

Provincial Drugs & Therapeutics Antimicrobial Stewardship Subcommittee

To:	PEI Physicians, Nurse Practitioners, Nurse Managers/Educators and Pharmacists
From:	Dr. Xiaofeng Ding, Medical Microbiologist, and Kelly Fleming, chair of PD&T Antimicrobial Stewardship Subcommittee
Date:	February 26 th , 2024
Re:	Updated Health PEI Antibigram 2024: Highlight of Practice Points

Antibiotic resistance is monitored in the community and our PEI hospitals yearly by an antibiogram - available on the [Health PEI Microbiology](#) site and on the [Firstline app](#).

Highlight of Practice Points:

- *Clostridioides Difficile* rates continue to decrease and are down from 2022 by ~4.5%.
 - Remember to **narrow antibiotic therapy** when possible, **step down to oral** antibiotics and set appropriate **stop dates** to minimize rates.
 - See new 2023 [C. Difficile Guidelines](#) for recommendations on treatment.
- First line therapies for uncomplicated cystitis remain effective. Due to this, **urine culture need not be sent**, unless pregnant, for urologic procedure, or symptomatic **AND**: antibiotic failure, recent antibiotic use, complicated anatomy, or concern for a moderate to severe infection.
 - Hydrate seniors and **do not send urine cultures when there is only foul or cloudy urine**. See AMMI Canada's [provider tools](#) on asymptomatic bacteriuria for more details.
- **Amoxicillin 1g TID** remains the drug of choice for adults with unilateral community-acquired pneumonia (CAP) with susceptibility to ***Streptococcus pneumoniae* being 96%**. Susceptibility rates have improved for macrolides and tetracyclines to 85% and 92% respectively.
- Pseudomonas susceptibilities remain stable.
 - **Amoxicillin-clavulanate IV is available** for patients who require broad spectrum antibiotic coverage but who do not require the pseudomonal coverage of piperacillin-tazobactam. See [memo](#) released August 2, 2023 for more information.
- Preliminary microbiology results for *Staph. aureus* as methicillin-susceptible or methicillin-resistant has over 95% sensitivity and specificity.
 - Need for vancomycin should be reassessed when speciation is available. *Vancomycin resistant enterococcus* prevalence has remained low and is the same as 2022 at 0.65%.
- **Double coverage of anaerobic organisms is considered redundant in most cases.** For example, piperacillin/tazobactam, ertapenem, meropenem, and amoxicillin/clavulanate do not require additional anaerobic coverage with metronidazole or clindamycin unless the metronidazole is being used to co-treat *C. difficile* or the clindamycin is being used to co-treat Toxic Shock Syndrome or Necrotizing Fasciitis.

For questions, please contact Kelly Fleming (Provincial Antimicrobial Stewardship Pharmacist; 894-2587; kmfleming@ihis.org). A special thank you goes out to Chris Norgaard, laboratory technologist at QEH, for compiling the 2024 Health PEI antibiogram.