Vancouver CoastalHealth

Medical Microbiology & Infection Control

Coastal Antibiogram

1 January 2025 - 31 December 2025

≥ 85%

71-84%

≤ 70%

No data or not

PERCENT SUSCEPTIBLE (%)

ALL GRAM POSITIVE ORGANISMS	N	IV Penicillin	Ampicillin/ Amoxicillin †	Cloxacillin ‡ Cefazolin/ Cephalexin	Ceftriaxone	Doxycycline *	Macrolides (Azithromycin or Clarithromycin)	Clindamycin	Trimethoprim-sulfamethoxazole	Fluoroquinolones §	Vancomycin
Staphylococcus aureus complex (all)	1210			81		97		79	89	86	100
methicillin-susceptible (MSSA)	978			100		99		81	94	93	100
methicillin-resistant (MRSA)	232			0		89		72	67	57	100
Staphylococcus lugdunensis	170			89		99		88	99	96	100
Staphylococcus epidermidis	272[R]			33		86		56	57	62	100
Other *Staphylococcus spp* **	131[R]			53		93		67	91	80	100
Viridans group *Streptococcus*	352[R]	87	87		99						100
Streptococcus pneumoniae (non-meningitis) #	181[R]	100	100		100	36	55			98	
Streptococcus pneumoniae (meningitis) #	55[R]	75			100						100
Streptococcus pyogenes (GAS)	232	100	100	100	100			77		100	100
Streptococcus agalactiae (GBS)	280[R]	100	100	100	100			54		94	100
Enterococcus faecalis	548		100			29				82	100
Enterococcus faecium	528[R]		10			30					67
vancomycin-susceptible *E. faecium*	354[R]		15			30					100
vancomycin-resistant *E. faecium*	174[R]		1			29					0

<100 isolates provide less reliable results, regional results (R) used if possible

R : Regional data

†: Ampicillin predicts piperacillin and imipenem for enterococci.

‡ : Cloxacillin predicts amoxicillin-clavulanate, piperacillin-tazobactam and carbapenems for staphylococci.

* : For enterococci, % S for doxycyline is based on urinary isolates only.

§ :For staphylococci, % S is based on ciprofloxacin breakpoints; for streptococci including *S. pneumoniae*, % S is based on moxifloxacin breakpoints; for *Enterococcus faecalis*, % S is based on ciprofloxacin breakpoints for urinary isolates only.

**: Other *Staphylococcus spp* include staphylococci other than *S. aureux complex, S. lugdunensis* and *S.epidermidis.*

: *Streptococcus pneumoniae* (non-meningitis) includes all isolates regardless of body sites and interpreted with CLSI non-meningitis, while *Streptococcus pneumoniae* (meningitis) includes a subset of invasive isolates (e.g. blood, CFS or bone&joint) interpreted with the CLSI meningitis breakpoints.

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ALL GRAM NEGATIVE ORGANISMS	N	Ampicillin / Amoxicillin	Amoxicillin-Clavulanate	Cefazolin (systemic) §	Ceftriaxone	Ceftazidime	Trimethoprim-Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Piperacillin-Tazobactam ‡	Meropenem	Cefazolin / 1st and 2nd gen oral cephalosporins (urine) §	Nitrofurantoin (urine)
Escherichia coli	1769	61	88	†	89	91	81	71	93	93	97	100	85	98
Klebsiella pneumoniae	320	0	91	†	91	93	89	88	97	96	94	100	89	28
Klebsiella oxytoca	255[R]	0	88	†	90	96	91	92	96	95	92	99		85
Proteus mirabilis	167	78	95	†	96	100	86	86	96	95	100	100	96	
Citrobacter koseri	119[R]	0	97	†	97	97	100	98	99	99	97	99		82
Citrobacter freundii complex	141[R]	0	0	0	64	65	89	86	92	91	69	95		94
Enterobacter cloacae complex	399[R]	0	0	0	68	70	87	88	98	95	73	97		40
Klebsiella aerogenes (prev. *Enterobacter*)	149[R]	0	0	0	72	76	96	92	99	99	76	99		7
Morganella morganii	149[R]	0	0	0	95	90	81	79	89	91	99	99		
Serratia marcescens	195[R]	0	0	0	90	98	99	93	98	86	95	98		
Pseudomonas aeruginosa	269					93		87	Δ	70	91	93		
Acinetobacter spp.	230[R]					86	89	96	95	93		97		

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R : Regional data

§ : **Cefazolin (systemic)** interpretative criteria are based on a dosage regimen of 2g IV q8 hours in adults, assuming a normal kidney function. **Cefazolin (urine)** predicts susceptibility to the first and second-generation oral cephalosporins when used for the treatment of uncomplicated UTIs due to *E. coli*, *K. pneumoniae* and *P. mirabilis*.

† : Cefazolin (systemic) antibiogram is not displayed for the 2025 reporting period due to technical issues that may underestimate susceptibility rates and limit data reliability.

‡ : % of susceptible isolates to **piperacillin-tazobactam** includes **Susceptible-Dose Dependent (SDD)** isolates. **SDD** interpretative criteria are based on a high dosage regimen of 4.5g IV q6 hours over 3 h or 4.5 g IV q 8 h over 4h in adults, assuming normal kidney function. % of SDD isolates to piperacillin-tazobactam were identified in a total of 1.7% (136/7943) of all regional Enterobacterales.

Δ : %S *Pseudomonas aeruginosa* isolates to gentamicin not being reported due to removal of CLSI breakpoints in 2023.