

2014 UAH ANTIBIOGRAM

www.antibiogram.ca

**University of Alberta Hospital and the
Stollery Children's Hospital**

Department of Laboratory Medicine and Pathology



Introduction

The antibiogram is an annual cumulative report of the antimicrobial susceptibility rates of common microbial pathogens to antimicrobials available on the hospital formulary. This report represents the local microbial epidemiology at the University of Alberta Hospital (UAH), Stollery Children's Hospital, and the Cross Cancer Institute (CCI), and is to be used as a resource to direct empiric antimicrobial therapy.

Antibiograms are generated by the compilation of susceptibility results from all 'first' clinical isolates of a specific pathogen recovered from an individual patient per calendar year. That is, only the first isolate within a 14-day period, regardless of specimen type or body site, is selected for analysis. The rationale for this referral period is based on the need to represent 'wild-type' susceptibility profiles and avoid over-representing antimicrobial resistance that may develop *de novo* during a patient's prolonged hospital stay. Susceptibility rates for patient groups (ie. age or ward location) represented by less than 30 isolates of a pathogen are not calculated due to the limited statistical significance and interpretive value.

This antibiogram contains summary data for 2014 and notable resistance trends over several years.

Web app available at www.antibiogram.ca

PDF version is available at <http://www.albertahealthservices.ca/3294.asp>.

A tremendous amount of effort goes into the creation of this document each year and the effort of the entire medical microbiology technologist staff is truly appreciated. We would also like to acknowledge Dr. Darren Hudson, UAH, for his assistance with the antibiogram data synthesis.

Inquiries may be directed to Dr. Jeff Fuller, Provlab, at jeff.fuller@albertahealthservices.ca.

Antibiogram Resistance Trends

Enterobacteriaceae:

Enterobacter, *Citrobacter*, and *Serratia* species are intrinsically resistant to ampicillin, cefazolin, and cefuroxime and may develop resistance to broader-spectrum β -lactams during prolonged β -lactam therapy. Carbapenems are effective empiric options but a small proportion of these species (<10%) exhibit *in vitro* resistance to ertapenem, albeit susceptible to imipenem and meropenem.

The extended-spectrum β -lactamase (ESBL) resistance phenotype confers resistance to all third-generation cephalosporins and, in many cases, piperacillin-tazobactam. The proportion of *E. coli* culture isolates that are ESBL-positive has increased steadily from 5% in 2010 to 9.5% in 2014. In 2014, the cross-resistance rates for ESBL-positive *E. coli* to the quinolones, aminoglycosides, and trimethoprim-sulfamethoxazole were 82%, 34%, and 66%, respectively.

The proportion of *K. pneumoniae* culture isolates that are ESBL-positive has remained at ~5% since 2007. Similar to *E. coli* ESBLs, resistance rates to other antibiotic classes are characteristically high but the overall annual recovery is low.

Pseudomonas aeruginosa:

Resistance rates in *P. aeruginosa* have remained relatively unchanged over nine years of surveillance of patients with and without cystic fibrosis (adult and paediatric). Overall resistance in 2014 was 11% to ceftazidime, 18% to ciprofloxacin and gentamicin, 20% to imipenem, and 14% to meropenem.

Streptococcus pneumoniae:

The susceptibility of *S. pneumoniae* to certain β -lactams is pharmacodynamically interpreted to direct appropriate therapy for meningeal (M) and non-meningeal (NM) infections, and for infections treated with oral penicillin V (PO). In 2014, resistance rates using meningeal and non-meningeal interpretations were 12% and 2% for penicillin, and 14% and 3% for ceftriaxone, respectively. Note, these rates do not reflect actual cases of pneumococcal meningitis.

