

PACIFIC DIAGNOSTIC LABORATORIES
PDC (Outreach Lab Only)
Antimicrobial Susceptibility Profile January – December 2020
Percent Susceptible¹

ORGANISM ¹	AVG. SAMPLE SIZE	AMPICILLIN	AMP / SUL	NAFCIL / OXACIL	PIP / TAZO	TETRACYCLINE	CEFAZOLIN	CEFTRIAXONE	CEFTAZIDIME	CEFEPIME	CIPROFLOXACIN	LEVOFLOXACIN	GENTAMICIN	IMIPENEM	ERTAPENEM	TRIMETH / SULFA	NITROFURAN (3)	CLINDAMYCIN	ERYTHROMYCIN	VANCOMYCIN	LINEZOLID	RIFAMPIN (4)	MEROPENEM
<i>Escherichia coli</i> (all)	8989	59	65		97		88	92	92	99	84	84	91	100	100	77	96						100
<i>Escherichia coli</i> ESBL ⁷ (all)	640	0	0		87		0	0	0	82	27	27	60	100	100	52	89						100
<i>Escherichia coli</i> (Urines)	8690	60	66		97		88	92	92	99	84	84	91	100	100	78	97						
<i>Escherichia coli</i> ESBL ⁷ (Urines)	603	0	0		88		0	0	0	82	27	28	60	100	100	52	89						
<i>Klebsiella pneumoniae</i>	1339		84		96		91	93	93	99	95	97	96	99	100	90	26						98
<i>Klebsiella oxytoca</i>	225		66		96		68	93	94	100	98	98	96	100	100	90	73						100
<i>Klebsiella aerogenes</i> (formerly known as <i>Enterobacter aerogenes</i>)	224		0		89			91	91	99	100	100	99	61	99	98	10						75
<i>Klebsiella sp.</i> ESBL ⁷	107		0		71		0	0	0	90	53	73	59	98	99	23	18						
<i>Pseudomonas aeruginosa</i>	973				91				95		90	85	95	94									84
<i>Stenotrophomonas maltophilia</i>	58											89				93							
<i>Enterobacter cloacae</i> complex	292				83			78	81	97	98	98	97	93	97	93	29						100
<i>Proteus mirabilis</i>	713	75	88		100		92	96	96	100	90	92	93	10	100	82							100
<i>Citrobacter freundii</i> complex	160							75	77	99	93	92	96	98	100	83	94						100
<i>Citrobacter koseri</i> (diversus)	218				99		98	99	99	100	99	99	100	99	100	98	74						100
<i>Serratia marcescens</i>	128				96			97	99	100	97	96	100	77	100	100							100
<i>Haemophilus influenza</i>	3	66						100															100
<i>Staphylococcus aureus</i>	3324			72		91	(2)				68	70	97			96	99	81	56	100	100	99	
<i>Staphylococcus aureus</i> (MSSA)	2316			100		93	(2)				88	89	98			97	99	83	72	100	100	100	
<i>Staphylococcus aureus</i> (MRSA)	908			0		84	(2)				20	20	94			92	99	76	16	99	100	98	
Coagulase Negative Staph.	201			52		81	(2)				71	72 ⁶				80	100	75	47	100	100		
<i>Enterococcus spp.</i>	1404	99									90	91 ⁵					96			98	100		
<i>Enterococcus faecalis</i>	1350	100									91	93 ⁵					99			99	99		
<i>Enterococcus faecalis</i> (VRE)	6	100									20	16 ⁵					100			0	100		
<i>Enterococcus faecium</i>	49	67									49	48 ⁵					15			82	100		
<i>Enterococcus faecium</i> (VRE)	9	11									0	0					0			0	100		
<i>Streptococcus pneumoniae</i>	59			100				95				100				50		100	62	100			

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 susceptible staphylococci can be considered susceptible to:
 - β -lactam combination agents (e.g. piperacillin-tazobactam)
 - Oral cepheems (e.g. cefdinir, cephalexin, cefpodoxime, cefuroxime)
 - Parenteral cepheems including cephalosporins I, II, III, and IV (e.g. cefazolin, Cefepime, cefotaxime, cefotetan, ceftriaxone, cefuroxime, ceftaroline)
 - Carbapenems (e.g. Ertapenem, Imipenem, Meropenem)Oxacillin resistant strains may not respond to beta lactam antibiotics such as penicillins, cephalosporins, and carbapenems. (CLSI M100, 30th ed, 2020)
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 develop resistance during prolonged therapy with quinolones. Therefore, isolates that are initially susceptible may become resistant within 3-4 days after initiation of therapy. (CLSI M100, 30th ed, 2020)
7. ESBL rate

	2018	2019	2020
<i>E. coli</i>	6.0%	6.6%	7.1%
<i>Klebsiella</i> sp.	4.9%	6.1%	6.8%

**PACIFIC DIAGNOSTIC LABORATORIES
SANTA BARBARA, CA**

**ANTIBIOTIC SUSCEPTIBILITY PROFILES
2020**

PDL Out Patients only

DEPARTMENT OF MICROBIOLOGY

**DR. STEWART COMER,
MEDICAL DIRECTOR
SCOMER@SBCH.ORG
(805) 569-7367**

**JANE CHOE,
MICROBIOLOGY MANAGER
JCHOE@SBCH.ORG
(805) 324-9813**