

Resistance to the main germs responsible for infections isolated at the Louis Malardé Institute's Clinical Laboratory (2004)

(For abbreviations: see end of article.)

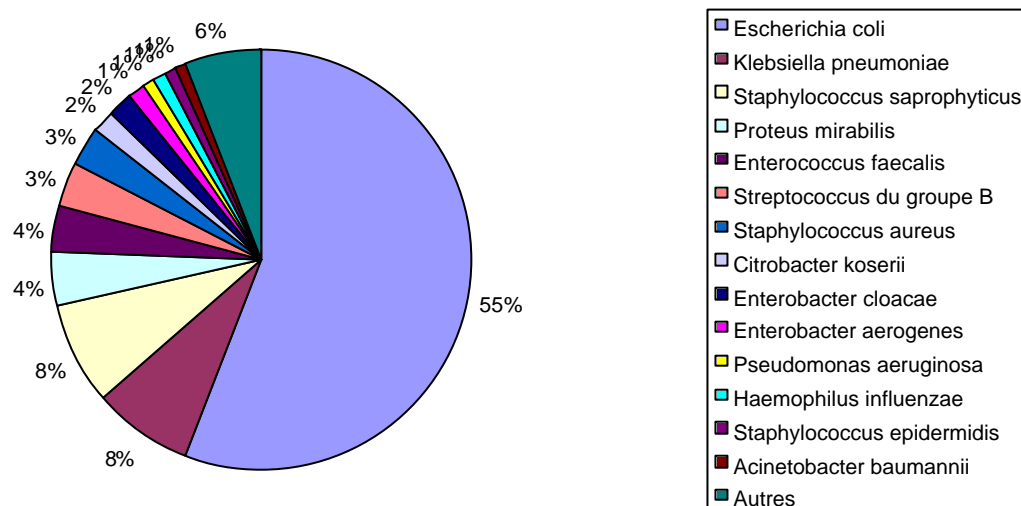
The bacterial strains tested came from medical clinics in Tahiti and the islands and from the outlying hospitals in 2004. They are a representative sample of germ sensitivity throughout French Polynesia over a 1000-km radius¹.

Two techniques were used for this study: the ATB Expression and Api ATB gallery from bioMérieux (liquid medium method) and the agar medium diffusion test (BioRad disks and Osiris analyser) recommended by the Société française de microbiologie (French Laboratory Society).

This summary report was produced using interpretive antibiogram reading software (OSIRIS from BioRad).

ECBU*: distribution of the main germs isolated in 2004

ECBU: répartition des principaux germes isolés en 2004

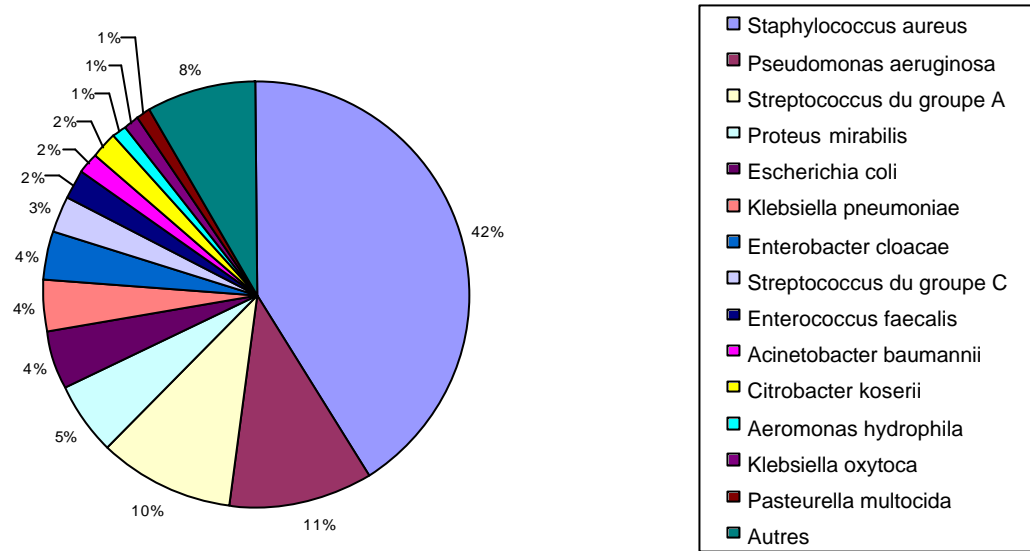


*ECBU : urine culture.

