

NEW YORK CITY ANTIBIOGRAM

2016 OUTPATIENT URINARY TRACT INFECTIONS

MANHATTAN

ADULTS (≥21 YEARS)

Bacterial Isolates		Percent Susceptible							
	# Isolates Identified	Amoxicillin	Ampicillin/sulbactam*	Cefazolin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin	Trimethoprim-sulfamethoxazole
Gram-Negative Organisms									
<i>Escherichia coli</i>	10276	43	51	74	84	68	78	95	63
<i>Klebsiella pneumoniae</i>	1943	43	74	83	83	87	93	38	78
<i>Proteus mirabilis</i>	890	73	88	89	92	77	86	0	75
<i>Enterobacter cloacae</i>	550	-	-	-	-	76	80	-	-
<i>Pseudomonas aeruginosa</i>	261	0	25	0	71	87	95	30	74
Gram-Positive Organism									
<i>Enterococcus faecalis</i>	1779	98	-	-	-	66	86	99	-

KEY (% SUSCEPTIBLE)

≥90%

89-60%

<60%

ABOUT

This antibiogram was produced by the NYC Department of Health, in consultation with experts at local health care systems and by compiling outpatient population data from 16 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 Manhattan include five 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		Percent Susceptible							
	# Isolates Identified	Amoxicillin	Ampicillin/sulbactam*	Cefazolin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin	Trimethoprim-sulfamethoxazole
Gram-Negative Organisms									
<i>Escherichia coli</i>	22666	44	51	79	87	72	76	96	66
<i>Klebsiella pneumoniae</i>	4271	23	75	87	86	86	92	41	81
<i>Proteus mirabilis</i>	2064	74	87	89	93	79	86	0	80
<i>Pseudomonas aeruginosa</i>	955	-	0	-	0	76	78	0	0
<i>Enterobacter cloacae</i>	545	2	25	0	75	85	89	33	79
Gram-Positive Organism									
<i>Enterococcus faecalis</i>	2920	99	0	-	-	65	84	99	0

PEDIATRICS (<21 YEARS)

Bacterial Isolates		Percent Susceptible							
	# Isolates Identified	Amoxicillin	Ampicillin/sulbactam*	Cefazolin	Ceftriaxone	Ciprofloxacin	Levofloxacin	Nitrofurantoin	Trimethoprim-sulfamethoxazole
Gram-Negative Organisms									
<i>Escherichia coli</i>	2552	44	52	84	93	84	84	98	67
<i>Klebsiella pneumoniae</i>	319	0	78	86	91	86	91	52	85
<i>Proteus mirabilis</i>	225	85	94	91	97	93	97	0	91
<i>Pseudomonas aeruginosa</i>	39	-	0	-	0	88	89	0	0
<i>Enterobacter cloacae</i>	24	0	25	0	66	94	95	47	95
Gram-Positive Organism									
<i>Enterococcus faecalis</i>	207	100	51	-	-	100	96	100	0