

Community Acquired Bloodstream Infection (CA-BSI) Antibiogram for CCHV Adult Patients

Cumulative for the two-year period ending 2023. Excludes E. coli and Klebsiella spp. from patients with an ESBL positive sample from the prior 12 months.

Notes

This report is primarily to guide empiric antibiotic recommendations for community onset infection. Report limited to the main pathogenic species causing CA-BSI. A number of important pathogens have been excluded due to low overall numbers and because resistance to empiric therapy remains rare e.g. *Streptococcus pyogenes*, *Streptococcus pneumoniae*, *Neisseria meningitidis*. Patients can contribute one organism/antibiotic combination per year. Other duplicate isolates are excluded. CA-BSI is defined as a positive BC drawn at <72 hours of admission.

Organism	No.	% of tot.	Augmentin	Pip-taz	Cefurox	Ceftri	Mero	Gent	Pen	Fluclox	Clinda	Ceftri + gent	Fluclox + clinda
E.coli	408	46	84	96	91	94	100	96				99	
Klebsiella spp.	100	11	95	97	92	96	100	97				98	
ESCAPPMs	69	8	2	85	0	88	99	99				99	
Pseudomonas aeruginosa	33	4	0	90	0	0	97						
Other enteric GNB	61	7	88	96		100	100	100				100	
S.aureus	213	24	91	91	91	91	91	99	17	91	91	100	99
Combined	884		78	94	83	90	98	97				99	

Ceftriaxone susceptibility has been included for ESCAPPM organisms. Ceftriaxone is not typically recommended for definitive treatment of these organisms, due to risk of induced resistance, however they are likely to have activity as initial therapy for those isolates testing as susceptible in vitro. Ceftriaxone is also reported for *S. aureus*. Again, this is not recommended for definitive therapy of *S. aureus* infections, unless high doses are used, however for the purposes of initial empiric therapy prior to culture results it is likely to be adequate for MSSA.