

# 2018 ANTIBIOGRAM

## Fraser Health



This antibiogram is provided as a guide for empiric therapy and is available through Spectrum App

(<https://spectrum.app/fraser-health/>)

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

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### General Comments

***Staphylococcus aureus***. Cloxacillin/cefazolin 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 predictably susceptible to penicillins and cephalosporins.

***Streptococcus anginosus*** is generally susceptible to penicillins 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.