¹ This report does not indicate the sensitivity of isolated germs at the Territorial Hospital where antibiotic pressure is much higher.

PUS*: distribution of the main germs isolated in 2004

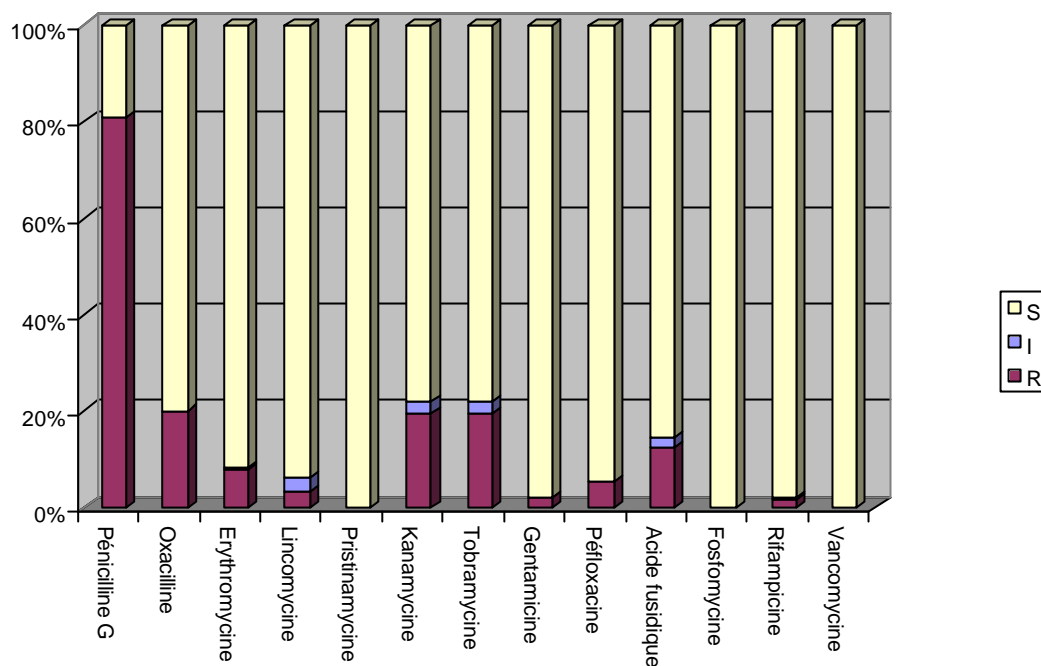
PUS: répartition des principaux germes isolés en 2004



*PUS : samples from wounds, discharges, tissues, etc.

