2017 ANTIBIOGRAM

Fraser Health

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:
FH Medical Microbiology team and
Antimicrobial Stewardship Program Committee

General Comments

Staphylococcus aureus. Cloxacillin/beta-lactams have superior efficacy to vancomycin against methicillin-susceptible S.aureus; restrict vancomycin to MRSA or anaphylactoid-type hypersensitivity to beta-lactams. Infectious Disease consult is recommended for the management of *S. aureus* bacteremia.

Enterococcus species are resistant to cephalosporins, clindamycin, trimethoprim-sulfamethoxazole (TMP-SMX), ertapenem and meropenem. Enterococcus sp. that test susceptible to ampicillin are 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 penicilllins and cephalosporins.

Streptococcus anginosus is generally susceptible to penicilllins and cephalosporins.

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/beta-lactamase inhibitors and carbapenems. Resistance to clindamycin is significant.