

ANTIBIOGRAM 2022, WASHOE COUNTY

SUMMARY OF MAJOR FINDINGS



TO READERS

Organism	# Isolates identified	Ampicillin (Am)	Amoxicillin/clavulanate (Aug)	Amoxicillin/subactam (AS)	Benzylpenicillin (PenG)	Cefazolin (Cfz)	Ceftriaxone (Cax) (S. pneumo non-meningitis)	Ceftriaxone (Cax) (S. pneumo Meningitis)	Clindamycin (Cl)	Ciprofloxacin (Cp)	Ceftazidime (Cpl)	Daptomycin (Dap)	Erythromycin (E)	Gentamicin (Gm)	Gentamicin 500 (Gm 500)	Levofloxacin (Lvx)	Linezolid (Lzd)	Nitrofurantoin (Fd)	Oxacillin (Ox)	Penicillin-G (P) (S. pneumo non-meningitis)	Penicillin-G (P) (S. pneumo Meningitis)	Rifampin (RF)	Streptomycin 2000 (ST2000)	Tetracycline (Te)	Trimethoprim/sulfam (T/S)	Vancomycin (Va)
<i>Enterococcus faecalis</i>	1504	99%								77%			99%	27%		77%	84%	99%	99%	99%		50%	85%	22%		99%
<i>Enterococcus faecium</i>	204	22%								14%			95%			98%	14%	96%	60%	14%		2%	43%	26%		53%
<i>Enterococcus species*</i>	1708	90%								71%			99%	26%		80%	79%	98%	94%	96%		40%	54%	22%		94%
<i>Staphylococcus aureus</i>	2476	66%	64%			77%	64%			77%	68%	99%	99%	52%	93%	75%	100%	98%	68%	20%		99%		87%	98%	100%
<i>Staphylococcus spp. Coag neg</i>	410	45%	45%			59%	43%			65%	80%		99%	43%	88%	81%	99%	100%	49%	17%		98%		78%	74%	99%
<i>Staphylococcus epidermidis</i>	577	46%	46%			46%				44%	72%		100%	24%	89%	76%	100%	98%	39%	11%		98%		78%	58%	100%
<i>Staphylococcus lugdunensis</i>	95	140	140			94%				85%			100%	84%		97%	100%		88%					96%	97%	100%
<i>Streptococcus pneumoniae</i>	118					36				95				84%		36	59			95					80%	98%

**MRSA**  
The rate of Methicillin-resistant *Staphylococcus aureus* (MRSA) decreased from 33.5% in 2021 to 32.0% in 2022. This decrease was not statistically significant ( $X^2 = 1.3605$ ,  $P = 0.243457$ ).

**VISA / VRSA**  
Vancomycin-intermediate resistant *Staphylococcus aureus* (VISA) or Vancomycin-resistant *Staphylococcus aureus* (VRSA) has not been found yet in Washoe County. Please report VISA or VRSA to Northern Nevada Public Health at 775-328-2447. Please also have your laboratory send the VISA/VRSA isolate for further confirmation at the Nevada State Public Health Laboratory.

**VRE**  
The rate of vancomycin-resistant *enterococci* (VRE) was 6.4% in 2022, which was not a statistically significant increase compared to 5.0% in 2021 ( $X^2 = 2.937$ ,  $P = 0.086572$ ). The VRE rate in 2015 was the highest (25.2%) one since 2002.

**DRSP**  
The rate of drug-resistant *Streptococcus pneumoniae* (DRSP) decreased from 2012 through 2018 in Washoe County. The Northern Nevada Public Health discontinued the surveillance system for *Streptococcus pneumoniae* in early 2019. The surveillance program data was used to create the antibiograms until this year (2019). As of the 2019 antibiogram, the antibiogram data reported by area hospitals is now used and rates to previous years will not be compared pre-2019 to post-2019. In 2021, the rate for PNSSP was 2.4%, while in 2022 it increased to 2.5%, although was not statistically significant.

Organism	# Isolates identified	Ampicillin (Am)	Amikacin (Ak)	Amoxicillin/clavulanate (Aug)	Ampicillin/subactam (AS)	Aztreonam (Azi)	Cefepime (Cpm)	Ceftazidime (Cfz)	Cefuroxime (Crm)	Cefotaxime (Cft)	Cefotetan (Ctt)	Ceftazidime (Caz)	Ceftazidime (Cax)	Cephalothin (Cf)	Ciprofloxacin (Cp)	Ertapenem (Etr)	Gentamicin (Gm)	Imipenem (Imp)	Levofloxacin (Lvx)	Mercopenem (Mem)	Nitrofurantoin (Fd)	Piperacillin-tazobactam (P/T)	Tetracycline (Te)	Tigecycline (TGC)	Tobramycin (To)	Trimethoprim/sulfam (T/S)
<i>Citrobacter freundii</i>	39						96%					77%					95%					98%			98%	90%
<i>Klebsiella aerogenes</i> (formerly called <i>Enterobacter aerogenes</i> )	122											82%	77%			99%	98%	98%	59%		100%	29%	89%		98%	98%
<i>Enterobacter cloacae</i>	369																									
<i>Escherichia coli</i>	6406																									
<i>Klebsiella oxytoca</i>	272																									
<i>Klebsiella pneumoniae</i>	1182																									
<i>Proteus mirabilis</i>	505																									
<i>Pseudomonas aeruginosa</i>	779																									
<i>Serratia marcescens</i>	90																									
<i>Stenotrophomonas maltophilia</i>	46																									