STAPHYLOCOCCUS AUREUS

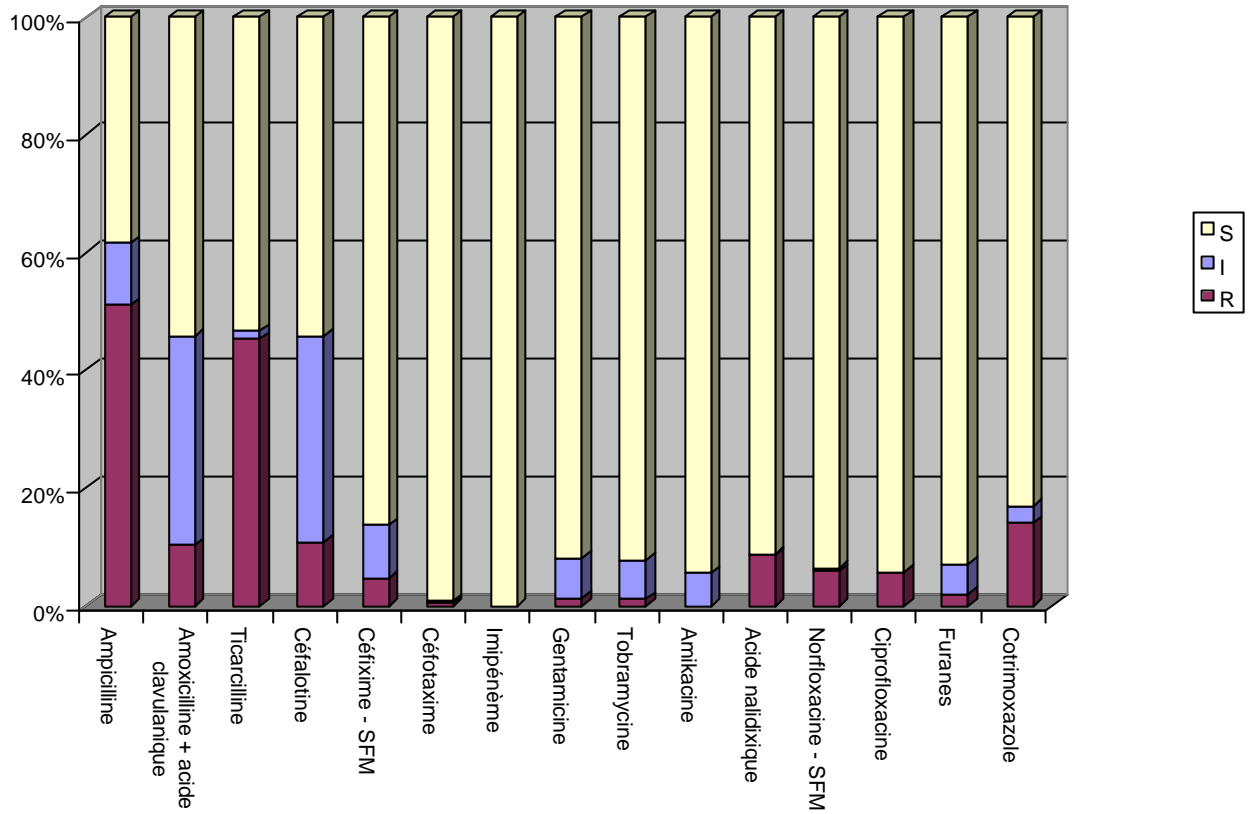
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics												
	Penicillin G	Oxacillin	Erythromycin	Lincomycin	Pristinamycin	Kanamycin	Tobramycin	Gentamicin	Pefloxacin	Fusidic acid	Fosfomycin	Rifampicin	Vancomycin
R	80,8	20,1	7,8	3,3	0	19,6	19,6	2,2	5,6	12,3	0	1,6	0
I	0	0	0,5	2,8	0	2,2	2,2	0	0	2,2	0	0,5	0
S	19,1	79,8	91,5	93,8	100	78	78	97,7	94,3	85,3	100	97,7	100

ESCHERICHIA COLI

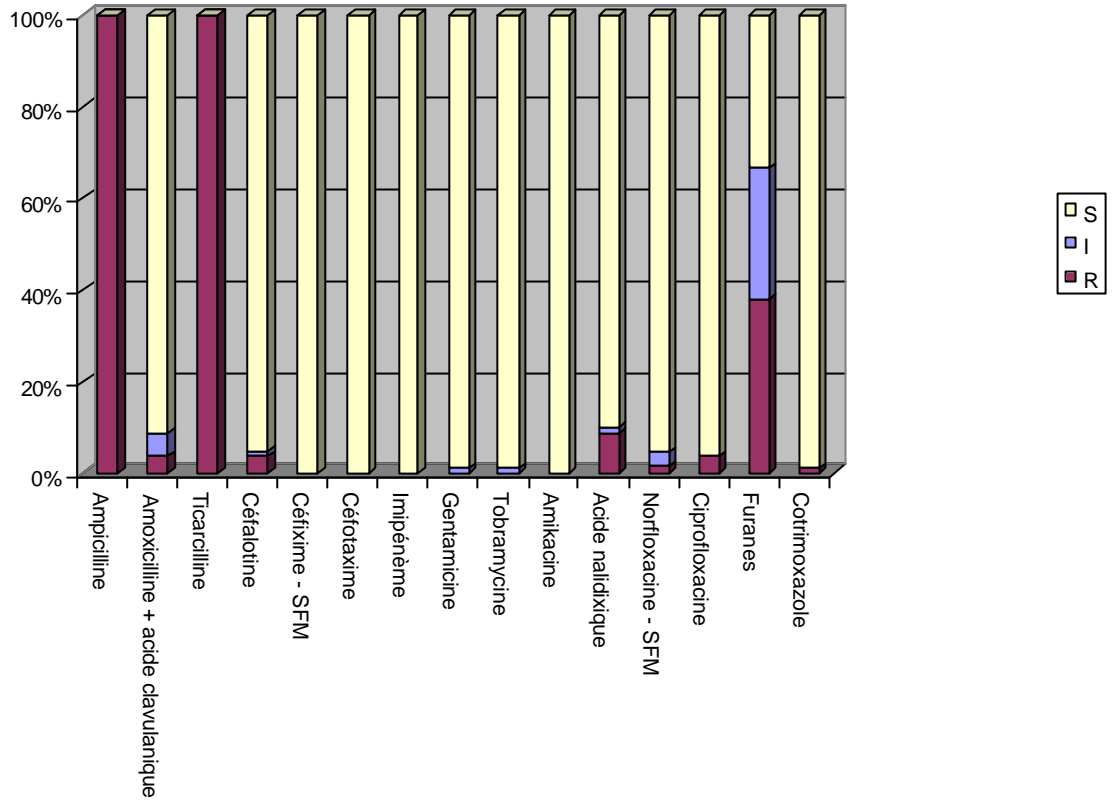
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics														
	<i>Ampicillin</i>	<i>Amoxicillin + Clavulanic acid</i>	<i>Ticarcillin</i>	<i>Cefalotin</i>	<i>Cefixime</i>	<i>Cefotaxime</i>	<i>Imipeneme</i>	<i>Gentamicin</i>	<i>Tobramycin</i>	<i>Amikacin</i>	<i>Nalidixic acid</i>	<i>Norfloxacin</i>	<i>Ciprofloxacin</i>	<i>Furanes</i>	<i>Cotrimoxazole</i>
R	51,1	10,3	45,3	10,9	4,8	0,5	0	1,4	1,3	0	8,7	5,9	5,8	2,1	14,1
I	10,4	35,5	1,3	34,9	9	0,3	0	6,8	6,5	5,7	0,1	0,6	0	5	2,9
S	38,3	54	53,2	54	86	99	100	91,7	92	94,2	91	93,4	94,2	92,8	82,9

