

PACIFIC DIAGNOSTIC LABORATORIES
 GVCH only
 Antimicrobial Susceptibility Profile January thru December 2010
 Percent Susceptible¹

ORGANISM ¹	AVG. SAMPLE SIZE	AMPICILLIN	AMP / SUL	NAFCIL/OXACIL	PIP / TAZO	TETRACYCLINE	CEFAZOLIN	TIGECYCLINE	CEFOTETAN	CEFTAZIDIME	CEFTRIAXONE	CIPROFLOXACIN	LEVOFLOXACIN	GENTAMICIN	IMPENEM	ERTAPENEM	TRIMET/SULFA	NITROFURAN (3)	CLINDAMYCIN	ERYTHROMYCIN	VANCOMYCIN	LINEZOLID	RIFAMPIN (4)
<i>Escherichia coli</i>	411	54	67		97		93	100	97	96	97	78	78	91	100	100	74	93					
<i>Klebsiella species</i>	76	0	92		100		92	99	99	96	97	96	97	100	100	100	91	29					
<i>Pseudomonas aeruginosa</i>	236		69		0		0	67		63		63		71	84								
<i>Proteus mirabilis</i>	122	27	45		92		65	70	77	70	69	66	65	83	100	100	27	0					
Staphylococcus aureus (overall)	720		(2)	62		89	(2)						60^b	98			98	96	79	47	100	100	99
Staphylococcus aureus (MSSA)	447			100		92							87^b	99			99	94	87	70	100	100	100
Staphylococcus aureus(MRSA)	273			0		84	0						15^b	97			95	99	66	10	100	100	97
Enterococcus species	70	94											(5)								100	76	

Footnotes:

1. Profiles include data from disk diffusion, automated testing and gradient diffusion MIC. Intermediate results have been interpreted as resistant for this tabulation. All isolates were not tested against each antibiotic in the profile.
2. Refer to oxacillin results. Oxacillin resistant strains may not respond to beta lactam antibiotics such as penicillins, cephalosporins and imipenem.
3. Data apply only to organisms isolated from urinary tract.
4. Rifampin should not be used as a sole agent for antimicrobial therapy.
5. Fluoroquinolones are generally not an appropriate therapy against enterococcus infections from sites other than urine.
6. Staphylococcus isolates may become resistant to fluoroquinolones within 3-4 days after initiation of therapy. (NCCLS M100-S14,2004)

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SANTA BARBARA, CA**

**ANTIBIOTIC SUSCEPTIBILITY PROFILES
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DEPARTMENTS OF MICROBIOLOGY

MANAGER

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