

**Health PEI ANTIBIOGRAM 2024**  
 (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>	2764	99	87	99	67	91	94	93	86^	96	96	100	100	95		
<i>Klebsiella pneumoniae</i>	486	58	96	86		96	92	97	95	97	95	100	100	98		
<i>Klebsiella oxytoca</i>	123	96	97	87		97	94	98	98	98	95	100	100	99		
<i>Enterobacter spp.#</i>	179	37	98	76					94			92	100	99		
<i>Proteus mirabilis</i>	303		91	85	92	99	97	95	96	99	100			99		
<i>Pseudomonas aeruginosa</i>	173								93	93	94		95	99		
<i>Enterococcus faecalis</i>	426	99		96	100	100										100
<i>Enterococcus faecium</i>	63															100

^E. coli and Cipro: ER (140) QEH 90%, (166) PCH 88%;  
 # 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 (Excluding urines)	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>	128	58	91	85	91	95	84	92	90	91	100	89	100	90
<i>Klebsiella</i> spp.	65		98	92	98	98	98	89	98	98	100	97	100	98
<i>Enterobacter</i> spp. <sup>#</sup>	35					94	95				88		100	98
<i>Serratia</i> spp. (24 months)	37					100	97		97	100	100	100	100	86'
<i>Pseudomonas aeruginosa</i> <sup>^</sup>	225						92			95		96	93	99

<sup>`</sup> For *Serratia* spp., Gentamycin (100% susceptible) is more effective than Tobramycin

<sup>#</sup> Includes *Klebsiella* (formally *Enterobacter*) *aerogenes*

*Haemophilus influenzae* beta-lactamase positive: (33 isolates) 39%

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<sup>^</sup> 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	Cefuroxime or Ceftriaxone	AmpIV/AmoxPO	Amox+Clav.Aciv	Cefadroxil, Cephalexin, Cefazolin	Doxycycline (Tetracycline)	Sulfamethoxazole + Trimethoprim	Erythromycin	Clindamycin	Vancomycin IV
<i>Staphylococcus aureus</i> <sup>^</sup> (MSSA and MRSA)	1126		87		87	87	97	95	77	81	100
MSSA	973		100		100	100	98	98	80	82	100
MRSA	153						90	87	47	73	100
<i>Staphylococcus lugdenensis</i>	53		100	100	100	100	96	100	100	100	100
<i>Staphylococcus epidermidis</i>	170		56		56	56	80	76		88	100
<i>Enterococcus faecalis</i>	476			100	100		100				100
<i>Enterococcus faecium</i>	78						99				99
Group A <i>Streptococcus</i>	150	100	100	100	100	100			89	89	100
Group B <i>Streptococcus</i>	71	100	100	100	100	100			55	55	100
<i>Streptococcus pneumoniae</i> <sup>†</sup> (meningitis BPs)	62	95	100								100
<i>Streptococcus pneumoniae</i> <sup>†</sup> (non-meningitis BPs)	62	96	100			93	92	~88	85	~90	100

MRSA rate 2% of *Staphylococcus aureus* Blood Cultures 13% of *Staph. aureus* ER wounds  
<sup>†</sup>Data from 24 month period. Interpretive breakpoints (BPs) are different for CSF and non CSF isolates.  
 Numbers do not reflect meningitis rates  
 ~2022 Regional data as local data unavailable  
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<sup>^</sup> 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-pe/>)