

2019 Antibiotic Susceptibility Profiles SDHB Otago/Southland Community isolates

Gram negative bacteria 2018 (% sensitive)	Number tested	Amoxycillin	Amoxycillin/ Clavulanate	Amoxycillin/ Clavulanate (cystitis only)	Cefalexin (cystitis)	Tetracycline/ doxycycline	Nitrofurantoin (cystitis)	Ciprofloxacin*	Trimethoprim (cystitis)	Cotrimoxazole*	Fosfomycin (cystitis)	Mecillinam (cystitis)
E. coli (all)	5533	57%	67%	86%	95%		99%		76%			
E. coli (urine)	5432	58%	67%	86%	95%		99%		76%			
E. coli ESBL (urines)*	147	R		60%	R		94%	46%	27%	33%	93%	89%
Proteus mirabilis	217	96%	99%	99%	97%		R	100%	87%			
Salmonella spp*	137	86%						100%		98%		
Pseudomonas aeruginosa	382							83%				
Haemophilus influenzae	370	61%	73%			98%		99%		71%		

Gram positive bacteria 2018 (% sensitive)	Number tested	Amoxycillin	Penicillin G (sensitive and intermediate)	Flucloxacillin	Erythromycin	Clindamycin	Nitrofurantoin (cystitis only)	Trimethoprim (cystitis only)	Cotrimoxazole	Fusidic acid	Tetracycline/ Doxycycline
Staphylococcus aureus including MRSA	3385		7%	95%	88%	89%			98%	91%	98%
Staphylococcus aureus MRSA only	115		R	R	69%	79%			91%	78%	91%
Staphylococcus lugdunensis *	141		54%	99%	96%	97%			99%	96%	99%
Staphylococcus saprophyticus	243						100%	96%			
Streptococcus pneumoniae	137		84%**		76%	81%			85%		80%
Enterococcus spp (incl. hospital isolates)	889	85%					95%				

Notes *:

- **Meaning of "I" on laboratory reports.** A microorganism is categorised as "Susceptible, Increased exposure*" when there is a high likelihood of therapeutic success because exposure to the agent is increased (dose, frequency, mode of administration, and concentration at site of infection eg urine)
- The most common infection produced by ESBL-producing organisms is cystitis, but antibiotic treatment options are very limited. Nitrofurantoin or fosfomycin may be options for treatment. Serious infection and invasive disease often require treatment with a carbapenem (meropenem or ertapenem)
- **Ciprofloxacin** and **cotrimoxazole** susceptibility results are not available for community *Escherichia coli* from urines, as these are only tested on multi-resistant isolates or when pyelonephritis is suspected. However, for *hospital* urinary isolates (which are all tested), 90% are susceptible to ciprofloxacin, and 78% to cotrimoxazole

Note **:

- Note that 16% of S. pneumoniae are resistant to penicillin.
- Uncomplicated pneumonia due to *Streptococcus pneumoniae* may usually be treated with high-dose oral amoxycillin (adult dose 1g tds), even if there is reduced susceptibility to penicillin (this is now reported as "susceptible, increased exposure". More severe pneumonia (CURB-65 score ≥ 2) may require IV antibiotics.