California Antibiogram Project 2008-2010

Introduction

Given that antimicrobial resistance is increasing in all healthcare settings, we are following antimicrobial susceptibility trends in California hospitals. The California Antibiogram Project is a web-based surveillance system that gathers cumulative local antimicrobial susceptibility data from licensed California general acute care hospitals. The data gathered through this surveillance system will only be used by the Healthcare Associated Infections Program at the California Department of Public Health (CDPH) to provide statewide and regional susceptibility trends. All data will be posted on the CDPH California Antibiogram Project website. No hospital-specific information will be shared or released if provided; only aggregate data will be reported.

Of note, this survey will cover susceptibility data from 2008-2010 so it may take up to 30 minutes to complete. If you would like a PDF of the survey prior to filling it out, please email CDPHCaliforniaAntibiogramProject@cdph.ca.gov. This annual survey will take less time in upcoming years since it will cover only one year's worth of data.

Please ensure that only ONE person, knowledgable about testing, reporting and susceptibility data from your hospital, fills out this survey.

Thank you for your assistance.

* 1. What is your position at the hospital for which this survey will be completed?

- ○ Clinical Laboratory Scientist
- ○ ID physician
- ○ Hospitalist
- ○ Laboratorian
- ○ ID pharmacist
- ○ Pharmacy Director
- ○ Pharmacist
- ○ Infection Preventionist
- ○ Healthcare Epidemiologist
- ○ Clinical Microbiology Laboratory Director

Other (please specify)

California Antibiogram Project 2008-2010

Hospital Demographics

Disclaimer: This survey is intended for the microbiologist or laboratorian who understands the intricacies of testing, reporting and susceptibility data from each hospital from 2008-2010. Please ensure that the most knowledgable person on these data from your hospital is completing this survey.

* 2. In what region of California is your hospital?

- North
- Central
- Southern

* 3. How would you describe the area in which this hospital is located?

- Urban
- Suburban
- Rural

* 4. How would you best describe this hospital?

- University
- City/county
- Community
- Federal government
- Long-term acute care
- Rehabilitation
- Critical access
- Other

If Other, (please specify)

* 5. How many beds are licensed for this hospital?

* 6. What type of patients does this hospital care for?

- Adults only
- Pediatrics only
- Adults + pediatrics

* 7. Is computerized prescription order entry available?

- Yes
- No
- Don't Know

*** 8. Is an electronic medical/health record in place?**

- Yes
- No
- Don't Know

*** 9. Is there a current antibiogram (susceptibility guide) produced for this hospital?**

- Yes
- No
- Don't Know

Cumulative Local Antibiogram

10. How frequently is the antibiogram produced?

- ○ Every six months
- ○ Annually

Other (please specify)

11. How is the antibiogram shared or distributed (check all that apply)?

- ☐ Printed and distributed to clinician
- ☐ Printed and made available to clinician
- ☐ Electronic version posted
- ☐ Copy placed in patient chart
- ☐ Other

Other (please specify)

12. Are duplicate isolates eliminated to develop the antibiogram?

- ○ Yes
- ○ No
- ○ Don't Know

Duplicates

13. What criteria are used to eliminate duplicate isolates in the antibiogram?

- ☐ Include only first isolate per patient per analysis period (CLSI M39 recommendation)
- ☐ Eliminate duplicates if susceptibility profiles are the same as those for previous isolates
- ☐ Eliminate duplicates encountered after a certain number of days have elapsed from previous isolate (eg. recount isolate after 30 days)
- ☐ Other

If Other, (please specify)

Microbiology Practice

*** 14. Has the microbiology laboratory implemented the revised Clinical Laboratory Standards Institute (CLSI) breakpoints for Cefotaxime and/or Ceftriaxone and Enterobacteriaceae as first described in M100-S20 (January 2010) and listed in current standard, M100-S21 (January 2011)?**

- ○ Yes
- ○ No
- ○ Don't Know

2010 Cephalosporin Breakpoints

15. Does your 2010 antibiogram take into account the revised CLSI breakpoints for Cefotaxime and/or Ceftriaxone and Enterobacteriaceae?

- ○ Yes
- ○ No
- ○ Don't Know

Microbiology Practice 2

*** 16. Has the microbiology laboratory at this hospital implemented the revised CLSI breakpoints for Doripenem, Imipenem and/or Meropenem and Enterobacteriaceae as first described in M100-S20U (June 2010) and listed in current standard, M100-S21 (January 2011)?**

- ○ Yes
- ○ No
- ○ Don't Know

2010 Carbapenem Breakpoints

17. Does your 2010 antibiogram take into account the revised CLSI breakpoints for Doripenem, Imipenem and/or Meropenem and Enterobacteriaceae?

