Toronto Western Hospital ANTIBIOGRAM Wards other than ICUs/Emergency January 1, 2024 - December 31, 2024

Blood Isolates - % Susceptible

blood isolates — % Susceptible																											
≥80% Susceptible 70-79% Susceptible ≤69% Susceptible	#	%	Ampicillin	Amoxicillin-Clavulanic acid	Penicillin	Penicillin IV (meningitis)	Penicillin IV (non-meningitis)	Piperacillin-Tazobactam	Meropenem	Ertapenem	Cloxacillin	Cefazolin	Ceftriaxone	Ceftriaxone (meningitis)	Ceftriaxone (non-meningitis)	Ceftazidime	Clindamycin	Erythromycin	Doxycycline	Ciprofloxacin	Moxifloxacin	Trimethoprim-Sulfamethoxazole	Gentamicin	Tobramycin	Amikacin	Vancomycin	Linezolid
																						_	_			_	
ALL BACTERIA	951		16	27				61	67	65		52	60									82					ш
ALL GRAM-NEGATIVE BACTERIA		400				ı .		70	00	-00					ı .						_		-00	0.0		_	_
	264	100	24	_				72	99	92		46	69			74				67	_	77	92	90	98	<u> </u>	$ldsymbol{eta}$
Escherichia coli	141	53	41	64				72	100	_		52	75			75				51		78	89	84	98	<u> </u>	
Klebsiella pneumoniae	57	22	0	80				82	98	96		72	84			84				81		84	98	96	100	<u> </u>	
Proteus mirabilis	21	8	26	100				95	100	100		29	100			100				85		84	90	90	100	<u> </u>	\vdash
Pseudomonas aeruginosa	15	6						93	87							93				93			93	100	87	<u> </u>	
Enterobacter cloacae	11	4	0	0				0	100			0	0			0				100		100	100	100	100	<u> </u>	
Klebsiella aerogenes	5	2	0	0				0	100	100		0	0			0				80		100	100	100	100		
ALL GRAM-POSITIVE BACTERIA	687	100	14	14	8			56	55	55	45	55	56				65	46			$\overline{}$	84				99	
Coagulase-negative staphylococci	483	70						48	48	48	48	48					66	42	89			88				100	100
Staphylococcus aureus, all isolates	90	13						88	88	88	88	88					79	69	98			99				100	100
- methicillin-susceptible	79	11						100	100	100	100	100					77	70	99			99				100	100
- methicillin-resistant (MRSA)	11	2						0	0	0	0	0					90	60	90			100				100	100
Enterococcus faecalis, all isolates	25	4	100	100				100																		100	
- vancomycin-susceptible	25	4	100	100				100																		100	
Group A streptococci**	21	3			100												86	75								100	
Viridans group streptococci°	18	3			50								94													100	
Streptococcus pneumoniae	17	2				0	0							94	100		100	75			100					100	
Enterococcus faecium, all isolates	8	1	13	13				13																		47	
- vancomycin-susceptible	5	1	20	20				20																		75	
- vancomycin-resistant (VRE)	3	0	0	0				0																		0	100
Group B streptococci**	8	1			100												62	62								100	
Streptococcus anginosus group°°	8	1			88								100													100	
Group G streptococci**	6	1			100												67	67								100	
Staphylococcus lugdunensis	6	1						83	83	83	83	83					67	50	83			100				100	100

General Notes:

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- > Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

Year-Specific Notes:

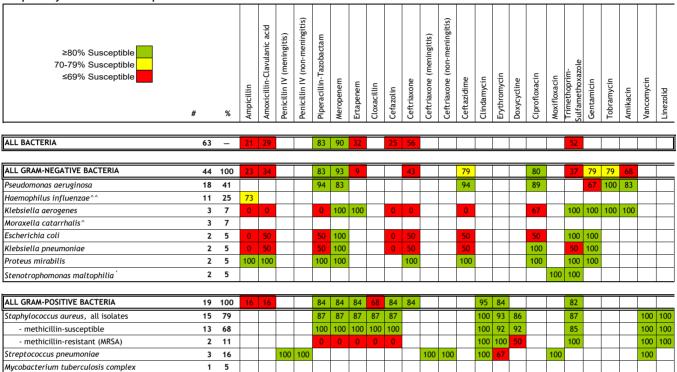
Only a limited number of coagulase negative staphylococci isolates were tested for susceptibilities. The vast majority of coagulase-negative staphylococci are susceptible to vancomycin. If you have any questions, please contact the UHN/MSH Department of Microbiology.

Organism-Specific Notes:

- ** Beta-hemolytic streptococci: Susceptibilty testing to penicillin is not routinely performed since resistant strains have not been recognized. All isolates are considered susceptible to penicillin.
- Viridans group streptococci: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.
- ** 5. anginosus group: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.

