

PACIFIC DIAGNOSTIC LABORATORIES
Hospital Locations only (SYC) 2012
Antimicrobial Susceptibility Profile January thru December 2012

Percent Susceptible¹

ORGANISM ¹	AVG. SAMPLE SIZE	AMPICILLIN	AMP / SUL	NAFCIL/OXACIL	PIP / TAZO	TETRACYCLINE	CEFAZOLIN	CEFOTETAN	CEFTAZIDIME	CEFTRIAXONE	CIPROFLOXACIN	LEVOFLOXACIN	GENTAMICIN	IMIPENEM	ERTAPENEM	TRIMET/SULFA	NITROFURAN (3)	CLINDAMYCIN	ERYTHROMYCIN	VANCOMYCIN	LINEZOLID	RIFAMPIN (4)	
Escherichia coli	308	60	73		97		93	98	100	97	82	85	93	100	100	81	96						
Staphylococcus aureus (overall)	141		(2)	69		93	(2)					64 ^b	100										
Staphylococcus aureus (MSSA)	97			100		92						85 ^b	100			100	100	82	65	100	100	100	100
Staphylococcus aureus(MRSA)	44			0		96	(2)					17 ^b	100			100	100	43	2	100	100	100	100
Enterococcus species (all species)	47	94									(5)	(5)									98	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)

**PACIFIC DIAGNOSTIC LABORATORIES
SANTA BARBARA, CA**

**ANTIBIOTIC SUSCEPTIBILITY PROFILES
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DEPARTMENTS OF MICROBIOLOGY

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