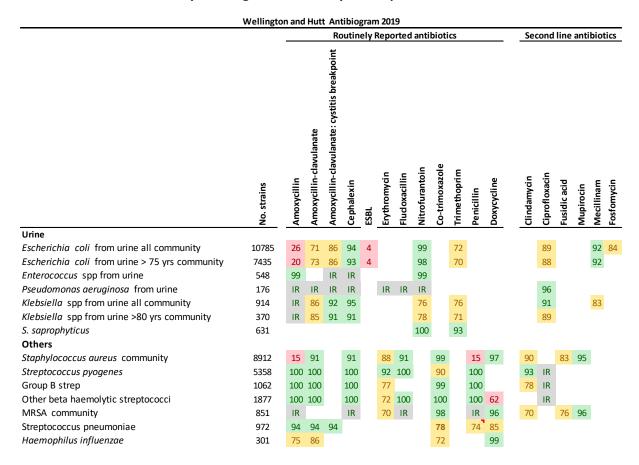
Community antibiogram Hutt Valley and Capital and Coast DHBs



The table shows the antibiotic susceptibility results for the main pathogens encountered in the community.

There has been no major shifts in resistance, with stable numbers of MRSA (9%) and ESBL-producing *E. coli* (4%).

The main take home messages are:

- Nitrofurantoin remains the most effective antibiotic for cystitis by far, and we look forward to the macrocrystaline preparation becoming available, which can be given twice daily
- Cefalexin is running a close second, but can only be reliably used for cystitis, not
 pyelonephritis. It may also be used for skin/soft tissue infections, but not respiratory tract
 infections.
- Ciprofloxacin resistance keeps creeping up, and remains an antibiotic that should be only used for pyelonephritis or when there are no other active alternatives
- Pivmecillinam and fosfomycin are available after discussion with a microbiologist and are used for difficult to treat infections
- Chest infections need higher doses of antibiotics: 750 1000 mg tds of amoxicillin or amoxicillin 500 mg and amoxicillin-clavulanate 625 mg tds are typical adult doses for haemophilus or pneumococcus
- The 74% susceptibility of pneumococcus to penicillin increases to 94% if high dose penicillin is prescribed
- Please provide clinical details: it does affect how we work up and report microbiology results