KLEBSIELLA PNEUMONIAE

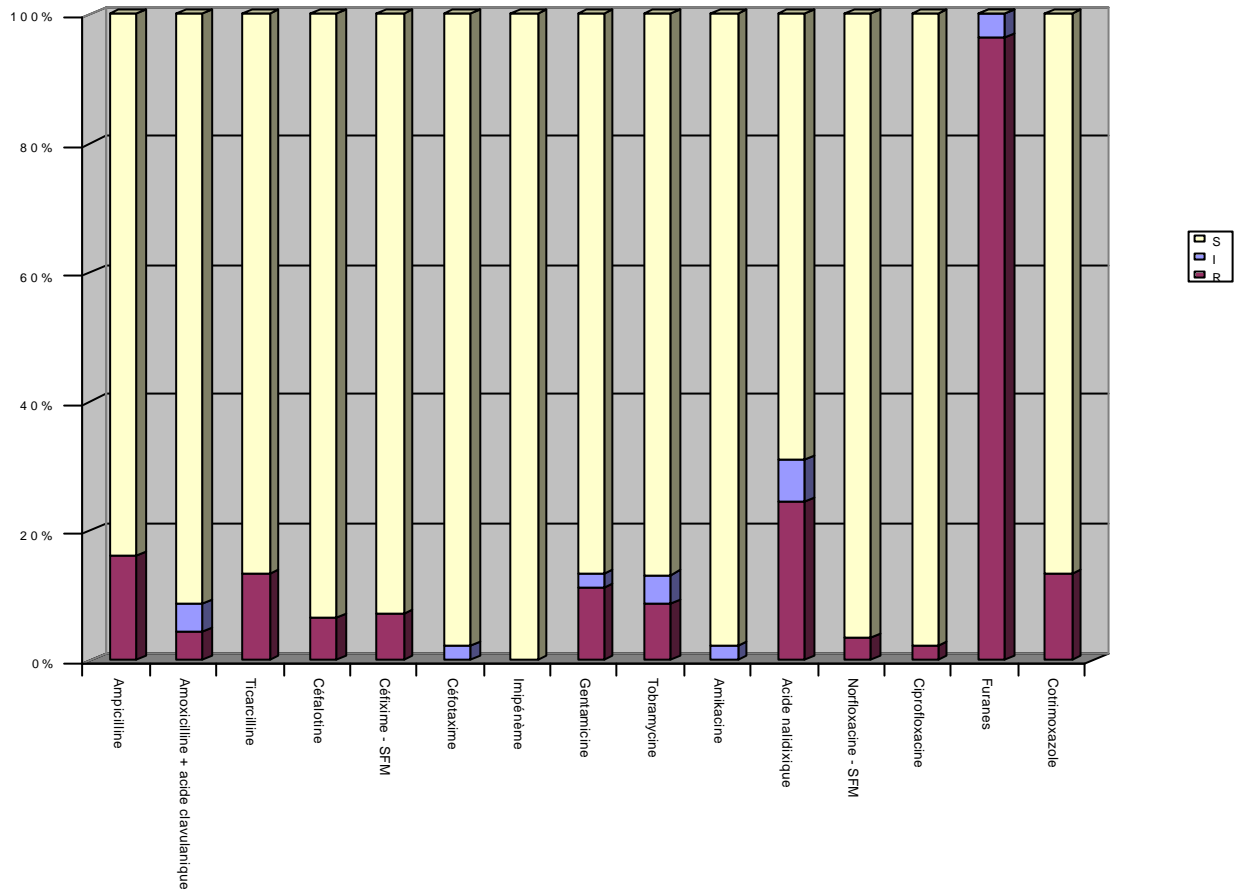
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics														
	Ampicillin	Amoxicillin + clavulanic acid	Ticarillin	Cefalotin	Cefixime	Cefotaxime	Imipeneme	Gentamicin	Tobramycin	Amikacin	Nalidixic acid	Norfloxacin	Ciprofloxacin	Furanes	Cotrimoxazole
R	100	3,7	100	3,7	0	0	0	0	0	0	8,8	1,5	3,7	38	1,2
I	0	5	0	1,2	0	0	0	1,2	1,2	0	1,2	3,1	0	28,5	0
S	0	91,1	0	94,9	100	100	100	98,7	98,7	100	89,8	95,2	96,2	33,3	98,7

