

Health PEI ANTBIOGRAM 2025

(Antibiotic Susceptibility Results of Non-Duplicative Isolates
From All Community And Health Care Settings)

URINE Isolates	Total Number	Nitrofurantoin*	Sulfamethoxazole + Trimethoprim	Fosfomycin~	AmpIV/AmoxPO	Amox+Clav.Acid (3 times a day)	Cefuroxime	Cefixime	Ciprofloxacin	Ceftazidime	Piperacillin+Tazo	Ertapenem	Meropenem	Tobramycin	Vancomycin IV
<i>E. coli</i>	2651	99	86	99	65	86	93	92	85^	95	95	100	100	94	
<i>Klebsiella pneumoniae</i>	483	60	94			91	90	92	94	90	92	99	100	98	
<i>Klebsiella oxytoca</i>	114	97	97			95	95	96	96	96	95	100	100	97	
<i>Enterobacter spp.</i> #	195	31	93						96			92	100	98	
<i>Proteus mirabilis</i>	283		90		89	96	94	95	97	95	99			94	
<i>Pseudomonas aeruginosa</i>	185								97	94	95		95	98	
<i>Enterococcus faecalis</i>	416	99		93	100	100									100
<i>Enterococcus faecium</i>	66														97

[^]*E. coli* and Cipro: ER (204) QEH 86%, (168) PCH 87%;

Includes *Klebsiella* (formally *Enterobacter*) aerogenes

*Nitrofurantoin activity limited to cystitis. Suitable for use with adequate renal function (CrCl ≥30 mL/min)

~ Oral Fosfomycin use is mostly limited to the bladder (cystitis)

Shaded boxes = Not routinely reported or recommended Red Boxes = Predictably resistant

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Gram Negative Isolates <small>(Excluding urines)</small>	Total Number	AmpIV/AmoxPO	Amox+Clav.Acid (3 times a day)	Cefuroxime	Cefixime	Sulfamethoxazole + Trimethoprim	Ciprofloxacin	Cefazolin	Ceftriaxone	Ceftazidime	Ertapenem	Piperacillin+Tazo	Meropenem	Tobramycin
<i>E. coli</i>	124	62	84	87	91	94	83	90	90	90	100	90	100	94
<i>Klebsiella</i> spp.	67		96	96	99	96	96	79	97	97	100	96	100	99
<i>Enterobacter</i> spp. [#]	45					96	98				98		100	100
<i>Serratia</i> spp.	24					96	92		83	90	92	92	100	67'
<i>Pseudomonas aeruginosa</i> [^]	283						95			98		98	93	98

[`] For *Serratia* spp., Gentamycin (96% susceptible) is more effective than Tobramycin

[#] Includes *Klebsiella* (formally *Enterobacter*) aerogenes

Haemophilus influenzae beta-lactamase positive: (16 isolates) 22%

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[^] Ceftolozane-Tazobactam available for *Pseudomonas aeruginosa* infections with restrictions. Contact Antimicrobial Stewardship pharmacist or Infectious Diseases for advice

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Gram Positive Cocci	Total Number	Penicillin (meningitis)	Penicillin (non-meningitis)	Penicillin~ (oral)	Ceftriaxone*	AmpIV/AmoxPO	Amox+Clav.Acid	Cefadroxil, Cephalexin, Cefazolin	Doxycycline (Tetracycline)	Sulfamethoxazole + Trimethoprim	Erythromycin	Clindamycin	Vancomycin IV
<i>Staphylococcus aureus</i> [^] (MSSA and MRSA)	1259					87	87	96	96	74	79		100
MSSA	1095					100	100	97	98	78	80		100
MRSA	164							84	87	49	72		100
<i>Staphylococcus lugdunensis</i>	79					100	100	99	97	99	97		100
<i>Staphylococcus epidermidis</i>	151					45	45	80	77		89		100
<i>Enterococcus faecalis</i>	491				100	100		100					100
<i>Enterococcus faecium</i>	89								100				92
Group A <i>Streptococcus</i>	108	100	100	100	100	100	100	100			83	83	100
Group B <i>Streptococcus</i>	54	100	100	100	100	100	100	100			63	63	100
<i>Streptococcus pneumoniae</i>	47	95	100	77	100				81		79		100

MRSA rate 6% of *Staphylococcus aureus* Blood Cultures 11% of *Staph. aureus* ER wounds

*Includes both meningitis and non-meningitis breakpoints when reported for *Streptococcus pneumoniae*

Numbers do not reflect meningitis rates

~Can predict susceptibility to ampicillin (oral or parenteral), amoxicillin, amoxicillin-clavulanate, cephalosporins (I,II,III) and carbapenems

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[^] Daptomycin and Linezolid are available for *Staphylococcus aureus* infections with restrictions. Contact Antimicrobial Stewardship pharmacist or Infectious Diseases for advice

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Anaerobic susceptibilities*

Predictably Susceptible:

Amoxicillin+Clavulanic Acid, Piperacillin+Tazobactam, Ertapenem, and Meropenem

Also Predictably Susceptible:

Metronidazole (Except *Actinomyces* or *Propionibacterium* are intrinsically resistant)

Double anaerobic coverage when already on one of above antibiotics is discouraged.

NOT-Predictably Susceptible:

Moxifloxacin, Doxycycline, Cefoxitin or Clindamycin

Note: Most beta-lactamase negative oral anaerobes are susceptible to Amoxicillin.

*Bugs and Drugs (Canada); contact Microbiology Laboratory if testing required

For treatment guidelines and additional information on antimicrobial susceptibilities

see the Health PEI Firstline app

(<https://firstline.org/health-pei/>)