Urine Culture Reflex Guidance (Pediatric):

- A urine sample will be cultured when the patient is
 13 years old OR when reflex criteria are met:
 - Positive leukocyte esterase AND/OR
 - o Positive nitrite and leukocytes > 10/hpf
 - No reflex culture will be done when epithelial cells > 10/hpf (indicative of contaminated specimen, unsatisfactory for culture)
- Asymptomatic bacteriuria does not require therapy. If the patient does not have UTI symptoms, urine culture is not indicated unless the patient is pregnant, pediatric, undergoing invasive urinary tract procedures, or immunocompromised.
- If culture is indicated; re-submit a clean catch or catheterized urine if it has been >24 hours from initial collection of UA, otherwise add-on from UA.
- The negative chemical and/or microscopic urinalysis has a very high specificity and a very high negative predictive value for absence of a UTI.

United States Anaerobic Susceptibility Data 2013-2016 % Susceptible

	Amp/Sulb	Pip/Tazo	Cefoxitin	Meropenem	Clindamycin	Metronidazole
Anaerobic GPC*	-	99	-	100	97	100
Bacteroides fragilis	84	96	100	93	26	100
B. fragilis group	74	94	70	95	33	100
Clostridium perfringens	100	100		100	83	100
Fusobacterium spp	100	96	-	100	77	95

^{*}Anaerobic gram-positive cocci = Peptococcus, Peptostreptococcus, Fingoldia, Peptoniphilus, and Anaerococcus species

= no data available GPC = Gram Positive Cocci

Gram-Positive Inducible Resistance; All ages/sources/locations:

2022 Grp B Strep Clinda = 47% sensitive, 28% of the total resistance was inducible from 39 isolates tested

2023 Grp B Strep Clinda = 48% sensitive, 14% of the total resistance was inducible from 64 isolates tested

While susceptibility testing may indicate that bacteria are susceptible to an antibiotic, some bacteria may have enzymes that can be "turned on" or induced (thus inducible resistance) in vitro resulting in antibiotic resistance.

Common Blood Culture Isolations (Frequency of Pathogen):

1. MSSA (27)

2. E. coli (19)

3/4. *S. epidermidis* (10)

S. pyogenes (10)

5. E. faecalis (8)

6. Salmonella sp. (5)

7. S. pneumoniae (4)

8/9. S. agalactiae (3)

K. pneumoniae (3)

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Nathan D. Johnston, DO - Medical Director

Elizabeth Kleiner, MD – Infectious Disease Physician

Alex Novin, PharmD, BCPS, BCIDP Infectious Disease Clinical Pharmacist

Amery Vilander, MLS (ASCP) – Microbiology Manager

Krenza Ortiz, MLS (ASCP)^{CM} – Microbiology Medical Laboratory Scientist, Molecular Lead





Southern Colorado Region

PEDIATRIC (Age <18)

Antibiogram

January 2023 – December 2023

UCHEALTH MICROBIOLOGY 719-365-5686

Sara Saporta-Keating, MD – Pediatric Infectious Disease Physician

Michael Bozzella, DO – Pediatric Infectious Disease Physician

Heather Johnson, PharmD, BCPPS – Pediatric Clinical Pharmacist



	Southern Colorado Region PEDIATRIC (Age <18) Antibiogram January 2023 – December 2023	Amoxicillin/Clavulanic Acid (Augmentin)	Ampicillin +/- Sulbactam (Unasyn) ◊	Cefazolin*	Cefepime	Ceftriaxone	Ciprofloxacin*	Clindamycin	Erythromycin (Use Azithromycin)	Gentamicin ‡	Levofloxacin	Meropenem	Nitrofurantoin	Oxacillin	Penicillin	Piperacillin/Tazobactam (Zosyn)	Tetracycline (Use Doxycycline)	Tobramycin	Trimethoprim/ Sulfamethoxazole (Bactrim)	Vancomycin	NU = Non-Urine U = Urine All = All Sources		
	MSSA (165)			100				80	72	100				100	R		93		96	100	MSSA (165)	NO	
P	MRSA (44)	R	R	R	R	R		79	22	100		R		R	R	R	93		90	100	MRSA (44)		
Z	All Enterobacterales (72)	62	37	65	97	95	95			90	84	100				96	81	90	86		All Enterobacterales (72)		
	Enterococcus faecalis (106)		100	R	R	R	99				100		100	R					R	100	Enterococcus faecalis (106)	D	
	Escherichia spp. (654)	87	56	93	98	96	92			91	83	99	98			98		91	79		Escherichia spp. (654)		
ס	Klebsiella pneumoniae (54)	96	R	94	98	96	96			100	92	100	57			98		98	90		Klebsiella pneumoniae (54)		
	All Enterobacterales (761)	85	51	94	98	96	93			92	85	99	91			97		92	81		All Enterobacterales (761)		
	Results Below This	Line M	ust Be	Interpre	eted Wi	th Cauti	ion Due	To Lov	v Isolate	e Numb	ers – Si	ignifica	nt Outli	er Effe	cts Pos	sible – N	/lay Not	t Be Re	present	tative of	f Wild Type Bacteria		
■ V	Staph. epidermidis (71; 27 NU, 44 U)			49				59	30	97			100	54	R		70		76	100	Staph. epidermidis (71; 27 NU, 44 U)	₽	
_	<i>P. aeruginosa</i> (40; 26 NU, 14 U)	R	R	R	95	R	90				90	98	R			95	R	93	R		P. aeruginosa (40; 26 NU, 14 U)	<	
Ω	Streptococcus pneumoniae (16)					100		83	66		100				100		100		87	100	Streptococcus pneumoniae (16)		
ON	S. pneumo. Meningitis MIC					93									80						S. pneumo. Meningitis MIC	N	

Organism (# of isolates)

% susceptible

R = Intrinsically resistant.

spp = species

Notes:

- Clindamycin, Erythromycin, and Tetracycline are only for non-urine isolates.
- Nitrofurantoin is only for urine isolates.
- Routine testing of urine isolate of *Staph saprophyticus* is not advised because infections respond to concentrations achieved in urine of antimicrobial agents commonly used to treat acute, uncomplicated UTIs (e.g. cephalexin, nitrofurantoin, trimethoprim/sulfamethoxazole, or fluoroquinolones). It is intrinsically resistant to fosfomycin.
- Includes inpatient and outpatient data for MHN, MHC, Grandview, PPRH, CHCO in Colorado Springs, as well as any outpatient clinic, urgent care, or freestanding emergency department who sent specimens to Memorial microbiology lab.
- For S. pneumo and penicillin for oral administration use the meningitis MIC susceptibility data

Non-Susceptible Isolate Frequencies % (N)
Pediatric Data (Age <18), All Sources, All regional
locations (not just CHCO but Southern Colorado
Region)

N/N → Erta/Mero [often mero same isolate as erta]

CRE = 0.7% (4) 3/0 *E. cloacae* MRSA = 20.5% (45)VRE = 0% (0)

1/1 E. coli

CRPA = 2.6% (1)

CRAsp = 0% (0)

^{* =} Due to breakpoint limitation % susceptible & intermediate shown; for ciprofloxacin only applies to Enterobacterales group # = For synergy for gram-positive infections, not appropriate as monotherapy for gram-positives.

^{♦ =} Ampicillin/sulbactam susceptibility is approximately the same or only a few percentage points better than ampicillin by itself except for *K. pneumo* which it should still maintain decent activity against