PROTEUS MIRABILIS

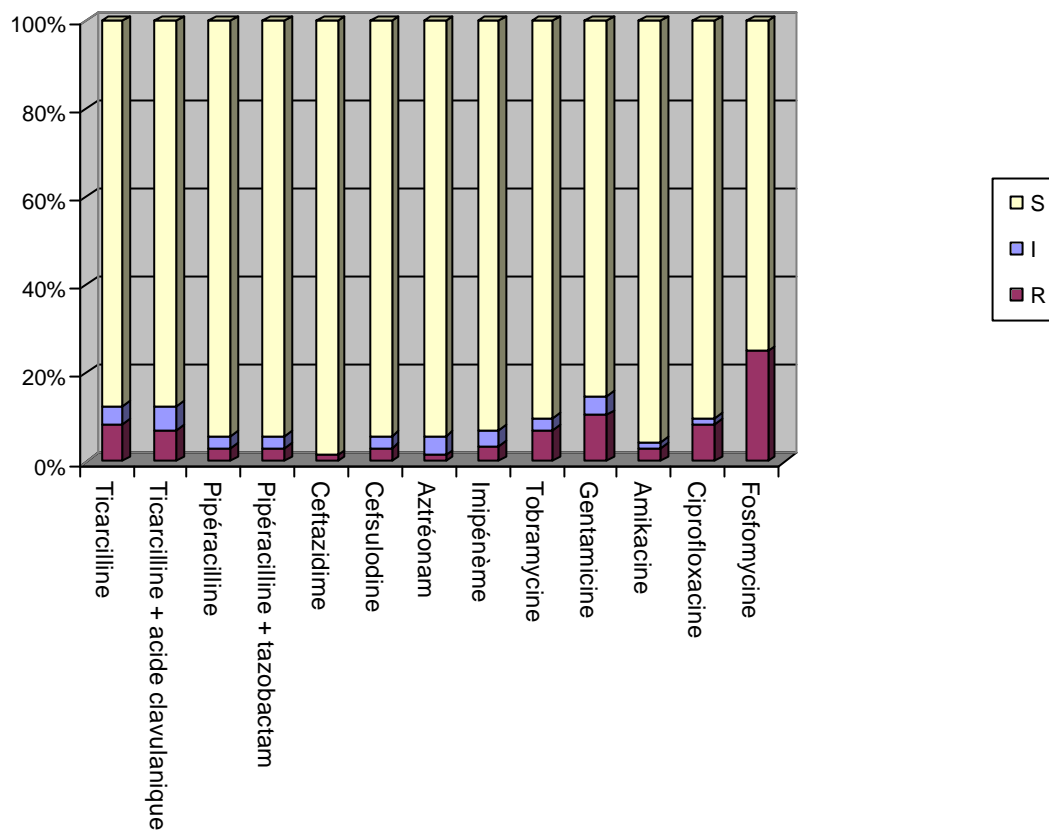
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics														
	Ampicillin	Amoxicillin + clavulanic acid	Ticarcillin	Cefalotin	Cefixime	Cefotaxime	Imipeneme	Gentamicin	Tobramycin	Amikacin	Nalidixic acid	Norfloxacin	Ciprofloxacin	Furanes	Cotrimoxazole
R	16,2	4,4	13,3	6,6	7,1	0	0	11,1	8,8	0	24,4	3,5	2,2	96,4	13,3
I	0	4,4	0	0	0	2,2	0	2,2	4,4	2,2	6,6	0	0	3,5	0
S	83,7	91,1	86,6	93,3	92,8	97,7	100	86,6	86,6	97,7	68,8	96,4	97,7	0	86,6