- Yes
- No
- Don't Know

VISA, Carbapenemases and ESBLs

If your hospital did not collect information on a particular isolate for a given year, please enter "N/A" in the corresponding textbox.

*** 18. How many Vancomycin-intermediate Staphylococcus aureus (VISA, minimum inhibitory concentration 4-8 mcg/ml) isolates (one/patient) has this hospital encountered? Enter 2008-2010 separately.**

2008

2009

2010

*** 19. If the Modified Hodge Test (MHT) was performed on Klebsiella pneumoniae and other Enterobacteriaceae, how many isolates (one/patient) did this hospital find positive? Enter 2008-2010 separately.**

2008

2009

2010

*** 20. If polymerase chain reaction (PCR) was performed for carbapenemases on Klebsiella pneumoniae and other Enterobacteriaceae, how many isolates (one/patient) did this hospital find positive? List 2008-2010 separately.**

2008

2009

2010

*** 21. If this hospital performed phenotypic tests (eg. double-disk diffusion) for extended-spectrum Beta-lactamase (ESBL) production on Escherichia coli and Klebsiella pneumoniae that were suspicious for ESBL production, please enter number positive below. Enter 2008-2010 separately.**

E. coli ESBL, 2008

E. coli ESBL, 2009

E. coli ESBL, 2010

K. pneumoniae ESBL, 2008

K. pneumoniae ESBL, 2009

K. pneumoniae ESBL, 2010

Antimicrobial Stewardship Program

An antimicrobial stewardship program is defined as a program that promotes the appropriate use of antimicrobials by selecting the appropriate agent, dose, duration and route of administration.

* 22. Is there an antimicrobial stewardship program in place at this hospital?

- ○ Yes
- ○ No
- ○ Don't Know

Antimicrobial Stewardship Program In Place

23. Please indicate when the antimicrobial stewardship program began?

Enterococcus spp. in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

All susceptibility data collected through this survey should represent INPATIENT data from general acute care hospitals only. This does not include reference laboratories unless they service general acute care hospitals. If a laboratory services two acute care hospitals, we would prefer filling out one survey per hospital.

* 24. For Enterococcus spp. in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Vancomycin

25. For Enterococcus spp., what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

26. How many acute-care hospitals are included in these data?

27. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

28. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Enterococcus spp. in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 29. For Enterococcus spp. in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Vancomycin

30. For Enterococcus spp., what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

31. How many acute-care hospitals are included in these data?

32. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

33. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Enterococcus spp. in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 34. For Enterococcus spp. in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Vancomycin

35. For Enterococcus spp., what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

36. How many acute-care hospitals are included in these data?

37. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

38. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Staphylococcus aureus in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 39. For Staphylococcus aureus isolates in your hospital in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Oxacillin

Percent isolates susceptible to Clindamycin

Percent isolates susceptible to Tetracycline or Doxycycline or Minocycline

Percent isolates susceptible to Trimethoprim-Sulfamethoxazole

Percent isolates susceptible to Rifampin

40. For Staphylococcus aureus, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

41. How many acute-care hospitals are included in these data?

42. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

43. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Staphylococcus aureus in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 44. For Staphylococcus aureus isolates in your hospital in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Oxacillin

Percent isolates susceptible to Clindamycin

Percent isolates susceptible to Tetracycline or Doxycycline or Minocycline

Percent isolates susceptible to Trimethoprim-Sulfamethoxazole

Percent isolates susceptible to Rifampin

45. For Staphylococcus aureus, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

46. How many acute-care hospitals are included in these data?

47. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

48. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Staphylococcus aureus in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 49. For Staphylococcus aureus isolates in your hospital in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Oxacillin

Percent isolates susceptible to Clindamycin

Percent isolates susceptible to Tetracycline or Doxycycline or Minocycline

Percent isolates susceptible to Trimethoprim-Sulfamethoxazole

Percent isolates susceptible to Rifampin

50. For Staphylococcus aureus, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

51. How many acute-care hospitals are included in these data?

52. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

53. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Klebsiella spp. in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 54. For Klebsiella spp. in your hospital in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Ceftriaxone or Cefotaxime

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

55. For Klebsiella spp., what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

56. How many acute-care hospitals are included in these data?

57. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

58. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

59. Does your laboratory routinely perform phenotypic tests (eg. double-disk diffusion or other method) for ESBL production on all Klebsiella pneumoniae that are suspicious for ESBL production?

