# Antibiogram 2016, Washoe County

## Organisms

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<td>Acinetobacter baumannii</td>
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<td>Acinetobacter lwoffii</td>
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<td>Enterococcus faecalis*</td>
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## Acknowledgements

Northern Nevada Medical Center Laboratory
St. Mary’s Regional Medical Center Laboratory
Veteran’s Affairs Medical Center Laboratory (Reno)

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The online version is available at [http://tinyurl.com/WashoeAntibiogram](http://tinyurl.com/WashoeAntibiogram)

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 the 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. Susceptibility not reaching 100% is also labeled as 99%.
3. Nitrofurantoin is tested for urine specimens only.
4. The susceptibility result for Streptococcus pneumoniae is a combination of screening test and E-test results.
5. 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 a valid reporting.

# Division of Epidemiology & Public Health Preparedness

Washoe County Health District
September 2017

**Tel:** 775.328.2447 **Fax:** 775.328.3764

EpiCenter@WashoeCounty.us
To read these graphs: Each graph represents an organism; X-axis represents the abbreviation of an antibiotic (see tables on the opposite page 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. **Attention:** Susceptibility result for Acinetobacter Baumanii was available in 2006 and forward. The number of Morganella morganii and Acinetobacter Baumanii was under 30 in 2013-2016 and in 2016, respectively. Therefore, the last available data for these two organisms are displayed here.

**SUMMARY OF MAJOR FINDINGS**

**MRSA**
The rate of Methicillin-resistant Staphylococcus aureus (MRSA) significantly increased from 3% in 2012 to 6% in 2016, or a 3% increase from 2012 to 2016, which showed a statistical significance ($\chi^2 = 149$, $P<0.001$). The MRSA rate was 3% in 2010, which showed no statistically significant increase compared to 3% in 2010. ($\chi^2 = 0.003$, $P=0.888$)

**VISA / VRSA**
Vancomycin-intermediates resistant Staphylococcus aureus (VISA) or Vancomycin-resistant Staphylococcus aureus (VRSA), two rare forms found in Staphylococcus aureus, were not found in Washoe County.

**VRE**
The rate of vancomycin-resistant Enterococcus (VRE) decreased from 3% in 2010 to 1.8% in 2016, which showed a statistical significance ($\chi^2 = 10$, $P=0.034$). The VRE rate was 1% in 2011, which showed a statistically significant increase from 1% ($\chi^2 = 18$, $P<0.001$). The VRE rate in 2010 was the highest rate at 2.6%.

**DRSP**
The rate of drug-resistant Streptococcus pneumoniae (DRSP) decreased in the past several years in Washoe County. The rate was 1% in 2015 but susceptible Streptococcus pneumoniae (NSSP) decreased from 2% to 2.4% in 2016, a 1.4% decrease, which did not show a statistically significant decrease ($\chi^2 = 18$, $P=0.034$). The decrease might be associated with the introduction of pneumococcal conjugate vaccine in 2000. The rate for NSSP decreased from 2.7% in 2015 to 2% in 2016, a 0.7% decrease, which showed no statistical significance ($\chi^2 = 0.000$, $P=0.949$). The overall antibiotic resistance rate in House antibiotics testing rate was 5% in 2015, a 4% reduction compared to 2016.

**ESBLs & CRE**
Strains of Klebsiella spp., E. coli, Proteus mirabilis, that produce extended-spectrum beta-lactamases and/or carbapenemases, were reported in some of the hospitals in Washoe County. The rate of CRE increased from 8% in 2015 to 3% in 2016, which showed a statistical significance ($\chi^2 = 5.0370$, $P=0.025$). The VRE rate was 20% in 2016, which showed a statistically significant reduction compared to 2015 (X2 = 9.25, P=0.002). The VRE rate was 20% in 2016, which showed a statistically significant reduction compared to 25% in 2015 (X2 = 8.15, P=0.0043). The VRE rate was 20% in 2016, which showed a statistically significant reduction compared to 25% in 2015 (X2 = 8.15, P=0.0043). The decrease might be associated with the introduction of pneumococcal conjugate vaccine in 2000. The rate for PNSSP decreased from 29% in 2002 to 23% in 2016, a 6% decrease, which showed no statistical significance ($\chi^2 = 5.562$, $P=0.018$). The decrease might be associated with the introduction of pneumococcal conjugate vaccine in 2000. The rate for PNSSP decreased from 29% in 2002 to 23% in 2016, a 6% decrease, which showed no statistical significance ($\chi^2 = 5.562$, $P=0.018$). The decrease might be associated with the introduction of pneumococcal conjugate vaccine in 2000. The rate for PNSSP decreased from 29% in 2002 to 23% in 2016, a 6% decrease, which showed no statistical significance ($\chi^2 = 5.562$, $P=0.018$).

**TO READERS**
This antibiogram was compiled by the Division of Epidemiology & Public Health Preparedness (DEPHP), Washoe County Health District in collaboration with all four 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 EpCenter@WashoeCounty.us.