

Index	Link to Sheet Tab
Master TOC	Master TOC
Regional Antibigram 2025	Regional Antibigram 2025
Regional Comparison	Regional Comparison
VA 2025 for publication	VA 2025 for publication
VA Comparison	VA Comparison
RH 2025 for publication	RH 2025 for publication
RH Comparison	RH Comparison
Coastal 2025 for publication	Coastal 2025 for publication
Coastal Comparison	Coastal Comparison

Regional Antibigram
1 January 2025 - 31 December 2025

		ANTIBIOTIC SENSITIVITY (%)										
		Trimethoprim + Pyrimidin	Ampicillin / Amoxicillin + Clavulanic Acid	Clarithromycin / Clindamycin	Gentamicin	Doxycycline + Tetracycline	Moxifloxacin (Respiratory) Ceftriaxone	Clindamycin	Trimethoprim + Sulfamethoxazole	Fluoroquinolones	Vancomycin	
≥ 85%	No data or not											
71-84%												
≤ 70%												
ALL GRAM POSITIVE ORGANISMS												
<i>Staphylococcus aureus</i> complex (all)	N											
methicillin-susceptible (MSSA)	2618 ^a		75	95		78	86	81	100			
methicillin-resistant (MRSA)	873 ^b		0	85		69	64	57	100			
<i>Staphylococcus lugdunensis</i>	426 ^c		89	100		89	99	96	100			
<i>Staphylococcus epidermidis</i>	272 ^d		33	86		56	57	62	100			
Other <i>Staphylococcus</i> spp. **	131 ^e		53	93		67	91	80	100			
<i>Vibrio</i> group <i>Streptococcus</i>	352 ^f	87	87	99								
<i>Streptococcus pneumoniae</i> (non-meningitis) #	181 ^g	100	100	100	86	55		98	100			
<i>Streptococcus pneumoniae</i> (meningitis) #	55 ^h	75		100								
<i>Streptococcus pyogenes</i> (GAS)	632 ⁱ	100	100	100	100		80		100	100		
<i>Streptococcus agalactiae</i> (GBS)	280 ^j	100	100	100	100		54		94	100		
<i>Enterococcus faecalis</i>	1711 ^k				25				81	99		
<i>Enterococcus faecium</i>	528 ^l				30					67		
vancomycin-susceptible <i>E. faecium</i>	354 ^m		15	80								
vancomycin-resistant <i>E. faecium</i>	174 ⁿ		1	29						0		
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 doxycycline 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. aureus* 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.

Regional Antibigram
1 January 2025 - 31 December 2025

		PERCENT SUSCEPTIBLE (%)													
		≥ 85% 71-84% ≤ 70% No data or not													
	N	Amikacin / Amoxicillin	Amoxicillin/Clavulanic	Cefazolin (pH 7.0) / f	Ceftazidime	Ceftiofur	Ceftazidime	Ticarcillin- Sulbactam	Ciprofloxacin	Gentamicin	Tobramycin	Pipercillin / Sulbactam ±	Mergemem	Cefazolin / Ticarcillin / f / Sulbactam (pH 7.0) / f	Meropenem (pH 7.0)
<i>Escherichia coli</i>	4870 ^a	84	84	†	84	87	77	84	91	90	95	100	79	97	
<i>Klebsiella pneumoniae</i>	1138 ^a	8	90	†	88	90	87	84	96	95	94	99	86	28	
<i>Klebsiella oxytoca</i>	255 ^a	0	88	†	90	96	91	82	96	95	92	99		85	
<i>Proteus mirabilis</i>	557 ^a	74	94	†	95	99	79	92	92	91	100	100	92		
<i>Citrobacter koseri</i>	1159 ^a	0	97	†	97	97	100	98	99	99	97	99		82	
<i>Citrobacter freundii</i> complex	141 ^a	0	0	0	64	85	89	86	92	91	69	95		94	
<i>Enterobacter cloacae</i> complex	399 ^a	0	0	0	68	70	87	88	98	95	73	97		40	
<i>Klebsiella aerogenes</i> (prev. <i>Enterobacter</i>)	140 ^a	0	0	0	72	76	96	91	99	99	76	99		7	
<i>Morganella morganii</i>	190 ^a	0	0	0	95	96	81	79	89	91	99	99			
<i>Serratia marcescens</i>	195 ^a	0	0	0	90	88	99	91	98	96	95	99			
<i>Pseudomonas aeruginosa</i>	981 ^a				93			86	A	64	90	92			
<i>Acinetobacter</i> spp.	230 ^a					86	89	96	95	91		97			

^a Isolates provide less reliable results, regional results (R) used if possible

R : Regional data

9. **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 among Susceptible/Dose Dependent (SDD) isolates. SDD interpretative criteria are based on a high dose 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 Enterobacteriales.