- Yes
- No
- Don't Know

Klebsiella spp. ESBL 2008

60. Do the susceptibility data provided above for Klebsiella spp. include isolates that are classified as resistant to Cefotaxime and/or Ceftriaxone because of a positive ESBL test, regardless of minimum inhibitory concentration (MIC)?

- Yes
- No
- Don't Know

Klebsiella spp. in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 61. For Klebsiella spp. in your hospital in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Ceftriaxone or Cefotaxime

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

62. For Klebsiella spp., what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

63. How many acute-care hospitals are included in these data?

64. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

65. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

66. Does your laboratory routinely perform phenotypic tests (eg. double-disk diffusion or other method) for ESBL production on all Klebsiella pneumoniae that are suspicious for ESBL production?

- Yes
- No
- Don't Know

Klebsiella spp. ESBL 2009

67. Do the susceptibility data provided above for Klebsiella spp. include isolates that are classified as resistant to Cefotaxime and/or Ceftriaxone because of a positive ESBL test, regardless of minimum inhibitory concentration (MIC)?

- Yes
- No
- Don't Know

Klebsiella spp. in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 68. For Klebsiella spp. in your hospital in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Ceftriaxone or Cefotaxime

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

69. For Klebsiella spp., what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

70. How many acute-care hospitals are included in these data?

71. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

72. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

73. Does your laboratory routinely perform phenotypic tests (eg. double-disk diffusion or other method) for ESBL production on all Klebsiella pneumoniae that are suspicious for ESBL production?

- Yes
- No
- Don't Know

Klebsiella spp. ESBL 2010

74. Do the susceptibility data provided above for Klebsiella spp. include isolates that are classified as resistant to Cefotaxime and/or Ceftriaxone because of a positive ESBL test, regardless of minimum inhibitory concentration (MIC)?

- ○ Yes
- ○ No
- ○ Don't Know

Escherichia coli in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 75. For Escherichia coli in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Ceftriaxone or Cefotaxime

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

76. For Escherichia coli, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

77. How many acute-care hospitals are included in these data?

78. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

79. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

80. Does your laboratory routinely perform phenotypic tests (eg. double-disk diffusion or other method) for ESBL production on all Escherichia coli that are suspicious for ESBL production?

- Yes
- No
- Don't Know

E.coli ESBL 2008

81. Do the susceptibility data provided above for Escherichia coli include isolates that are classified as resistant to Cefotaxime and/or Ceftriaxone because of a positive ESBL test, regardless of minimum inhibitory concentration (MIC)?

- Yes
- No
- Don't Know

Escherichia coli in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 82. For Escherichia coli in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Ceftriaxone or Cefotaxime

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

83. For Escherichia coli, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

84. How many acute-care hospitals are included in these data?

85. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

86. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

87. Does your laboratory routinely perform phenotypic tests (eg. double-disk diffusion or other method) for ESBL production on all Escherichia coli that are suspicious for ESBL production?

- Yes
- No
- Don't Know

E.coli ESBL 2009

88. Do the susceptibility data provided above for Escherichia coli include isolates that are classified as resistant to Cefotaxime and/or Ceftriaxone because of a positive ESBL test, regardless of minimum inhibitory concentration (MIC)?

- Yes
- No
- Don't Know

Escherichia coli in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 89. For Escherichia coli in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Ceftriaxone or Cefotaxime

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

90. For Escherichia coli, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

91. How many acute-care hospitals are included in these data?

92. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

93. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

94. Does your laboratory routinely perform phenotypic tests (eg. double-disk diffusion or other method) for ESBL production on all Escherichia coli that are suspicious for ESBL production?

- Yes
- No
- Don't Know

E.coli ESBL 2010

95. Do the susceptibility data provided above for Escherichia coli include isolates that are classified as resistant to Cefotaxime and/or Ceftriaxone because of a positive ESBL test, regardless of minimum inhibitory concentration (MIC)?