Medically Relevant Pathogens Based on Gram Morphology

Gram-negative Bacilli		
Lactose Fermenters	Non-lactose Fermenters	Glucose Non-fermenters
<i>Escherichia coli</i>	<i>Serratia marcescens</i>	<i>Pseudomonas aeruginosa</i>
<i>Klebsiella pneumoniae</i>	<i>Salmonella</i> spp.	<i>Pseudomonas</i> spp.
<i>Klebsiella oxytoca</i>	<i>Proteus</i> spp.	<i>Stenotrophomonas maltophilia</i>
<i>Enterobacter cloacae</i>	<i>Morganella morganii</i>	<i>Acinetobacter baumannii</i> complex
<i>Citrobacter freundii</i> complex	<i>Aeromonas</i> spp.	<i>Achromobacter</i> species
<i>Enterobacter aerogenes</i>	<i>Providencia</i> spp.	<i>Burkholderia cepacia</i>
<i>Citrobacter koseri</i>	<i>Yersinia</i> spp.	<i>Chryseobacterium</i> species

Gram-positive Cocci	
Gram-positive Cocci in Chains	Gram-positive Cocci in Clumps
<i>Enterococcus faecium</i> , <i>Enterococcus faecalis</i>	<i>Staphylococcus aureus</i>
<i>Streptococcus pyogenes</i> (Group A)	<i>Staphylococcus</i> spp., coagulase-negative
<i>Streptococcus agalactiae</i> (Group B)	<i>Staphylococcus lugdunensis</i>
<i>Streptococcus pneumoniae</i>	<i>Micrococcus</i> spp.
Viridans group streptococci	<i>Aerococcus</i> spp.
<i>Streptococcus anginosus</i> group	<i>Rothia mucilaginosa</i>

Abbreviation Glossary for Antimicrobials

Antimicrobial	Abbreviation	Antimicrobial	Abbreviation
Amikacin	AMK	Gentamicin Synergy	GM500
Amoxicillin/clavulanate	A/C	Imipenem	IMI
Ampicillin	AMP	Levofloxacin	LEV
Amphotericin B	AMB	Linezolid	LNZ
Cefazolin	FAZ	Meropenem	MERO
Ceftriaxone	CRO	Metronidazole	MET
Ceftazidime	CAZ	Micafungin	MICA
Cefuroxime	CXM	Nitrofurantoin	NIT
Ciprofloxacin	CIP	Penicillin	PEN
Clindamycin	CLIN	Piperacillin	PIP
Cloxacillin	CLOX	Tetracycline	TET
Doxycycline	DOXY	Tobramycin	TOB
Erythromycin	ERY	Trimethoprim-sulfamethoxazole	SXT
Fluconazole	FLUC	Vancomycin	VAN
Gentamicin	GEN	Voriconazole	VORI

Antibiogram Tables

<i>Acinetobacter baumannii</i> complex							
All Specimen Sources		CAZ	CIP	GEN	MERO	TOB	SXT
ALL Ages	% SUSC	61	75	97	97	97	97
	# SUSC	22	27	35	35	35	35
	# TESTED	36	36	36	36	36	36

<i>Bacteroides fragilis</i> group					
All Specimen Sources		A/C	CLIN	IMI	MET
ALL Ages	% SUSC	78	52	95	100
	# SUSC	36	24	44	46
	# TESTED	46	46	46	46

<i>Citrobacter freundii</i> complex									
All Specimen Sources		AMP	FAZ	CRO	CIP	GEN	MERO	NIT	SXT
ALL Ages	% SUSC	0	0	73	86	88	100	91	82
	# SUSC	0	0	71	84	86	97	89	80
	# TESTED	97	97	97	97	97	97	97	97
≥ 17 years	% SUSC	0	0	71	84	86	100	91	82
	# SUSC	0	0	60	71	73	84	89	69
	# TESTED	84	84	84	84	84	84	84	84

Enterobacter, *Citrobacter*, and *Serratia* species are intrinsically resistant to ampicillin, cefazolin, and cefuroxime and may develop resistance to broader-spectrum β -lactams during prolonged β -lactam therapy. Carbapenems are effective empiric options but a small proportion of these species (<10%) exhibit *in vitro* resistance to ertapenem, albeit susceptible to imipenem and meropenem.