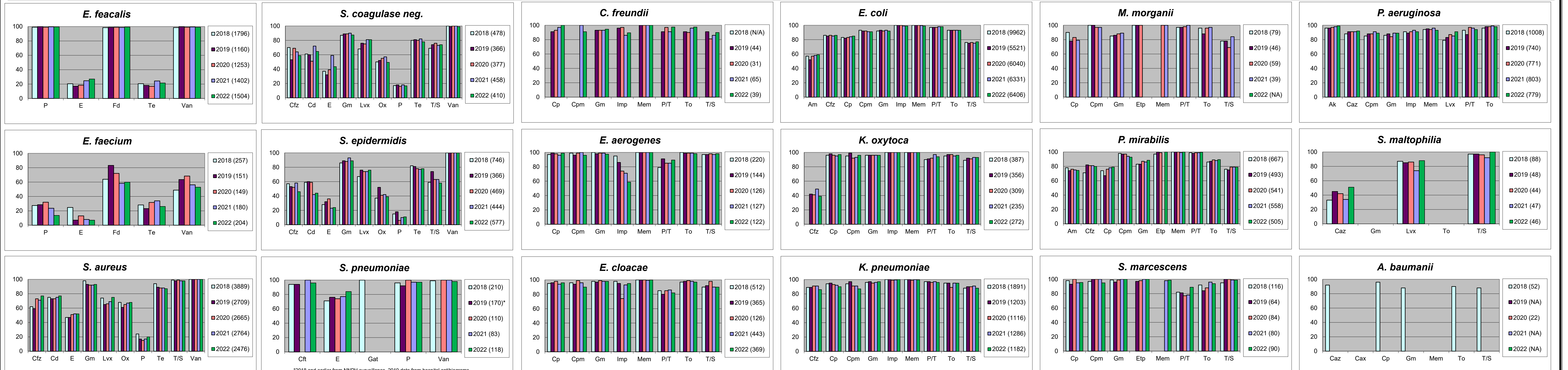
**ESBLs & CRE**  
Strains of *Klebsiella spp.*, *Proteus mirabilis*, and *E. coli* that produce extended-spectrum beta-lactamase (ESBLs) may be clinically resistant to therapy with penicillins, cephalosporins, or aztreonam, despite apparent *in vitro* susceptibility to some of these agents. ESBL screening data reported from three laboratories showed an average 5.3% of *E. coli/Klebsiella spp./Proteus mirabilis* produced ESBLs in 2022, which was not statistically significantly higher than 5.0% in 2021 ( $X^2 = 0.5092$ ,  $P = 0.475471$ ). The rate of carbapenem-resistant enterobacteriaceae (CRE) was 0.06% (4/6633) in 2022. It is important to note that the numerator was pulled from the active Carbapenem Resistant Organism (CRO) surveillance for 2022.

TO READERS

This antibiogram was compiled by the Division of Epidemiology & Public Health Preparedness (DEPHP), Northern Nevada Public Health in collaboration with five hospital laboratories in the community. Data covered all inpatients in local hospitals and outpatients seen at hospital emergency rooms. This antibiogram can be used as a reference for clinicians but shouldn't serve as a basis for therapy. The antibiotic susceptibility test for individual patients is still encouraged, if needed. This antibiogram only represents antibiotic susceptibility *in vitro*. Please address your questions, comments, and/or suggestions to DEPHP at 775-328-2447 or e-mail to [EpiCenter@nnph.org](mailto:EpiCenter@nnph.org).

**To read this antibiogram:** 1) Each organism is presented in two rows. The top row represents susceptibility in percent to that antibiotic. The 2nd row represents number of isolates tested for that specific antibiotic. 2) Susceptibility greater than or equal to 90% is highlighted in light GREEN, 60%-89% in YELLOW, and less than 60% in RED. 3) Nitrofurantoin is tested for urine specimens only. 4) CLSI performance standards for antimicrobial susceptibility testing were applied. CLSI stands for Clinical and Laboratory Standards Institute (Formerly NCCLS, The National Committee for Clinical Laboratory Standards). 6) Black empty shaded cells indicate that susceptibility testing for that specific organism is not recommended or complete testing data was not available or number is too small for valid reporting.

ANTIBIOTIC SUSCEPTIBILITY (%) TREND, 2018-2022, WASHOE COUNTY (Published MONTH 2024)



**To read these graphs:** Each graph represents an organism; X-axis represents the abbreviation of an antibiotic (see tables above graphs for full name of antibiotics); Y-axis represents susceptibility in percent; legends indicate each year and number of isolates identified for that year in parentheses.