- ○ Yes
- ○ No
- ○ Don't Know

Enterobacter cloacae in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 96. For Enterobacter cloacae in your hospital in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Cefepime

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

Percent isolates susceptible to Ceftazidime

97. For Enterobacter cloacae, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

98. How many acute-care hospitals are included in these data?

99. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

100. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Enterobacter cloacae in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 101. For Enterobacter cloacae in your hospital in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Cefepime

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

Percent isolates susceptible to Ceftazidime

102. For Enterobacter cloacae, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

103. How many acute-care hospitals are included in these data?

104. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

105. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Enterobacter cloacae in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 106. For Enterobacter cloacae in your hospital in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Cefepime

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

Percent isolates susceptible to Ceftazidime

107. For Enterobacter cloacae, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

108. How many acute-care hospitals are included in these data?

109. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

110. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Acinetobacter baumannii in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 111. For Acinetobacter baumannii in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

112. For Acinetobacter baumannii, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

113. How many acute-care hospitals are included in this data?

114. Indicate the reporting period for this data (MM/YYYY to MM/YYYY)

115. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Acinetobacter baumannii in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 116. For Acinetobacter baumannii in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

117. For Acinetobacter baumannii, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

118. How many acute-care hospitals are included in this data?

119. Indicate the reporting period for this data (MM/YYYY to MM/YYYY)

120. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Acinetobacter baumannii in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 121. For Acinetobacter baumannii in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

122. For Acinetobacter baumannii, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

123. How many acute-care hospitals are included in this data?

124. Indicate the reporting period for this data (MM/YYYY to MM/YYYY)

125. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Pseudomonas aeruginosa in 2008

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 126. For Pseudomonas aeruginosa isolates in your hospital in 2008 enter:

Total number of isolates tested

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

Percent isolates susceptible to Gentamicin or Tobramycin

Percent isolates susceptible to Amikacin

Percent isolates susceptible to Cefepime or Ceftazidime

Percent isolates susceptible to Piperacillin/Tazobactam

127. For Pseudomonas aeruginosa, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

128. How many acute-care hospitals are included in these data?

129. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

130. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Pseudomonas aeruginosa in 2009

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 131. For Pseudomonas aeruginosa isolates in your hospital in 2009 enter:

Total number of isolates tested

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

Percent isolates susceptible to Gentamicin or Tobramycin

Percent isolates susceptible to Amikacin

Percent isolates susceptible to Cefepime or Ceftazidime

Percent isolates susceptible to Piperacillin/Tazobactam

132. For Pseudomonas aeruginosa, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

133. How many acute-care hospitals are included in these data?

134. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

135. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

Pseudomonas aeruginosa in 2010

If your hospital did not collect information on a particular isolate for the given year, please put "N/A" in the corresponding textbox. All isolates (blood, urine, wound) should be reported together and not separated.

* 136. For Pseudomonas aeruginosa isolates in your hospital in 2010 enter:

Total number of isolates tested

Percent isolates susceptible to Imipenem or Meropenem or Doripenem

Percent isolates susceptible to Ciprofloxacin or Levofloxacin

Percent isolates susceptible to Gentamicin or Tobramycin

Percent isolates susceptible to Amikacin

Percent isolates susceptible to Cefepime or Ceftazidime

Percent isolates susceptible to Piperacillin/Tazobactam

137. For Pseudomonas aeruginosa, what was the primary testing methodology used?

- Manual broth dilution
- Automated broth dilution
- Disk diffusion

138. How many acute-care hospitals are included in these data?

139. Indicate the reporting period for these data (MM/YYYY to MM/YYYY):

140. Which patients were included?

- Inpatient
- Outpatient
- Both inpatient and outpatient

California Antibiogram Project 2008-2010

Contact Information

Thank you for filling out this lengthy survey in efforts to elucidate resistance information across California hospitals. Site-specific information provided here will only be used by the Healthcare Associated Infections Program at CDPH to assure that a representative sample of hospitals was obtained when aggregating antibiogram data from 2008-2010.

No hospital-specific information will be shared or released; only aggregate data will be reported.

141. Name of person completing survey:

142. Address of person completing survey:

143. Hospital name:

144. Hospital address:

145. Hospital city:

146. Hospital zip:

147. Hospital county:

148. Email address of person completing survey:

Thank You

Thank you for participating in the California Antibiogram Project 2008-2010. If you have any questions regarding this surveillance system, please contact the HAI Program at CDPHCaliforniaAntibiogramProject@cdph.ca.gov or visit our website at http://cdphinternet/programs/hai/Pages/CaliforniaAntibiogramProject.aspx. Aggregated antibiogram data should be posted on this website within six months.

149. Any comments regarding this surveillance tool are appreciated