

2025 Antimicrobial Susceptibility Report

Inpatient Cumulative Data from January 1 - December 31, 2025

PeaceHealth Ketchikan

Dash (-) = not tested, inappropriate, or <30 strains tested. R = intrinsically resistant. X = FDA IFU limitation

GRAM NEGATIVE ORGANISM (% susceptible)	# Isolates Tested	Beta-lactams									Fluoro-quinolone	Amino-glycoside		Miscellaneous			
		Penicillins			Cephems				Carb			Ciprofloxacin	Levofloxacin	Gentamicin	Tobramycin	Nitrofurantoin -urine only	Tetracycline
		Ampicillin	Amoxicillin/Clavulanate	Piperacillin/Tazobactam	Cefazolin	Ceftriaxone	Cefepime	Cefpodoxime	Ertapenem	Meropenem							
Enterobacter cloacae complex	12	R	R	X*	R	*	100	92*	-	-	-	100	92	92	30	92	92
Escherichia coli	267	67	89	97	-	94	96	93	100	100	80	82	94	94	97	76	80
Klebsiella (Enterobacter) aerogenes	12	R	R	*	R	83*	100	91*	100	X	100	91	100	100	-	92	100
Klebsiella pneumoniae	38	R	97	92	X	92	95	95	100	100	92	89	97	100	34	89	97
Proteus mirabilis	12	71	100	100	-	100	100	100	100	100	86	92	86	92	R	R	71
Pseudomonas aeruginosa	15	R	R	100	X	R	100	-	R	100	87	73	-	100	-	R	R

*Third generation cephalosporins and piperacillin/tazobactam are unreliable for systemic infections with AmpC-producing organisms (E. cloacae, K. aerogenes or C. freundii), regardless of susceptibility data, due to the development of induced resistance on treatment.

Haemophilus influenzae beta-lactamase positive: 100% (n=2)

GRAM POSITIVE ORGANISM (% susceptible)	# Isolates Tested	Beta lactams					Miscellaneous					
		Penicillin/Cephs					Lincosamide	Macrolid	Tetra-cyclines		Trimethoprim/sulfamethoxazole	Glycopeptide
		Penicillin	Oxacillin	Ampicillin	Cefazolin	Ceftriaxone			Erythromycin	Minocycline		
Enterococcus faecalis	23	-	-	100	-	-	-	-	-	-	-	100
Staphylococcus aureus - MRSA	36	-	R	-	R	-	-	-	100	91	88	100
Staphylococcus aureus - MSSA	56	-	100	-	100	-	80	-	100	97	97	-
Staphylococcus epidermidis	17	-	64	-	64	-	-	-	-	-	-	100
Streptococcus agalactiae (Group B)	12	100	-	-	100	100	82	72	-	-	-	100

Note: It is recommended that organisms susceptibility data only be reported when there are at least 30 clinical isolates from which to obtain data. In some instances, it may be prudent to include a lesser number of clinical isolates as determined by the Medical Director.

This antibiogram was created in compliance with CLSI M39-Ed5 Analysis and Presentation of Cumulative Antimicrobial Susceptibility Test Data; Approved Guideline, 5th edition January 2022.

Published 4.1.2026