<i>Enterobacter aerogenes</i>									
All Specimen Sources		AMP	FAZ	CRO	CIP	GEN	MERO	NIT	SXT
ALL Ages	% SUSC	0	0	74	93	100	96	1	100
	# SUSC	0	0	49	62	66	64	1	66
	# TESTED	66	66	66	66	66	66	66	66
≥ 17 years	% SUSC	0	0	75	93	100	100	1	100
	# SUSC	0	0	45	56	60	58	1	60
	# TESTED	60	60	60	60	60	60	60	60

<i>Enterobacter cloacae</i>									
All Specimen Sources		AMP	FAZ	CRO	CIP	GEN	MERO	NIT	SXT
All Patients ALL Ages	% SUSC	0	0	73	95	98	99	29	92
	# SUSC	0	0	234	307	317	320	93	296
	# TESTED	320	320	320	321	321	321	319	321
≥ 17 years	% SUSC	0	0	73	95	98	100	27	92
	# SUSC	0	0	198	259	268	271	73	251
	# TESTED	270	270	271	271	271	271	270	271
< 17 years	% SUSC	0	0	73	96	98	98	40	90
	# SUSC	0	0	36	48	49	49	20	45
	# TESTED	49	49	49	50	50	50	49	50

Enterobacter, *Citrobacter*, and *Serratia* species are intrinsically resistant to ampicillin, cefazolin, and cefuroxime and may develop resistance to broader-spectrum β -lactams during prolonged β -lactam therapy. Carbapenems are effective empiric options but a small proportion of these species (<10%) exhibit *in vitro* resistance to ertapenem, albeit susceptible to imipenem and meropenem.

<i>Escherichia coli</i> (including ESBLs)								
All Specimen Sources		AMP	CRO	CIP	GEN	MERO	NIT	SXT
All Patients ALL Ages	% SUSC	50	88	73	90	99	94	73
	# SUSC	1359	2380	1982	2434	2684	2526	1964
	# TESTED	2687	2681	2688	2688	2687	2686	2686
≥ 17 years	% SUSC	51	87	68	89	99	93	73
	# SUSC	1060	1814	1417	1855	2073	1946	1520
	# TESTED	2077	2072	2077	2077	2076	2077	2075
< 17 years	% SUSC	49	92	92	94	100	95	72
	# SUSC	299	566	565	579	611	580	444
	# TESTED	610	609	611	611	611	609	611
GSICU	% SUSC	43	83	61	87	100	96	70
	# SUSC	24	46	34	48	55	53	39
	# TESTED	55	55	55	55	55	55	55
CCI	% SUSC	57	93	72	89	100	95	73
	# SUSC	58	94	73	90	101	96	74
	# TESTED	101	101	101	101	101	101	101

<i>Escherichia coli</i> - ESBL Producers Only								
All Specimen Sources		AMP	CRO	CIP	GEN	MERO	NIT	SXT
ALL Ages	% SUSC	0	0	18	66	99	87	44
	# SUSC	0	0	48	169	254	222	113
	# TESTED	255	255	255	255	255	255	255
≥ 17 years	% SUSC	0	0	15	66	99	86	46
	# SUSC	0	0	34	145	218	190	101
	# TESTED	219	219	219	219	219	219	219

The extended-spectrum β -lactamase (ESBL) resistance phenotype confers resistance to all third-generation cephalosporins and, in many cases, piperacillin-tazobactam. The proportion of *E. coli* culture isolates that are ESBL-positive has increased steadily from 5% in 2010 to 9.5% in 2014. In 2014, the cross-resistance rates for ESBL-positive *E. coli* to the quinolones, aminoglycosides, and trimethoprim-sulfamethoxazole were 82%, 34%, and 66%, respectively.

