



Valley Medical Laboratories Antibigram - 2020

Information in this antibiogram is derived from antimicrobial susceptibility testing performed by Valley Medical Laboratories from January 1, 2019 - December 31, 2019 as per the Clinical Laboratory Standards Institute (CLSI) document M39-A4. This is only a guide. Culture and susceptibility testing are required for accurate determination of etiology and antimicrobial susceptibility (especially in isolate groups of <30).

Urinary Tract Pathogens

ORGANISM	Number of isolates tested	ANTIBIOTIC (% susceptible)								
		Ampicillin ¹	Ceftriaxone	Cephalexin	Ciprofloxacin	Fosfomycin	Gentamicin	Nitrofurantoin	Tetracycline ²	TMP - SMX
Escherichia coli	5063	66%	96%	74%	88%	99%	95%	98%	81%	81%
Group B Streptococcus ³	770						R			R
Enterococcus faecalis	699	100%	R	R	89%	99%	R	98%	22%	R
Klebsiella pneumoniae	498	R	98%	91%	98%		99%	29%	89%	96%
Proteus mirabilis	200	83%	99%	89%	93%		92%	R	R	87%
Staphylococcus saprophyticus ⁴	195	R		R		R		R		

TMP-SMX = trimethoprim-sulfamethoxazole

R - The organism is inherently resistant to the antibiotic indicated **OR** is not recommended due to poor clinical response and/or poor activity

¹Results of ampicillin testing can be used to predict results for amoxicillin.

²Isolates susceptible to tetracycline are predictably susceptible to doxycycline; however, some isolates that are resistant to tetracycline may be susceptible to doxycycline.

³Antimicrobial susceptibility testing is not routinely performed on urine isolates of group B Streptococcus 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.

⁴Antimicrobial susceptibility testing is not routinely performed on Staphylococcus saprophyticus. This organism is reliably susceptible to trimethoprim-sulfa, nitrofurantoin and urinary quinolones. It is resistant to fosfomycin.

GOOD CHOICE if 90-100% of isolates are susceptible to the antibiotic indicated

INTERMEDIATE CHOICE if 51-89% of isolates are susceptible to the antibiotic indicated

POOR CHOICE if 0-50% of isolates are susceptible to the antibiotic indicated