

Laboratory Bulletin

Date: April 27, 2011

To: South East Zone – All Physicians, Infection Control,

Pharmacy Departments: Medicine Hat Regional Hospital, Brooks Hospital,

Bow Island Hospital

Medicine Hat Diagnostic Laboratory,

From: Dr. L Steele, Clinical Lead, Microbiology Lab, Medicine Hat Regional Hospital

Dr. M. O'Connor, Clinical Department Facility Chief (Laboratory Services)
Medicine Hat Regional Hospital, Zone Clinical Department Head (co-lead)

Laboratory, South Zone

Re: January 1-December 31, 2010 Cumulative Antimicrobial Susceptibility Report

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Key Messages:

Information is supplied regarding susceptibility data on selected patient microorganisms isolated in the Microbiology Lab, Medicine Hat Hospital in 2010

Why this is important:

This report may be used as a general guide to empiric antimicrobial therapy until specific antimicrobial susceptibility test results on a given patient's isolates become available. The patient's physician will use the susceptibility data as one, but not the only, criterion for drug choice.

Action Required:

See attached document: South East Zone Hospitals, January 1-December 31, 2010 Cumulative Antimicrobial Susceptibility Report

For additional questions contact:

Dr. L Steele, Clinical Lead, Microbiology, Medicine Hat Hospital at 403-502-8635 or Lisa. Steele@albertahealthservices.ca

This bulletin has been reviewed and approved by:

Dr. L. Steele, FASCP

South East Zone Hospitals – Medicine Hat, Brooks, Bassano, Bow Island, Oyen January 1 – December 31, 2010 Cumulative Antimicrobial Susceptibility Report (% Susceptible)

	No. of Isolates	Ampicillin	Cefazolin	Ceftazidime	Ceftriaxone	Cefuroxime	Cephalothin	Ciprofloxacin	Clindamycin	Erythromycin	Gentamicin	Nitrofurantoin (Urinary isolates only)	Norfloxacin (urinary isolates only)	Oxacillin	Penicillin	Plperacillin	Sulfamethoxazole /Trimethoprim	Tobramycin	Vancomycin
Citrobacter freundii*	20	-	-	-	-	-	-	95	-	-	95	90	95	-	-	-	75	-	-
Enterobacter cloacae*	36	ı	-	-	-	-	1	100	-	-	97	44	100	-	-	-	97	-	
Escherichia coli	1460	53	87	91	95	90	62	86	-	-	92	97	86	-	-	-	79	-	-
Klebsiella pneumoniae	190	-	91	96	98	91	92	91	-	-	96	52	92	-	-	-	86	-	-
Proteus mirabilis	50	68	91	91	96	96	89	100	-	-	94	0	100	-	-	-	83	-	-
Pseudomonas aeruginosa	181	-	-	95	-	-	-	87	-	-	85	-	-	-	-	95	-	90	-
Staph epidermidis	61	-	-	-	-	-	-	41	-	-	-	97	-	-	11	-	49	-	-
Enterococcus faecalis	190	96	-	-	-	-	-	74	-	-	-	98	-	-	94	-	-	-	100
Group A Streptococcus ^{1,2}	44	-	-	-	-	-	-	-	77	81	-	-	-	-	100	-	-	-	-
Group B Streptococcus ²	33	-	-	-	-	-	-	-	64	64	-	-	-	-	100	-	-	-	-
Staphylococcus aureus	495	-	-	-	-	-		62	65	54	-	99	-	65	17	-	97	-	-
Streptococcus pneumoniae	74	-	-	-	-	-	-	-	-	27	-	-	-	-	82	-	78	-	-

Staphylococcus aureus

Total number of isolates tested: 495

MRSA³ (173): 35 % of S.aureus isolates tested MSSA⁵ (322): 65 % of S.aureus isolates tested

Streptococcus pneumoniae

Number of Penicillin Nonsusceptible isolates: 8

Intermediate (7): 88 % of nonsusceptible isolates tested

Resistant (1): 12 % of nonsusceptible isolates tested Interpretations based on non-meningitis breakpoints

ESBL Data *

Total number of ESBL producing isolates: 43 *E.coli* (43): 2.9 % of *E.coli* isolates

K.pneumoniae (0): 0.% of K. pneumoniae isolates

Percent susceptible for each organism/antimicrobial combination was generated by including the first isolate only of that organism recovered from a given patient.

⁻ Drug not tested or drug not indicated

^{*} These organisms usually produce inducible beta-lactamase which may cause failure of penicillin/cephalosporin therapy, despite an in-vitro susceptible result.

¹Wound and blood culture isolates

²Due to the small number of annual isolates, analysis was performed using date obtained during the 2 year period of January1, 2008 – December 31, 2009

³MRSA (Methicillin Resistant *Staphylococcus aureus*)

⁴MSSA (Methicillin Resistant *Staphylococcus aureus*)