<i>Klebsiella</i> species (Including ESBLs)								
All Specimen Sources		AMP	CRO	CIP	GEN	MERO	NIT	SXT
All Patients ALL Ages	% SUSC	0	94	95	97	99	31	90
	# SUSC	0	737	744	760	778	248	704
	# TESTED	780	780	780	780	780	780	780
≥ 17 years	% SUSC	0	94	94	97	99	29	89
	# SUSC	0	627	630	651	663	199	596
	# TESTED	665	665	665	665	665	665	665
< 17 years	% SUSC	0	95	99	94	100	42	93
	# SUSC	0	110	114	109	155	49	108
	# TESTED	155	155	155	155	155	155	155
GSICU	% SUSC	0	97	90	100	100	30	83
	# SUSC	0	42	39	43	43	13	36
	# TESTED	43	43	43	43	43	43	43
CCI	% SUSC	0	94	97	100	100	37	89
	# SUSC	0	35	36	37	37	14	33
	# TESTED	37	37	37	37	37	37	37

<i>Klebsiella</i> species - ESBL Producers Only								
All Specimen Sources		AMP	CRO	CIP	GEN	MERO	NIT	SXT
ALL Ages	% SUSC	0	0	78	83	100	16	38
	# SUSC	0	0	33	35	42	7	16
	# TESTED	42	42	42	42	42	42	42

The extended-spectrum β -lactamase (ESBL) resistance phenotype confers resistance to all third-generation cephalosporins and, in many cases, piperacillin-tazobactam. The proportion of *K. pneumoniae* culture isolates that are ESBL-positive has remained at ~5% since 2007. Similar to *E. coli* ESBLs, resistance rates to other antibiotic classes are characteristically high but the overall annual recovery is low.

<i>Haemophilus influenzae</i>				
All Specimen Sources		AMP	CXM	SXT
ALL Ages	% SUSC	72	76	76
	# SUSC	154	48	46
	# TESTED	212	63	60
≥ 17 years	% SUSC	73	73	70
	# SUSC	119	33	31
	# TESTED	162	45	44

<i>Morganella morganii</i>								
All Specimen Sources		AMP	CRO	CIP	GEN	MERO	NIT	SXT
ALL Ages	% SUSC	0	91	88	89	100	0	77
	# SUSC	0	61	59	60	67	0	51
	# TESTED	67	67	67	67	67	67	67
≥ 17 years	% SUSC	0	91	88	88	100	0	76
	# SUSC	0	56	54	54	61	0	46
	# TESTED	61	61	61	61	61	61	61

<i>Proteus mirabilis</i>								
All Specimen Sources		AMP	CRO	CIP	GEN	MERO	NIT	SXT
ALL Ages	% SUSC	71	93	81	92	100	0	74
	# SUSC	163	212	185	210	227	0	170
	# TESTED	227	227	227	227	227	227	227
≥ 17 years	% SUSC	71	93	79	93	100	0	74
	# SUSC	141	186	158	185	198	0	148
	# TESTED	198	198	198	198	198	198	198

<i>Pseudomonas aeruginosa</i>									
All Specimen Sources		AMK	CAZ	CIP	GEN	IMI	MERO	PIP	TOB
All Patients ALL Ages	% SUSC	86	89	82	82	80	86	79	90
	# SUSC	923	958	883	882	857	929	850	972
	# TESTED	1069	1070	1070	1069	1061	1069	1068	1070
≥ 17 years	% SUSC	85	88	79	81	79	86	82	90
	# SUSC	715	741	668	685	662	727	692	762
	# TESTED	837	838	838	837	830	837	837	838
< 17 years	% SUSC	89	93	92	84	84	87	68	90
	# SUSC	208	217	215	197	195	202	158	210
	# TESTED	232	232	232	232	231	232	231	232
Non-CF Patients ALL Ages	% SUSC	90	88	81	85	80	85	77	92
	# SUSC	784	767	704	738	684	740	667	796
	# TESTED	863	864	864	863	855	863	862	864
≥ 17 years	% SUSC	90	87	78	85	79	86	81	91
	# SUSC	623	607	543	586	543	593	562	633
	# TESTED	689	690	690	689	682	689	689	690
< 17 years	% SUSC	92	91	92	87	81	84	60	93
	# SUSC	161	160	161	152	141	147	105	163
	# TESTED	174	174	174	174	173	174	173	174
CF Patients ALL Ages	% SUSC	67	92	86	69	83	91	88	85
	# SUSC	139	191	179	144	173	189	183	176
	# TESTED	206	206	206	206	206	206	206	206
≥ 17 years	% SUSC	62	90	84	66	80	90	87	87
	# SUSC	92	134	125	99	119	134	130	129
	# TESTED	148	148	148	148	148	148	148	148
< 17 years	% SUSC	81	98	93	77	93	94	91	81
	# SUSC	47	57	54	45	54	55	53	47
	# TESTED	58	58	58	58	58	58	58	58
GSICU	% SUSC	93	72	65	72	66	67	65	79
	# SUSC	40	31	28	31	28	29	28	34
	# TESTED	43	43	43	43	43	43	43	43

