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MEMORANDUM

TO: HHS and SJH Physicians, P. McGillis, P. Guy, K. Bortolon, R. Frassetto,
Residents, Microbiology Laboratory

FROM: Dr. D. Yamamura, Head of Bacteriology and Mycology

CC: Microbiologists, J. Korver, D. Boychuk, J. Ellis, Dr. M. Loeb

RE: Susceptibility Update

DATE: February 25, 2015

Susceptibility reporting of cefazolin and cephalothin (i.e. susceptible, intermediate or resistant) for *E. coli*, *Klebisella spp* and *Proteus mirabilis* now includes comments to help guide use of other antibiotics in the setting of **uncomplicated urinary tract infections (UTI)**:

- Cephalothin results can be used to predict results to oral cephalixin
- Cefazolin results (urine source) can predict results to oral cephalixin and cefuroxime axetil. If the isolate is susceptible to cefazolin, it can be administered at a dose of 1g iv q8h (with adjustment for renal impairment).
- **These results do not apply to complicated UTI or suspected urosepsis.** In this setting a different cephalosporin antibiotic (e.g. ceftriaxone) or a different class of antibiotic may be the appropriate choice based on susceptibility results.

Because the susceptibility reporting for cefazolin from non-urine sources (e.g. blood) is based on different interpretive criteria, you may see an isolate reported as susceptible to cefazolin in urine but resistant to cefazolin in blood. For cefazolin susceptible results from non-urinary sources, a dosage of 2g iv q8h is recommended (with adjustment for renal impairment)

Cefazolin will not always be reported from wounds or respiratory specimens due to instrument limitations. Ceftriaxone will continue to be reported. Ceftriaxone susceptible results cannot be used to infer susceptibility to cefazolin. If cefazolin testing is required, please contact the laboratory.

For any questions, please contact Dr. D. Yamamura (ext 46111) or the microbiologist on call via paging.