

PACIFIC DIAGNOSTIC LABORATORIES  
Hospital Locations only (SYC) 2010  
Antimicrobial Susceptibility Profile January thru December 2010

Percent Susceptible<sup>1</sup>

ORGANISM <sup>1</sup>	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)
Escherichia coli	441	57	69		97		92	100	97	95	95	80	80	89	100	100	73	92					
Klebsiella species	69	0	88		97		96	93	100	100	100	100	100	99	100	100	94	22					
Staphylococcus aureus (overall)	152		(2)	69		96	(2)						68 <sup>b</sup>	95			99	98	78	60	100	100	99
Staphylococcus aureus (MSSA)	105			100		96							90 <sup>b</sup>	95			99	97	89	81	100	100	99
Staphylococcus aureus(MRSA)	47			0		96	0						19 <sup>b</sup>	100			100	100	53	13	100	100	100
Enterococcus species	71	96											(5)								100	79	

**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  
2010  
SYCH location only**

**DEPARTMENTS OF MICROBIOLOGY**

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