Resistance rates in *P. aeruginosa* have remained relatively unchanged over nine years of surveillance of patients with and without cystic fibrosis (adult and paediatric). Overall resistance in 2014 was 11% to ceftazidime, 18% to ciprofloxacin and gentamicin, 20% to imipenem, and 14% to meropenem.

<i>Serratia marcescens</i>									
All Specimen Sources		AMP	FAZ	CRO	CIP	GEN	MERO	NIT	SXT
All Patients ALL Ages	% SUSC	0	0	97	89	98	98	0	100
	# SUSC	0	0	128	117	129	129	0	131
	# TESTED	131	131	131	131	131	131	131	131
≥ 17 years	% SUSC	0	0	97	86	98	98	0	100
	# SUSC	0	0	102	91	103	103	0	105
	# TESTED	105	105	105	105	105	105	105	105

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<i>Stenotrophomonas maltophilia</i>				
All Specimen Sources		CAZ	DOXY	SXT
All Patients ALL Ages	% SUSC	27	71	91
	# SUSC	95	257	330
	# TESTED	346	361	361
≥ 17 years	% SUSC	28	66	89
	# SUSC	75	186	250
	# TESTED	267	278	278
< 17 years	% SUSC	25	85	96
	# SUSC	20	71	80
	# TESTED	79	83	83

<i>Enterococcus faecalis</i>						
All Specimen Sources		AMP	GM500	LNZ	NIT	VAN
All Patients ALL Ages	% SUSC	99	73	98	98	100
	# SUSC	1291	952	1258	1280	1291
	# TESTED	1298	1296	1273	1295	1291
≥ 17 years	% SUSC	99	70	98	98	100
	# SUSC	1041	732	1017	1032	1041
	# TESTED	1047	1045	1028	1044	1041
< 17 years	% SUSC	99	87	98	98	100
	# SUSC	250	220	241	248	250
	# TESTED	251	251	245	251	250
CCI	% SUSC	100	61	100	100	100
	# SUSC	47	29	44	47	47
	# TESTED	47	47	44	47	47

<i>Enterococcus faecium</i>						
All Specimen Sources		AMP	GM500	LNZ	NIT	VAN
ALL Ages	% SUSC	13	78	99	22	97
	# SUSC	33	197	245	55	241
	# TESTED	250	250	247	250	247
≥ 17 years	% SUSC	13	81	99	20	97
	# SUSC	31	190	229	48	225
	# TESTED	234	234	231	234	231

<i>Staphylococcus aureus</i> (Including MRSA)									
All Specimen Sources		CLIN	CLOX	ERY	LNZ	NIT	TET	SXT	VAN
All Patients ALL Ages	% SUSC	76	79	67	100	98	96	94	99
	# SUSC	1783	1863	1594	2355	2314	2262	2237	2348
	# TESTED	2325	2354	2354	2355	2351	2352	2355	2350
≥ 17 years	% SUSC	75	79	65	100	98	95	95	99
	# SUSC	1346	1430	1187	1802	1768	1726	1716	1793
	# TESTED	1782	1801	1802	1802	1798	1799	1802	1795
< 17 years	% SUSC	80	78	73	100	98	96	94	100
	# SUSC	437	433	407	553	546	536	521	555
	# TESTED	543	553	552	553	553	553	553	555
GSICU	% SUSC	77	83	73	100	98	93	96	100
	# SUSC	100	109	95	130	128	122	125	129
	# TESTED	129	130	130	130	130	130	130	129
3C2 Burn ward	% SUSC	73	85	61	100	97	97	97	100
	# SUSC	25	29	21	34	33	33	33	34
	# TESTED	34	34	34	34	34	34	34	34
CCI	% SUSC	83	90	76	100	94	98	97	100
	# SUSC	60	64	55	72	68	71	70	72
	# TESTED	72	71	72	72	72	72	72	72

