

# 2016 ANTIBIOGRAM

## Fraser Health Authority



**This antibiogram is provided as a guide for empiric therapy.**

**Choice of drug should be made according to local susceptibility data, efficacy, site of infection, toxicity and cost considerations.**

Developed by:

Dr. Neil Mina, FH Medical Microbiologist  
(Neil.Mina@fraserhealth.ca)

and

Bryna Yao, FH Regional LIS Coordinator

Special thanks to:

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Antimicrobial Stewardship Program Committee

### General Comments

***Staphylococcus aureus***. Cloxacillin has superior efficacy to vancomycin against methicillin-susceptible *S.aureus*; restrict vancomycin to MRSA or anaphylactoid-type hypersensitivity to beta-lactams. In cases of *S.aureus* bacteremia, Infectious Disease consult is recommended.

***Enterococcus*** species is resistant to cephalosporins, clindamycin, trimethoprim-sulfamethoxazole (TMP-SMX), ertapenem and meropenem. *Enterococcus* sp. that test susceptible to ampicillin is also susceptible to amoxicillin, amoxicillin-clavulanate, and piperacillin-tazobactam (if needing broad coverage for polymicrobial infection).

***E. faecalis*** is generally susceptible to ampicillin.

***E. faecium*** is resistant to all carbapenems and is usually not susceptible to fluoroquinolones. Vancomycin resistance is significant.

***Streptococcus agalactiae (Group B Streptococcus)*** is generally susceptible to penicillins and cephalosporins.

***Streptococcus anginosus*** is generally susceptible to beta-lactams.

***Streptococcus pyogenes*** are predictably susceptible to penicillins and cephalosporins. It is resistant to TMP-SMX and ciprofloxacin. It is variably susceptible to clindamycin and macrolides.

***E. coli*** has significant resistance to ciprofloxacin and TMP-SMX.

***Acinetobacter baumannii*** is generally susceptible to meropenem and aminoglycosides.

***B.fragilis*** group is generally susceptible to metronidazole, beta-lactam inhibitors and carbapenems. Resistance to clindamycin is significant.