

TECHNICAL NOTES

Ontario Antibigram

2nd Edition: May 2022

Background

Antibiograms are a summary of the cumulative susceptibility of bacterial isolates to specific antibiotics in a given hospital or region. Antibigrams are an [antimicrobial stewardship strategy](#) used to guide choice of empiric therapy and track resistance patterns.¹

Aggregate, cumulative susceptibility data at a regional level is required for improved surveillance of antimicrobial resistance and is necessary to support the development of regional empiric antibiotic prescribing guidelines, particularly for smaller facilities with low numbers of isolates. In Ontario, antimicrobial susceptibility data from hospitalized patients is currently housed at several laboratories across the province, with no centrally accessible repository of data. Antibigram data is available from the private laboratory [LifeLabs](#) for outpatients and long-term care (LTC) residents stratified by Local Health Integration Network (LHIN), but has previously been lacking for hospitals.²

The Ontario Antibigram consists of the Ontario Hospital Antibigram and the Ontario Urinary Antibigram. The **Ontario Hospital Antibigram** provides provincial and regional (i.e. by LHIN) cumulative antimicrobial susceptibility data for a range of organisms for all clinical specimen types in the hospital setting. The **Ontario Urinary Antibigram** provides provincial and regional (i.e., by LHIN) susceptibility data for urinary specimens by setting (hospital, LTC, and outpatient) and age group.

Data Source

Ontario Hospital Antibigram

The Public Health Ontario (PHO) Antimicrobial Stewardship Program (ASP) Landscape Survey is a voluntary online survey of ASPs in acute care, inpatient rehabilitation, oncology and complex continuing care facilities in Ontario. Initially launched in 2016, the survey aims to understand how hospital ASPs are evolving over time. In 2018 and 2021, the landscape survey requested antibigram and antibiotic use data in addition to information about ASP structural and strategic elements. An antibigram was requested for each hospital site within multi-site corporations. Respondents were asked to seek input from their microbiologist to help respond to antibigram related questions.

Ontario Urinary Antibigram

The Ontario Laboratory Information System (OLIS) provides hospital inpatient, LTC, and outpatient laboratory urine culture results for over 95% of clinical microbiology laboratories in Ontario. To avoid bias by repeated testing, only the first culture result per patient per organism per year was selected.

Ontario Bloodstream Antibigram

The Ontario Laboratory Information System (OLIS) provides hospital ICU, inpatient, LTC, and outpatient laboratory blood culture results for over 95% of clinical microbiology laboratories in Ontario. To avoid bias by repeated testing, multiple blood cultures were clustered into 7 day episodes for each patient.

Data Limitations

Due to variations in antibiogram formatting and laboratory reporting practices, there is heterogeneity in the data PHO and OLIS receive from hospitals and laboratories. In the **Ontario Hospital Antibigram** for example, patient population, levels of stratification and specimen types incorporated in the antibiograms varied between sites. In the **Ontario Urinary** and **Bloodstream Antibigrams**, data are limited by laboratory testing policies and coding practices.

Please note that all information is provided on an “as-is” basis. PHO cannot and does not warrant or represent that the information is accurate, complete, reliable or current.

For specific questions about specific local susceptibility data, consult your microbiology laboratory.

Missing Data

The **Ontario Hospital Antibigram** only contains information about hospitals/corporations that voluntarily responded to the 2018 Ontario ASP Landscape survey and provided antibiogram data. Any hospitals/corporations that would like to participate can contact asp@oahpp.ca.

In the **Ontario Urinary Antibigram** and **Ontario Bloodstream Antibigram**, susceptibility results are limited by what laboratories report to clinicians, so suppressed results not reported are not available. However, when susceptibility results were missing, rule-based imputation (i.e., intrinsic resistance and cross-resistance between classes) and model-based imputation (i.e., logistic regression based on non-missing data from the cohort including age, sex, setting, region, organism, and susceptibility results for other antibiotics) was used to extrapolate to missing results.

General Notes

Ontario Hospital Antibigram

Isolate Counts

Only hospital antibiograms with reported isolate numbers were included in the Ontario Hospital Antibigram. Isolate numbers were captured to ensure weighted susceptibility across regions and the province. Only organisms with 30 or more total isolates in Ontario are reported in the provincial antibiogram.

Time Range

Only antibiograms providing 2018 data or later were included in the Ontario Hospital Antibigram. Where multiple antibiograms were provided for a specific hospital site, only the most recent antibiogram was included.

Patient Population

Hospital-wide inpatient antibiograms were incorporated into the Ontario Hospital Antibiogram; however, hospitals combining inpatient and outpatient specimens were included if they could not be stratified further.