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

Regional CoC

Gren gesondheids 2025 nieuw 2024		N														N		N	
Gesondheids 2025 nieuw 2024		N														N		N	
Gesondheids 2025 nieuw 2024		N														N		N	
Gesondheids 2025 nieuw 2024		N														N		N	
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Gesondheids 2025 nieuw 2024		N														N		N	
Gesondheids 2025 nieuw 2024		N														N		N	

†: Regional data

†: Ampicillin predicts piperacillin and imipenem for enterococci.

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

†: For enterococci, N% is for doxycycline is based on urinary isolates only.

†: For staphylococci, N% is based on skin/soft-tissue breakpoints. For enterococci including S. faecalis, N% is based on mouth/faecal breakpoints; for streptococci including S. pneumoniae, N% is based on cerebrospinal fluid breakpoints for urinary isolates only.

***: Oral cephalosporins (see include staphylococci other than S. aureus complex, S. lugdunensis and S. epidermidis).

†: Streptococcus (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, CSF or bone/joint) interpreted with the CLSI meningitis breakpoints.

4. **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*.

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

2. **Cefazolin (urine)** interpretative criteria are based on a dosage regimen of 500 mg IV q8 hours in adults. **Deferoxamine (systemic)** interpretative criteria are based on a dosage regimen of 4g IV q8 hours over 4 h to 4.5 g IV q8 h over 4 h in adults, assuming normal kidney function. % of SDO isolates to piperacillin/tazobactam were identified in total of 2.1% (82/3957) of all Enterobacterales at VA.

3. **% Pseudomonas aeruginosa** displays to gentamicin not reported due to removal of CSK breakpoints in 2025.

Vancouver Acute

[illegible]

Manuscript Accepted 2025

[illegible]

Vancouver Acute 2024

[illegible]

Vancouver Acute

[illegible]

Vancouver, April 2025

[illegible]

Vancouver Acute 2024

[illegible]

review for MDR ESCL/KSPN/PuA in ICU to see whether this stems from known colonized patients

review for MDR ESco/ KSPN/ PuA in ICU to see whether this stems from known colonized patients

By National Health and Medical Research Council (NH&MRC) guidelines, provide less reliable results, regional results (2) used if possible.

&



†: Ampicillin predicts piperacillin and imipenem for enterococci.

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

* : For enterococci, % S for doxycycline is based on urinary isolates

§ : § : 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. aureus* 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.

&



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 (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 Enterobacteriales.

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

Richmond CoC

[illegible]

Wirksamkeit 2025
= 85%

[illegible]Richmond 2024
 100%[illegible]

Richmond CoC

[illegible]

Richmond 2021

January 2021		PERCENT SUSCEPTIBLE (%)																	
			Asia & Pacific	Africa & Caribbean	Global (average)	Europe	China	Latin America	Trinidad and Tobago	Caribbean	Europe	Thailand	Poland	Belgium	Malaysia	China (average)	Latin America (average)	Malaysia (average)	
ALL GRAM NEGATIVE ORGANISMS		N	Notes: P-Value <0.05																
Enterobacterales	879	0.9% (0.972)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	68	
Enterobacteriaceae	100	0.1% (0.072)	68	68	68	68	68	68	68	68	68	68	68	68	68				

Revised 2020

[illegible]

Coastal Antibigram
1 January 2025 - 31 December 2025



No data or not

ALL GRAM POSITIVE ORGANISMS

	N	IV Penicillin	Ampicillin / Amoxicillin †	Clazinate † Cefazolin / Cephalos	Ceftriaxone	Doxycycline †	Meropenem (after enzyme co- administration)	Gentamicin	Trimethoprim- sulfamethoxazole	Flucanazole §	Vancomycin
<i>Staphylococcus aureus</i> complex (all)	1210		81		97		79	89	96	100	
methicillin-susceptible (MSSA)	978		100		99		81	94	91	100	
methicillin-resistant (MRSA)	232		0		89		72	67	67	100	
<i>Staphylococcus lugdunensis</i>	170		89		99		88	99	96	100	
<i>Staphylococcus epidermidis</i>	272 [‡]		83		86		56	57	62	100	
Other <i>Staphylococcus</i> spp. **	131 [‡]		53		93		67	91	80	100	
Viridans group <i>Streptococcus</i>	352 [‡]	87	87		99					100	
<i>Streptococcus pneumoniae</i> (non-meningitis) †	181 [‡]	100	100		96	55			98		
<i>Streptococcus pneumoniae</i> (meningitis) †	55 [‡]	75			100					100	
<i>Streptococcus pyogenes</i> (GAS)	232	100	100		100		77		100	100	
<i>Streptococcus agalactiae</i> (GBS)	280 [‡]	100	100	100	100		54		94	100	
<i>Enterococcus faecalis</i>	548	100				29			62	100	
<i>Enterococcus faecium</i>	528 [‡]	10			30					67	
vancomycin-susceptible <i>E. faecium</i>	354 [‡]	15			30					100	
vancomycin-resistant <i>E. faecium</i>	174 [‡]	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.