Toronto Western Hospital ANTIBIOGRAM Wards other than ICUs/Emergency January 1, 2024 - December 31, 2024

Respiratory Isolates - % Susceptible



General Notes:

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- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- \succ Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

Organism-Specific Notes:

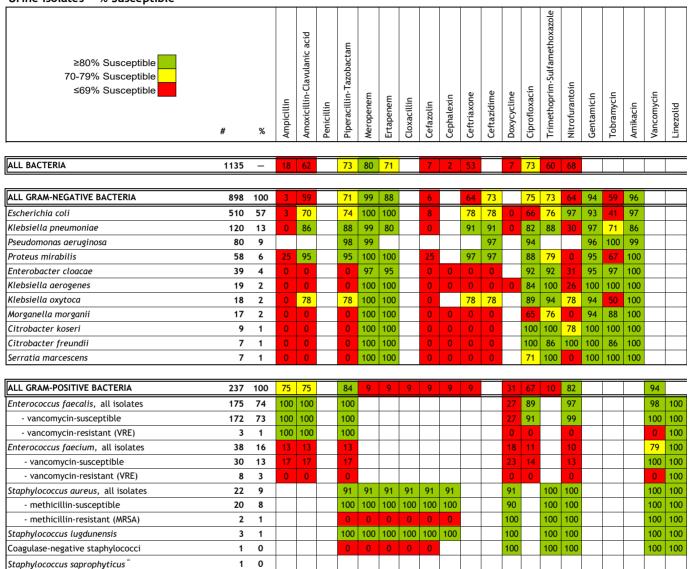
- ^ M. catarrhalis: Susceptibility testing is not routinely performed. Most isolates are resistant to ampicillin and amoxicillin but are generally susceptible to other antibiotics commonly used for respiratory infections.
- ^^ H. influenzae and H. parainfluenzae: Susceptibility to ampicillin was determined using beta-lactamase testing. Beta-lactamase-positive isolates are resistant to ampicillin but are generally susceptible to amoxicillin-clavulanic acid and cefuroxime.
- 'S. maltophilia: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.

Prepared by University Health Network/Mount Sinai Hospital Department of Microbiology

September 16, 2025

Toronto Western Hospital ANTIBIOGRAM Wards other than ICUs/Emergency January 1, 2024 - December 31, 2024

Urine Isolates - % Susceptible



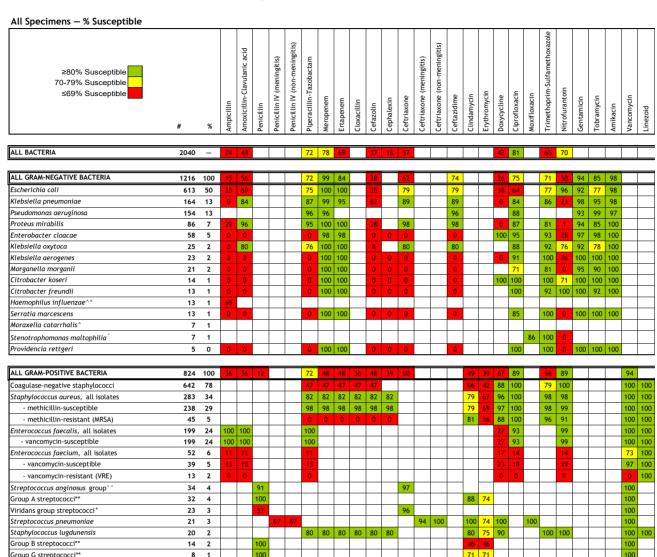
General Notes

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" listed includes these organisms.
- > Reported susceptibilities for "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- > Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

Organism-Specific Notes:

" S. saprophyticus: Susceptibility testing is not routinely performed. Most urinary tract infections due to this organism respond to nitrofurantoin, trimethoprim/sulfamethoxazole or fluoroquinolones.

Toronto Western Hospital ANTIBIOGRAM Wards other than ICUs/Emergency January 1, 2024 - December 31, 2024



Mycobacterium tuberculosis complex General Notes

- > Statistical validity of estimates of percent susceptibility for organisms for which there are fewer than 30 isolates reported is limited. Please take this into consideration when interpreting the reported results.
- > Some organisms for which there were only very small numbers have been excluded from this report; however the total number of "ALL BACTERIA", "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-
- > Reported susceptibilities for "ALL BACTERIA". "ALL GRAM-NEGATIVE BACTERIA", and "ALL GRAM-POSITIVE BACTERIA" reflect estimates only based on the weighted average of susceptibilities for all organisms included on this report as well as those that have been excluded, with assumptions made for those drugs for which susceptibilities were not tested.
- ightharpoonup Susceptibility to doxycycline was predicted based on tetracycline susceptibility testing results.

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Year-Specific Notes:

- > Only a limited number of coagulase negative staphylococci isolates were tested for susceptibilities. The vast majority of coagulase-negative staphylococci are susceptible to vancomycin. If you have any
- ightharpoonup All specimens exclude surveillance samples.

Organism-Specific Notes:

- M. catarrhalis: Susceptibility testing is not routinely performed. Most isolates are resistant to ampicillin and amoxicillin but are generally susceptible to other antibiotics commonly used for respiratory infections.
- ^^ H. influenzae and H. parainfluenzae: Susceptibility to ampicillin was determined using beta-lactamase testing. Beta-lactamase-positive isolates are resistant to ampicillin but are generally susceptible to amoxicillin-clavulanic acid and cefuroxime.
- ** Beta-hemolytic streptococci: Susceptibilty testing to penicillin is not routinely performed since resistant strains have not been recognized. All isolates are considered susceptible to penicillin.
- Viridans group streptococci: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.
- ' S. maltophilia: Susceptibility to moxifloxacin was predicted based on levofloxacin susceptibility testing results.
- ** S. anginosus group: Please note that only a small proportion of these isolates were tested for susceptibilities. Please take this into consideration when interpreting the reported results.