Non-Blood Culture Community-Onset Infection Antibiogram for CCHV Adult Patients

*Cumulative for the two-year period ending **2023**. Excludes E.coli and Klebsiella spp from patients with an ESBL positive sample from the prior 12 months.*

Notes

This report is primarily to guide empiric antibiotic recommendations for community onset infection. Report limited to the main pathogenic species causing community-onset infection where resistance may be encountered. A number of important pathogens have been excluded due to low overall numbers and/or because resistance to empiric therapy remains rare e.g. *Streptococcus pyogenes, Streptococcus pneumoniae, Neisseria meningitidis.* Patients can contribute one organism/antibiotic combination per year. Other duplicate isolates are excluded. Community-onset infection is defined as a positive sample taken at <72 hours of admission.

Organism	No.	% of tot.	Augmentin	Pip-taz*	Cefurox	Ceftri	Mero*	Gent	Pen	Fluclox	Clinda	Ceftri + gent	Fluclox + clinda
E.coli	2361	41	76	92		93	100	95				98	
Klebsiella spp.	350	6	88	65	59	94	100	98				99	
ESCAPPMs	338	6	3	68	0	82	100	98				99	
Pseudomonas aeruginosa	332	6	0	93	0	0	95	.				.	
Other enteric GNB	247	4	93	98		97	100	98				99	
S.aureus	2149	37	88	88	88	88	88	97	18	88	89	96	95
Combined	5777		73	87	68	85	95	96				98	

**These antibiotics are not tested on every organism and are more likely to be tested on more resistant organisms. Interpret with caution.*

Ceftriaxone susceptibility has been included for ESCAPPM organisms. Ceftriaxone is not typically recommended for definitive treatment of these organisms, due to risk of induced resistance, however they are likely to have activity as initial therapy for those isolates testing as susceptible in vitro. Ceftriaxone is also reported for *S. aureus*. Again, this is not recommended for definitive therapy of *S. aureus* infections, unless high doses are used, however for the purposes of initial empiric therapy prior to culture results it is likely to be adequate for MSSA.