†: Cefazolin predicts amoxicillin-clavulanate, piperacillin-tazobactam and carbapenems for staphylococci.

†: For enterococci, % S for doxycycline 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. aureus* 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, CSF or bone/joint) interpreted with the CLSI meningitis breakpoints.

Coastal Antibigram
1 January 2025 - 31 December 2025



No data or not

ALL GRAM NEGATIVE ORGANISMS

	N	Ampicillin / Amoxicillin	Amoxicillin-Clavulanate	Cefazolin (systemic) §	Ceftriaxone	Cefazolin	Trimethoprim- Sulfamethoxazole	Ciprofloxacin	Gentamicin	Tobramycin	Piperacillin-tazobactam ‡	Meropenem	Cefazolin / 1st and 2nd gen oral cephalosporins (urine) §	Nitrofurantoin (urine)
<i>Escherichia coli</i>	1769	64	88	†	89	91	81	71	93	93	97	100	85	98
<i>Klebsiella pneumoniae</i>	320	0	91	†	91	93	89	88	97	96	94	100	89	28
<i>Klebsiella oxytoca</i>	255 [‡]	0	88	†	90	96	91	92	96	95	92	99		85
<i>Proteus mirabilis</i>	167	78	95	†	96	100	96	86	96	95	100	100	96	
<i>Citrobacter koseri</i>	115 [‡]	0	97	†	97	99	100	98	99	99	99	99		82
<i>Citrobacter freundii</i> complex	141 [‡]	0	0	0	84	85	90	86	92	91	69	95		94
<i>Enterobacter cloacae</i> complex	398 [‡]	0	0	0	68	70	87	88	98	95	73	97		40
<i>Klebsiella aerogenes</i> (prev. <i>Enterobacter</i>)	140 [‡]	0	0	0	72	76	96	92	99	99	76	99		7
<i>Morganella morganii</i>	140 [‡]	0	0	0	95	90	81	79	89	91	99	99		
<i>Serratia marcescens</i>	195 [‡]	0	0	0	90	98	99	93	98	96	95	98		
<i>Pseudomonas aeruginosa</i>	269				93		87	Δ	70	91	91			
<i>Achromobacter</i> spp.	230 [‡]				88		89	96	95	89		91		

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

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 q8 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 Enterobacteriales.

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

Gram positives 2025 minus 2026 values
Staphylococcus aureus complex fall
 methicillin
 methicillin
Staphylococcus aureus
Staphylococcus epidermidis
 Other *Staphylococcus* spp**
 Viridans group *Streptococcus*
Streptococcus pneumoniae (non meningitis)
Streptococcus pneumoniae (meningitis)
Streptococcus viridans (IGG)
Streptococcus coelactiae (IGB)
Enterococcus faecalis
Enterococcus faecium

[illegible]

No data or not

11/11/11

Staphylococcus aureus complex (all)
methicillin-s
methicillin
Staphylococcus lugdunensis
Staphylococcus epidermidis
 Other *Staphylococcus* spp **
 Viridans group *Streptococcus*
Streptococcus pneumoniae (non-methicillin)
Streptococcus pneumoniae (methicillin)
Streptococcus pyogenes (GAS)
Streptococcus bovis (GBS)
Enterococcus faecalis
Enterococcus faecium
Vancomycin
Vancomycin

[illegible]

No data or not

[illegible]

Staphylococcus aureus complex (all)
methicillin-s
methicillin
Staphylococcus lugdunensis
Staphylococcus epidermidis
Other *Staphylococcus* spp**
Viridans group *Streptococcus*
Streptococcus pneumoniae (pen-susceptible)
Streptococcus pneumoniae (pen-resistant)
Streptococcus viridans (IGAS)
Streptococcus bovis (IGBS)
Enterococcus faecalis
Enterococcus faecium

[illegible]

Gram Negative 2025 minus 2024 values

- Escherichia coli*
- Klebsiella pneumoniae*
- Klebsiella oxytoca*
- Proteus mirabilis*
- Citrobacter koseri*
- Citrobacter freundii* (complex)
- Enterobacter cloacae* (complex)
- K. aerogenes* (prev. *Enterobacter*)
- Morganella morganii*
- Serratia marcescens*
- Pseudomonas aeruginosa*
- Acinetobacter* spp.

