Methodology Notes:

- Data included in the Regional Antibiogram was based on compilation of data from published facility-level antibiograms.
- Facility-level antibiograms that are used to guide empiric therapy of initial infections are generally prepared following CLSI M39 which recommends including data from the first isolate/patient/analysis period. These reports do not include data from subsequent isolates on a patient which may be more resistant than the first isolate. Therefore, % susceptibility data is likely overestimated in some cases.
- Facility-level antibiograms were generally compiled for the calendar year January 1 to December 31.
- Not all facilities reported results for all organism/drug combinations.
- Results are reported as presented by local microbiology labs. Inpatient isolates were used whenever possible, but this could not be determined in some facilities.
- Susceptibility was defined by local labs in all circumstances.
- At least 25% of laboratories submitting data were using outdated breakpoints (higher than currently recommended) for carbapenems in 2015 when testing the gram-negative bacteria listed here. Consequently, %S data for ertapenem and meropenem may be erroneously high.
- For fluoroquinolones, % susceptibility was obtained from both ciprofloxacin and levofloxacin for gram negative pathogens and levofloxacin and moxifloxacin for gram positive agents. The % susceptibility statistic presented is whichever of these two agents revealed the higher value.

Additional Antibiogram Information can be found in “CLSI. Performance Standards for Antimicrobial Susceptibility Testing. 28th ed. CLSI supplement M100. Wayne, PA: Clinical and Laboratory Standards Institute; 2018.” And includes:

- Intrinsic resistance profiles of commonly encountered bacteria (Appendix B)
- Cumulative antimicrobial susceptibility report for anaerobic organisms (Appendix D)

Reference: