

The following antibigrams are profiles of antimicrobial susceptibility testing results of the most commonly reported respiratory tract, skin and soft tissue and urinary tract pathogens submitted to LifeLabs. The information in the antibigrams is to be used only as a guide, and we emphasize that culture and susceptibility testing are required for accurate determination of etiology and antimicrobial susceptibility.

Respiratory Tract Pathogens

ORGANISM	Number of isolates tested	ANTIBIOTIC (% susceptible)								
		Ampicillin	Azithromycin	Cefuroxime	Clarithromycin	Erythromycin	Levofloxacin	Penicillin	Tetracycline	TMX*
<i>Haemophilus influenzae</i>	130	87		98	94			R	98	71
<i>Moraxella catarrhalis</i> ¹	N/A	R						R		
<i>Streptococcus pneumoniae</i>	38	92	74		74	74	100	92	82	84

¹Susceptibility testing for *Moraxella catarrhalis* is not routinely performed. Most clinical isolates of *M. catarrhalis* are resistant to amoxicillin but are generally susceptible to amoxicillin-clavulanate, macrolides, trimethoprim-sulfamethoxazole, quinolones, cefuroxime, cefixime, and ceftriaxone.

Skin and Soft tissue Pathogens

ORGANISM	Number of isolates tested	ANTIBIOTIC (% susceptible)											
		Ampicillin	Ceftriaxone	Cephalothin/ Cephalixin	Ciprofloxacin	Clindamycin	Cloxacillin	Erythromycin	Penicillin	Tetracycline	TMX*	Vancomycin	
Streptococcus group A ¹	N/A											R	
<i>Staphylococcus aureus</i> (MSSA & MRSA)	3270			82			82	70		97			
<i>Staphylococcus aureus</i> (MRSA)	570	R	R	R	14	83	R	12	R	98	97	100	

¹Streptococcus group A isolates are predictably susceptible to penicillin, amoxicillin and cephalosporins (e.g. cephalixin); therefore, antimicrobial susceptibility testing is not routinely performed. Susceptibility to erythromycin and clindamycin is variable.

MSSA = Methicillin-susceptible *Staphylococcus aureus*; MRSA = Methicillin-resistant *Staphylococcus aureus*

Urinary Tract Pathogens

ORGANISM	Number of isolates tested	ANTIBIOTIC (% susceptible)							
		Ampicillin	Cephalothin/ Cephalixin	Ciprofloxacin	Gentamicin	Nitrofurantoin	Tetracycline	TMX*	Ceftazidime
<i>Escherichia coli</i>	8469	68	71	89	96	96	80	84	
<i>Enterococcus</i> spp.	1249	99.5	R	78		97	21	R	R
Streptococcus group B ¹	N/A				R			R	
<i>Klebsiella pneumoniae</i>	932	R	97	99	99.5	29	92	96	
<i>Staphylococcus saprophyticus</i> ²	N/A								
<i>Proteus</i> spp.	400	84	91	95	94	R	R	86	
<i>Pseudomonas aeruginosa</i>	153	R	R	89	95	R	R	R	97
<i>Staphylococcus aureus</i> (MSSA & MRSA)	130		91	81		95	96	96	

¹Antimicrobial susceptibility testing is not routinely performed on urine isolates of Streptococcus group B because such infections usually respond to antibiotics commonly used to treat uncomplicated urinary tract infections, such as ampicillin, cephalosporins and nitrofurantoin. Susceptibility to fluoroquinolones is variable.

²Antimicrobial susceptibility testing is not routinely performed on urine isolates of *Staphylococcus saprophyticus* because such infections usually respond to antibiotics commonly used to treat uncomplicated urinary tract infections, such as trimethoprim-sulfamethoxazole, nitrofurantoin and fluoroquinolones.

	90-100% of isolates are susceptible to the antibiotic indicated (GOOD CHOICE)
	21-89% of isolates are susceptible to the antibiotic indicated (INTERMEDIATE CHOICE)
	0-20% of isolates are susceptible to the antibiotic indicated (POOR CHOICE)
R	The organism is inherently resistant to the antibiotic indicated OR is not recommended due to poor clinical response and/or poor activity
	Antimicrobial susceptibility testing not performed

*TMX = Trimethoprim-Sulfamethoxazole