

Data derived from routine susceptibility tests performed by Alberta Precision Laboratories

	n	Penicillin (IV)	Ampicillin / Amoxicillin	Cloxacillin	Amoxicillin-Clavulanate (PO)	Piperacillin-Tazobactam	Cephalixin (urine)	Cefazolin	Cefuroxime	Ceftriaxone	Ceftazidime	Azithromycin	Clindamycin	Trimethoprim-Sulfamethoxazole	Vancomycin	Tetracycline <sup>b</sup>	Nitrofurantoin	Fosfomycin	Ciprofloxacin <sup>f,g</sup>	Levofloxacin	Gentamicin	Tobramycin	Ertapenem	Meropenem		
GP	<i>Enterococcus faecalis</i>	389	100				R	R	R	R	R		R	R	99	20 <sup>c</sup>	99		87 <sup>c</sup>							
	<i>Enterococcus faecium</i>	134		18			R	R	R	R	R		R	R	56	38 <sup>c</sup>	9		12 <sup>c</sup>							
	<i>Staphylococcus aureus</i>	All	427		87				87					80	95	100	94									
		MSSA	374		100				100					82	95	100	96									
		MRSA	58		R				R					67	88	100	86									
	Coagulase-negative <i>Staphylococcus</i>	138		36				36					56	64	100	93										
<i>Streptococcus anginosus</i> group	88	93								99		82 <sup>a</sup>	86		100	74										
GN	<i>Haemophilus influenzae</i>	47	77						100 <sup>d</sup>					66												
	<i>Citrobacter freundii</i> complex <sup>e</sup>	59	R		R		R	R	R					75			93		75		85	85	93	93		
	<i>Enterobacter cloacae</i> complex <sup>e</sup>	137	R											94			32		91		99	98	94	99		
	<i>Escherichia coli</i>	All	742	54		82	85	84	77		85			74			98		70		87	89				
		ESBL	91	R				R	R	R	R	R		30			90	97	13		53	54	99	99		
	<i>Klebsiella (Enterobacter) aerogenes</i> <sup>e</sup>	30	R		R			R	R	R				100			70		90		100	100	93	97		
	<i>Klebsiella oxytoca</i>	81	R		88	86	78	32		86				90			98		93		99	99				
	<i>Klebsiella pneumoniae</i> complex	230	R		93	95	90	89		91				87			47		84		94	93				
	<i>Proteus mirabilis</i>	62	71		100	100	100	71		98				73		R	R		81		94	97				
	<i>Pseudomonas aeruginosa</i>	166	R		R	93					R	93			R		R		87			97	R	87		
	<i>Serratia marcescens</i> <sup>e</sup>	39	R		R			R	R						100			R		97		100	97	100	100	
<i>Stenotrophomonas maltophilia</i> <sup>h</sup>	69		R		R	R							100							89	R	R	R	R		

<sup>a</sup> As inferred from susceptibility to erythromycin

<sup>b</sup> Susceptibility to doxycycline can be inferred from susceptibility to tetracycline

<sup>c</sup> Urine isolates only

<sup>d</sup> Testing not performed for all isolates included. The %S statistic presented in the table is an adjusted estimate of %S based on the data available and an assumption that isolates not tested are susceptible.

<sup>e</sup> These organisms usually produce inducible β-lactamase which can cause failure of 3rd generation β-lactam therapy, despite in vitro susceptibility

<sup>f</sup> Revised (2019) CLSI Enterobacterales interpretive criteria for susceptible are being used for the first time to calculate %S; these are ≤ 0.25 µg/mL and ≥ 26 mm for ciprofloxacin. Previous CLSI interpretive criteria for susceptible were ≤ 1 µg/mL and ≥ 21 mm

<sup>g</sup> Revised (2019) CLSI *Pseudomonas aeruginosa* interpretive criteria for susceptible are being used for the first time to calculate %S; these are ≤ 0.5 µg/mL and ≥ 25 mm for ciprofloxacin. Previous CLSI interpretive criteria

<sup>h</sup> *Stenotrophomonas maltophilia* results represent the whole Calgary in-patient population

**Note:** Percent susceptible for each organism/antimicrobial combination was generated by including the first isolate of that organism recovered from a given patient during the time period analyzed.

**ABBREVIATIONS:** GP - Gram-positive; GN - Gram-negative; VRE - vancomycin-resistant *Enterococcus*; MSSA - methicillin-susceptible *Staphylococcus aureus*; MRSA - methicillin-resistant *Staphylococcus aureus*; ESBL -