

PACIFIC DIAGNOSTIC LABORATORIES  
 GVCH only  
 Antimicrobial Susceptibility Profile January thru December 2012  
 Percent Susceptible<sup>1</sup>

ORGANISM <sup>1</sup>	AVG. SAMPLE SIZE	AMPICILLIN	AMP / SUL	NAFCIL/OXACIL	PIP / TAZO	TETRACYCLINE	CEFAZOLIN	CEFOTETAN	CEFTAZIDIME	CEFTRIAXONE	CIPROFLOXACIN	LEVOFLOXACIN	GENTAMICIN	IMPENEM	ERTAPENEM	TRIMET/SULFA	NITROFURAN (3)	CLINDAMYCIN	ERYTHROMYCIN	VANCOMYCIN	LINEZOLID	RIFAMPIN (4)	
Escherichia coli (other than SA)	348	54	69		98		89	99	93	96	79	81	93	100	100	75	94						
Escherichia coli (subacute (SA) unit)	14	T	O	O		F	E	W		T	O		T	A	L	L	Y						
Klebsiella species (all)	64	1	89		93		88	94	90	95	96	93	97	98	98	93	18						
Pseudomonas aeruginosa (non-SA)	85				97				97		80	71	88	84									
Pseudomonas aeruginosa (SA)	60				65				80		31	27	45	50									
Proteus mirabilis (other than SA)	61	92	96		100		94	100	96	98		94	100		100	92	0						
Proteus mirabilis (subacute)	43	19	21		97		40	75	52	51		47	84	100	100	29	0						
Staphylococcus aureus (overall)	704		(2)	62		86	(2)					55 <sup>b</sup>	98				96	99	80	41	100	100	99
Staphylococcus aureus (MSSA)	434			100		87						80 <sup>b</sup>	98				98	98	86	63	100	100	99
Staphylococcus aureus(MRSA)	270			0		84	0					14 <sup>b</sup>	97				94	100	71	7	100	100	99
Enterococcus species (all)	92	99										68 <sup>c</sup>									99	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 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  
2012  
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**DEPARTMENTS OF MICROBIOLOGY**

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