

Community antibiogram Hutt Valley and Capital and Coast DHBs

		Wellington and Hutt Antibiogram 2019																
		Routinely Reported antibiotics										Second line antibiotics						
		Amoxicillin-clavulanate: cystitis breakpoint																
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		Cephalexin																
		ESBL																
		Erythromycin																
		Fludoxacilin																
		Nitrofurantoin																
		Co-trimoxazole																
		Trimethoprim																
		Penicillin																
		Doxycycline																
		Clindamycin																
		Ciprofloxacin																
		Fusidic acid																
		Mupirocin																
		Mecillinam																
		Fosfomycin																
		No. strains																
Urine																		
<i>Escherichia coli</i> from urine all community	10785	26	71	86	94	4				99		72			89		92	84
<i>Escherichia coli</i> from urine > 75 yrs community	7435	20	73	86	93	4				98		70			88		92	
<i>Enterococcus</i> spp from urine	548	99		IR	IR					99								
<i>Pseudomonas aeruginosa</i> from urine	176	IR	IR	IR	IR		IR	IR	IR						96			
<i>Klebsiella</i> spp from urine all community	914	IR	86	92	95					76		76			91		83	
<i>Klebsiella</i> spp from urine >80 yrs community	370	IR	85	91	91					78		71			89			
<i>S. saprophyticus</i>	631									100		93						
Others																		
<i>Staphylococcus aureus</i> community	8912	15	91		91		88	91		99		15	97		90		83	95
<i>Streptococcus pyogenes</i>	5358	100	100		100		92	100		90		100			93	IR		
Group B strep	1062	100	100		100		77			99		100			78	IR		
Other beta haemolytic streptococci	1877	100	100		100		72	100		100		100	62		IR			
MRSA community	851	IR			IR		70	IR		98		IR	96		70		76	96
<i>Streptococcus pneumoniae</i>	972	94	94	94						78		74	85					
<i>Haemophilus influenzae</i>	301	75	86							72			99					

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 macrocrystalline 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