in the clinical notes) unless following a Te Whatu Ora Waitaha Canterbury antimicrobial guideline e.g. 'The Pink Book'.

Table 2: Antimicrobial susceptibility test results for **Gram-negative** isolates recovered from all sites (2022)

	Antibiotics in common use (1st line reporting)												Reserve	d (2nd li	ne repo	rting)	
Organism Name	Number tested	Ampicillin/ amoxicillin	Amoxicillin+clavulanate	Cefuroxime IV	Cefalexin	Gentamicin	Nitrofurantoin <sup>d</sup>	Trimethoprim d	Trimethoprim+sulfamethoxazole	Tobramycin	Tetracycline	Ceftriaxone	Piperacillin+tazobactam \$	Cefepime #	Meropenem #	Fosfomycin#	Ciprofloxacin #
Citrobacter freundii complex	75	0	0	0	0	99		96	99			80	86	97	100		99
Citrobacter koseri	104	0	95	100	100	100		99	99			100	100	100	100		100
Enterobacter cloacae complex	207	0	0	0	0	98		90	92			77	92	95	100		96
Escherichia coli	4613	56	75	93	91	95	100	79	81			94	98	86	100	98	90
Klebsiella aerogenes	48	0	0	0	0	100		96	100			90	88	96	100		100
Klebsiella oxytoca	235	0	89	94	91	100		97	97			94	91	97	100		99
Klebsiella pneumoniae	495	0	86	91	91	96		84	88			91	94	93	100		90
Morganella morganii	76	0	0	0	0	93	0	71	92			99	97	100	100		95
Proteus mirabilis	240	90	98	99	97	92	0	85	88			99	100	99	100		98
Serratia marcescens	98	0	0	0	0	98	0	90	98			93	92	100	99		96
Pseudomonas aeruginosa	622	0	0	0	0		0	0	0	98			95	91	98		89
Acinetobacter baumannii complex	40	0	0	0	0	100	0	0	97						100		97
Haemophilus influenzae	528	68	86	72					75		99						99

Table 3: Antimicrobial susceptibility test results for Gram-negative isolates from urinary tract infections (2022)

	Antib	mon u	se (1st	Reserved (2nd line reporting)											
Organism Name	Number tested	Ampicillin/amoxicillin	Amoxicillin+clavulanate	Cefalexin	Gentamicin	Nitrofurantoin <b>d</b>	Trimethoprim <b>d</b>	Trimethoprim+sulfamethoxazole		Ceftriaxone	Piperacillin+tazobactam \$	Cefepime #	Meropenem #	Fosfomycin #	Ciprofloxacin#
Citrobacter freundii complex	48	0	0	0	98		96	98		79	85	90	100		98
Citrobacter koseri	80	0	96	100	100		99	99		100	100	100	100		100
Enterobacter cloacae complex	106	0	0	0	100		90	92		75	76	94	100		99
Escherichia coli	4044	58	78	94	96	100	79	82		96	98	98	100	99	93
Klebsiella aerogenes	26	0	0	0	100		96	100		88	85	92	100		100
Klebsiella oxytoca	158	0	89	91	100		97	98		96	91	95	100		100
Klebsiella pneumoniae	357	0	88	91	97		85	90		94	95	95	100		93
Morganella morganii	42	0	0	0	90	0	71	86		100	95	100	100		90
Proteus mirabilis	72	90	99	97	94	0	85	88		99	100	99	100		98
Serratia marcescens	49	0	0	0	96	0	90	96		90	90	100	100		96

# Notes:

## Extended spectrum $\beta$ -lactamase (ESBL) producers

• 5.7% (264/4613) of all *E. coli* and 9.9% (49/495) of all *K. pneumoniae* isolates were ESBL producers.

<sup>\*</sup> Tested on 10-30 isolates

<sup>&</sup>lt;sup>a</sup> S. aureus susceptible to methicillin/flucloxacillin denotes susceptibility to cefazolin and amoxicillin-clavulanate

<sup>&</sup>lt;sup>b</sup> Enterococcus species are intrinsically resistant to cephalosporins

<sup>&</sup>lt;sup>c</sup> Includes Intermediate (Susceptible, Increased Exposure) results

<sup>&</sup>lt;sup>d</sup> Treatment of uncomplicated urinary tract infections only

<sup>#</sup> Use requires patient-specific Infectious Diseases/Clinical Microbiology approval (document this in the clinical notes) unless following a Te Whatu Ora Waitaha Canterbury antimicrobial guideline e.g. 'The Pink Book'.

<sup>\$</sup> Use requires patient-specific Infectious Diseases/Clinical Microbiology/Respiratory Specialist approval (document this in the clinical notes) unless following a Te Whatu Ora Waitaha Canterbury antimicrobial guideline e.g. 'The Pink Book'.