

NEW YORK CITY ANTIBIOGRAM

2016-2017 OUTPATIENT URINARY TRACT INFECTIONS

QUEENS

ADULTS (≥21 YEARS)

Bacterial Isolates	# Isolates Identified	Percent Susceptible							
		Amoxicillin	Ampicillin/sulbactam*	Cefazolin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin	Trimethoprim-sulfamethoxazole
Gram-Negative Organisms									
<i>Escherichia coli</i>	4609	45	52	80	88	73	75	96	66
<i>Klebsiella pneumoniae</i>	967	-	75	85	86	87	90	43	82
<i>Proteus mirabilis</i>	257	76	86	88	93	81	83	-	80
<i>Enterobacter cloacae</i>	237	-	-	-	-	75	71	-	-
<i>Pseudomonas aeruginosa</i>	84	-	-	-	76	86	89	40	79
Gram-Positive Organism									
<i>Enterococcus faecalis</i>	465	99	39	-	-	70	79	99	-

KEY (% SUSCEPTIBLE)

≥90%

89-61%

<60%

ABOUT

This antibiogram was produced by the New York City Department of Health in consultation with experts at local healthcare systems and by compiling outpatient population data from 17 contributing facilities.

Contact ARprevention@health.nyc.gov with comments, questions, or an interest in participating in next year's version.

NOTES

*Oral equivalent amoxicillin/clavulanate.

1) Adult data from Queens include 3 hospital facilities. 2) Number of isolates may vary with each antimicrobial; (-) denotes drug not tested or not indicated. 3) For uncomplicated UTIs due to *Escherichia coli*, *Klebsiella pneumoniae*, and *Proteus mirabilis*, cefazolin results predict results for the oral agents cefaclor, cefdinir, cefpodoxime, cefprozil, cefuroxime, cephalexin, and loracarbef. 4) Clinical and Laboratory Standards Institute (CLSI) performance standards were applied.

ASYMPTOMATIC BACTERIURIA

1) Asymptomatic bacteriuria is defined as isolation of a specific quantitative count of bacteria in an appropriately collected urine specimen from an individual **without** signs or symptoms of a urinary tract infection. 2) Avoiding treatment of asymptomatic bacteriuria is important for reducing the development of antibiotic resistance. 3) Treatment of asymptomatic bacteriuria is not appropriate for women (premenopausal, non-pregnant), diabetics, the elderly, nursing home residents, or patients with spinal cord injury or indwelling urethral catheters. 4) Treatment of asymptomatic bacteriuria is appropriate for pregnant women and for patients undergoing urologic procedures in which mucosal bleeding is expected.

CITYWIDE

ADULTS (≥21 YEARS)

Bacterial Isolates	# Isolates Identified	Percent Susceptible							
		Amoxicillin	Ampicillin/sulbactam*	Cefazolin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin	Trimethoprim-sulfamethoxazole
Gram-Negative Organisms									
<i>Escherichia coli</i>	37478	45	52	80	88	73	75	96	66
<i>Klebsiella pneumoniae</i>	7072	-	75	85	86	87	90	43	82
<i>Proteus mirabilis</i>	3541	77	86	88	93	81	83	-	80
<i>Pseudomonas aeruginosa</i>	1598	-	-	-	-	75	71	-	-
<i>Enterobacter cloacae</i>	943	-	-	-	76	86	89	40	79
Gram-Positive Organism									
<i>Enterococcus faecalis</i>	5668	99	37	-	-	70	79	99	-

PEDIATRICS (<21 YEARS)

Bacterial Isolates	# Isolates Identified	Percent Susceptible							
		Amoxicillin	Ampicillin/sulbactam*	Cefazolin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin	Trimethoprim-sulfamethoxazole
Gram-Negative Organisms									
<i>Escherichia coli</i>	5056	44	53	86	94	86	87	98	68
<i>Klebsiella pneumoniae</i>	592	-	79	91	94	92	95	57	89
<i>Proteus mirabilis</i>	451	84	93	93	98	96	98	-	90
<i>Pseudomonas aeruginosa</i>	83	-	-	-	-	89	88	-	-
<i>Enterobacter cloacae</i>	49	-	-	-	76	94	95	49	93
Gram-Positive Organism									
<i>Enterococcus faecalis</i>	395	100	61	-	-	80	92	99	-