Susceptibility

Susceptibility ranges from 0-100% and is colour coded in the antibiogram (Red for 0-69%, Yellow for 70-79%, Green for 80% or greater). Infrequently, hospitals reported susceptibility as >95%. In these cases, susceptibility was assumed to be 96%. Blank spaces in the antibiogram indicate either insufficient data (e.g., < 30 isolates in the province, no data available) or no data for that organism-antibiotic combination.

Specimen Type

Antibiograms representative of all clinical specimen types combined were included in the antibiogram. In situations where this data was unavailable, urine and non-urine or blood and non-blood specimens were used.

Organisms

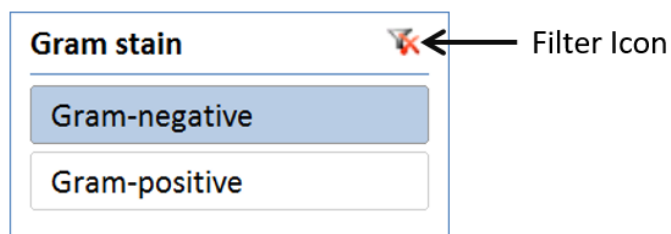
Different phenotypes of bacterial species were combined wherever possible (e.g., *S. aureus* includes MSSA and MRSA). Note that all categories are mutually exclusive. Coagulase negative Staphylococcus species were grouped together, with the exception of *S. lugdunensis*.

Inferred Susceptibility

1. Cloxacillin was used for nafcillin or oxacillin.
2. Ampicillin/Amoxicillin susceptibility was combined.
3. Ceftriaxone was used for cefotaxime.

Navigating the Antibiogram

Antibiogram data can be stratified by either gram-negative, gram positive or combined, as well as by specific LHIN. The slicer will highlight the selected data as blue. To clear the stratification and show all data, click on the filter icon.³



Ontario Urinary and Bloodstream Antibigram

Isolate Counts

Only organisms with 6 or more urine culture isolates and 30 or more blood cultures were included in the antibiogram. Organisms with less than 30 isolates should be interpreted with caution as there may be imprecision in the estimated susceptibility.

Time Range

Laboratory test results between January 1, 2016 and December 31, 2017 were included for urine cultures. Laboratory test results between January 1, 2016 and December 31, 2020 were included for blood cultures.

Patient Population

Culture data were obtained from linked Ontario-wide administrative datasets housed at ICES (formerly known as the Institute for Clinical Evaluative Sciences). ICES is an independent, non-profit research institute whose legal status under Ontario's health information privacy law allows it to collect and analyze health care and demographic data, without consent, for health system evaluation and improvement. Urine culture and susceptibility data were obtained from Ontario Laboratory Information System (OLIS), with over 95% of laboratories reporting their data to OLIS. Demographics data were collected from the Registered Persons Database (RPDB), CIHI Discharge Abstract Database (DAD), and Continuing Care Reporting System – Long Term Care (CCRS-LTC). These datasets were linked using unique encoded identifiers and analyzed at ICES.

Susceptibility

Susceptibility ranges from 0-100% and is colour coded in the antibiogram (Red for 0-69%, Yellow for 70-79%, Green for 80% or greater).

Organisms

Different phenotypes of bacterial species were combined (e.g. E. coli includes ESBL and non-ESBL). Organisms are separated by species (e.g., *Klebsiella pneumoniae*, *Klebsiella oxytoca*) and less common species were grouped by genus (e.g., *Klebsiella sp.* Other).

Navigating the Antibiogram

Urinary antibiogram data can be stratified by health care setting (hospital inpatient, LTC, outpatient), age group (<18, 18-64, 65+), as well as by specific LHIN/region. The slicer will highlight the selected data. Only one filter should be selected for each slicer. To clear the stratification and show all data, click on the filter icon.

Queries about the Ontario Antibiogram

For additional questions about the Ontario Hospital Antibigram or to provide your data, please contact asp@oahpp.ca.

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Antimicrobial stewardship strategies [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 Mar 9]. Available from: <https://www.publichealthontario.ca/en/health-topics/antimicrobial-stewardship/acute-care/asp-strategies>
2. Lifelabs. Antibigrams [Internet]. Toronto, ON: Lifelabs; 2022 [cited 2022 May 2]. Available from: <https://www.lifelabs.com/healthcare-providers/reports/antibiograms/>
3. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Ontario antibiogram [Internet]. Toronto, ON: Queen's Printer for Ontario; 2022 [cited 2022 May 2]. Available from: www.publichealthontario.ca/-/media/documents/ontario-hospital-antibiogram.xlsx

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Contact

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