

Antimicrobial Resistance

Staph. aureus Snapshot

Staphylococcus aureus summary			Percent susceptible															
			Preferred Antibiotics			Second line			Topical		Prosthetic Joints		Special Purpose					
	Number of isolates	Percent of isolates	Flucloxaci	Trimethoprim-Sulfamethoxazole	Vancomyc	Tetracycli	Clindamyc	Erythromy	Mupirocin	Fusidate	Ciprofloxa	Rifampin	Gentamici	Linezolid	Teicoplani	Daptomy	Penicillin	
Methicillin Susceptible S. aureus	366	86.7%	100%	98%	100%	99%	96%	95%	96%	87%	96%	100%	99%	100%	100%	100%	19%	
Non Multi Resistant MRSA	43	10.2%	0%	100%	100%	100%	100%	100%	91%	33%	100%	100%	100%	100%	100%	100%	0%	
Multi Resistant MRSA	13	3.1%	0%	77%	100%	85%	38%	31%	92%	62%	54%	100%	100%	100%	100%	100%	0%	
Overall	422		87%	97%	100%	98%	95%	93%	95%	81%	96%	100%	99%	100%	100%	100%	17%	

Data Set:

Invasive isolates from blood cultures, tissue and aspirates. Repeat isolates from the same patient within 30 days excluded. Twelve months to June 2016. Waikato Hospital and rural laboratories.

Antibiotics for suspected S. aureus infection in beta lactam intolerance:

Cotrimoxazole 97%
Clindamycin 95%, Erythromycin 93%
Tetracyclines 98%

Preferred antibiotics for MRSA:

Intravenous vancomycin 100%
Oral cotrimoxazole 77% for multiresistant strains.
Tetracyclines 85% for multiresistant strains

Use of mupirocin or fusidic acid to clear MRSA carriage:

Only 91% of MRSA were susceptible to mupirocin.
Only 62% of "non multiresistant MRSA" were susceptible to fusidic acid and it was 33% for the multiresistant isolates.

Pre operative clearance of S. aureus carriage for surgery:

Overall, 95% of S. aureus isolates were susceptible to mupirocin.

Waikato DHB classification of MRSA:

Multiresistant MRSA strains are those resistant to any class of antibiotic in addition to beta lactams (flucloxacillin), mupirocin or fusidic acid (topical antibiotics). Non Multiresistant isolates are those resistant to only the topical agents in addition to flucloxacillin.