[illegible]

Escherichia coli
Klebsiella pneumoniae
Klebsiella oxytoca
Proteus mirabilis
Citrobacter koseri
Citrobacter freundii complex
Enterobacter cloacae complex
Klebsiella aerogenes (spp. *Enterobacter*)
Morganella morganii
Serratia marcescens
Pseudomonas aeruginosa
Acinetobacter spp.

[illegible]

% of SOD isolates to piperacillin-tazobactam were identified in a total of 1.3% (24/2601) of all Coastal Enterobacteriaceae

recommended

100

Escherichia coli
Klebsiella pneumoniae
Klebsiella oxytoca
Proteus mirabilis
Citrobacter koseri
Citrobacter freundii complex
Enterobacter cloacae complex
Klebsiella aerogenes (prev. *Enterobacter*)
Morganella morganii
Serratia marcescens
Pseudomonas aeruginosa
Acinetobacter spp.

PARENTAL SUBSTRATE (N)											
N	Strains	Aerobic P1 (AerP1)		Aerobic P2 (AerP2)		Obligate Anaerobic		Facultative		Microaerophilic	
		1	2	1	2	1	2	1	2	1	2
187											
125											
22	Aeromonas hydrophila P1 (AerP1 - A)										
22	Aeromonas hydrophila P2 (AerP2 - A)										
43	Aeromonas hydrophila P1 (AerP1 - B)										
43	Aeromonas hydrophila P2 (AerP2 - B)										
43	Aeromonas hydrophila P1 (AerP1 - C)										
43	Aeromonas hydrophila P2 (AerP2 - C)										
43	Aeromonas hydrophila P1 (AerP1 - D)										
43	Aeromonas hydrophila P2 (AerP2 - D)										
43	Aeromonas hydrophila P1 (AerP1 - E)										
43	Aeromonas hydrophila P2 (AerP2 - E)										
43	Aeromonas hydrophila P1 (AerP1 - F)										
43	Aeromonas hydrophila P2 (AerP2 - F)										
43	Aeromonas hydrophila P1 (AerP1 - G)										
43	Aeromonas hydrophila P2 (AerP2 - G)										
43	Aeromonas hydrophila P1 (AerP1 - H)										
43	Aeromonas hydrophila P2 (AerP2 - H)										
43	Aeromonas hydrophila P1 (AerP1 - I)										
43	Aeromonas hydrophila P2 (AerP2 - I)										
43	Aeromonas hydrophila P1 (AerP1 - J)										
43	Aeromonas hydrophila P2 (AerP2 - J)										
43	Aeromonas hydrophila P1 (AerP1 - K)										
43	Aeromonas hydrophila P2 (AerP2 - K)										
43	Aeromonas hydrophila P1 (AerP1 - L)										
43	Aeromonas hydrophila P2 (AerP2 - L)										
43	Aeromonas hydrophila P1 (AerP1 - M)										
43	Aeromonas hydrophila P2 (AerP2 - M)										
43	Aeromonas hydrophila P1 (AerP1 - N)										
43	Aeromonas hydrophila P2 (AerP2 - N)										
43	Aeromonas hydrophila P1 (AerP1 - O)										
43	Aeromonas hydrophila P2 (AerP2 - O)										
43	Aeromonas hydrophila P1 (AerP1 - P)										
43	Aeromonas hydrophila P2 (AerP2 - P)										
43	Aeromonas hydrophila P1 (AerP1 - Q)										
43	Aeromonas hydrophila P2 (AerP2 - Q)										
43	Aeromonas hydrophila P1 (AerP1 - R)										
43	Aeromonas hydrophila P2 (AerP2 - R)										
43	Aeromonas hydrophila P1 (AerP1 - S)										
43	Aeromonas hydrophila P2 (AerP2 - S)										
43	Aeromonas hydrophila P1 (AerP1 - T)										
43	Aeromonas hydrophila P2 (AerP2 - T)										
43	Aeromonas hydrophila P1 (AerP1 - U)										
43	Aeromonas hydrophila P2 (AerP2 - U)										
43	Aeromonas hydrophila P1 (AerP1 - V)										
43	Aeromonas hydrophila P2 (AerP2 - V)										

% of SOD isolates to ciprofloxacin-tazobactam were identified in 1.2% of *E. coli*, 4.2% of *K. pneumoniae*, 2.1% of *K. oxytoca*.