<i>Staphylococcus lugdunensis</i>							
All Specimen Sources		CLIN	CLOX	ERY	NIT	SXT	VAN
ALL Ages	% SUSC	86	98	85	100	100	100
	# SUSC	65	74	64	74	74	74
	# TESTED	75	75	75	74	74	74

Staphylococcus species, coagulase-negative							
All Specimen Sources		CLIN	CLOX	ERY	NIT	SXT	VAN
All Patients ALL Ages	% SUSC	51	45	39	99	65	100
	# SUSC	116	105	92	232	154	235
	# TESTED	224	233	235	234	235	235
≥ 17 years old	% SUSC	54	45	40	98	64	100
	# SUSC	98	86	76	186	122	189
	# TESTED	180	188	189	188	189	189
< 17 years old	% SUSC	40	42	34	100	69	100
	# SUSC	18	19	16	46	32	46
	# TESTED	44	45	46	46	46	46

Viridans Group Streptococci				
All Specimen Sources		CRO	PEN	VAN
ALL Ages	% SUSC	98	68	100
	# SUSC	89	61	90
	# TESTED	90	89	90

Streptococcus anginosus group				
All Specimen Sources		CRO	PEN	VAN
ALL Ages	% SUSC	100	100	100
	# SUSC	45	44	42
	# TESTED	45	44	42

Streptococcus pyogenes				
All Specimen Sources		CLIN	ERY	PEN
ALL Ages	% SUSC	85	85	100
	# SUSC	41	40	45
	# TESTED	45	47	45

<i>Streptococcus pneumoniae</i>		M	NM				M, PO	NM		
All Specimen Sources		CRO	CRO	DOXY	ERY	LEV	PEN	PEN	SXT	VAN
All Patients ALL Ages	% SUSC	86	97	67	73	100	79	98	85	100
	# SUSC	66	73	76	88	150	126	155	102	154
	# TESTED	76	75	112	120	150	158	157	120	154
≥ 17 years old	% SUSC	87	98	67	73	100	77	99	84	100
	# SUSC	54	60	61	69	121	97	123	79	124
	# TESTED	62	61	90	94	121	125	124	94	124
< 17 years old	% SUSC	--	--	--	--	100	87	96	88	100
	# SUSC					30	29	32	23	30
	# TESTED					30	33	33	26	30

M, meningitis; NM, non-meningitis; PO, oral administration.

The susceptibility of *S. pneumoniae* to certain β -lactams is pharmacodynamically interpreted to direct appropriate therapy for meningeal (M) and non-meningeal (NM) infections, and for infections treated with oral penicillin V (PO). In 2014, resistance rates using meningeal and non-meningeal interpretations were 12% and 2% for penicillin, and 14% and 3% for ceftriaxone, respectively. Note, these rates do not reflect actual cases of pneumococcal meningitis. --, denotes insufficient isolates, susceptibility rates not calculated.

<i>Candida</i> species					
All Specimen Sources		AMB	FLUC	VORI	MICA
<i>C. albicans</i> ALL Ages	% SUSC	100	99	99	100
	# SUSC	103	102	102	103
	# TESTED	103	103	103	103
<i>C. glabrata</i> ALL Ages	% SUSC	100	98	(98)	100
	# SUSC	49	48	48	49
	# TESTED	49	49	49	49

The susceptibility data for *C. glabrata* against voriconazole, shown in parentheses, is based on the established microbiological breakpoint of ≤ 0.5 mg/L. Currently, there is insufficient data to demonstrate a correlation of susceptibility testing and clinical outcome for *C. glabrata* infections treated with voriconazole.