PSEUDOMONAS AERUGINOSA

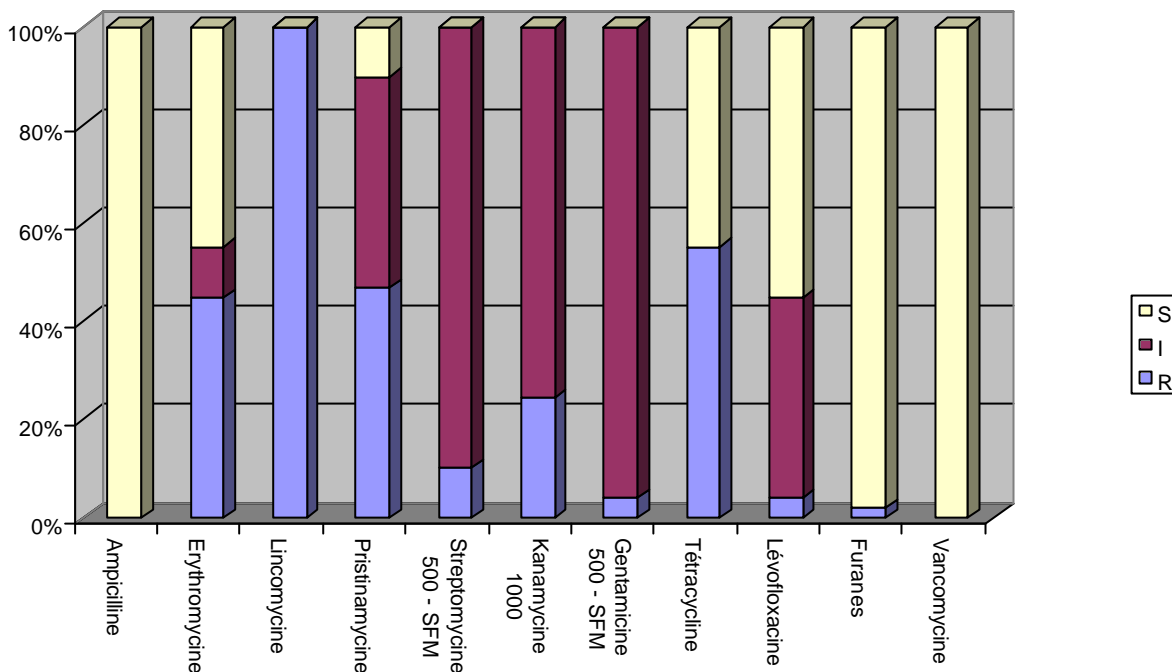
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics												
	Ticarclillin	Ticarclillin + Clavulanic acid	Piperacillin	Piperacillin + tazobactam	Ceftazidime	Cefsulodine	Aztreonam	Imipeneme	Tobramycin	Gentamicin	Amikacin	Ciprofloxacin	Fosfomycin
R	8,4	7	2,8	2,8	1,4	2,8	1,4	3,5	6,9	10,4	2,8	8,5	25
I	4,2	5,6	2,8	2,8	0	2,8	4,2	3,5	2,7	4,4	1,4	1,4	0
S	87,3	87,3	94,3	94,3	98,5	94,3	94,3	92,9	90,2	85	95,7	90	75

ENTEROCOCCUS

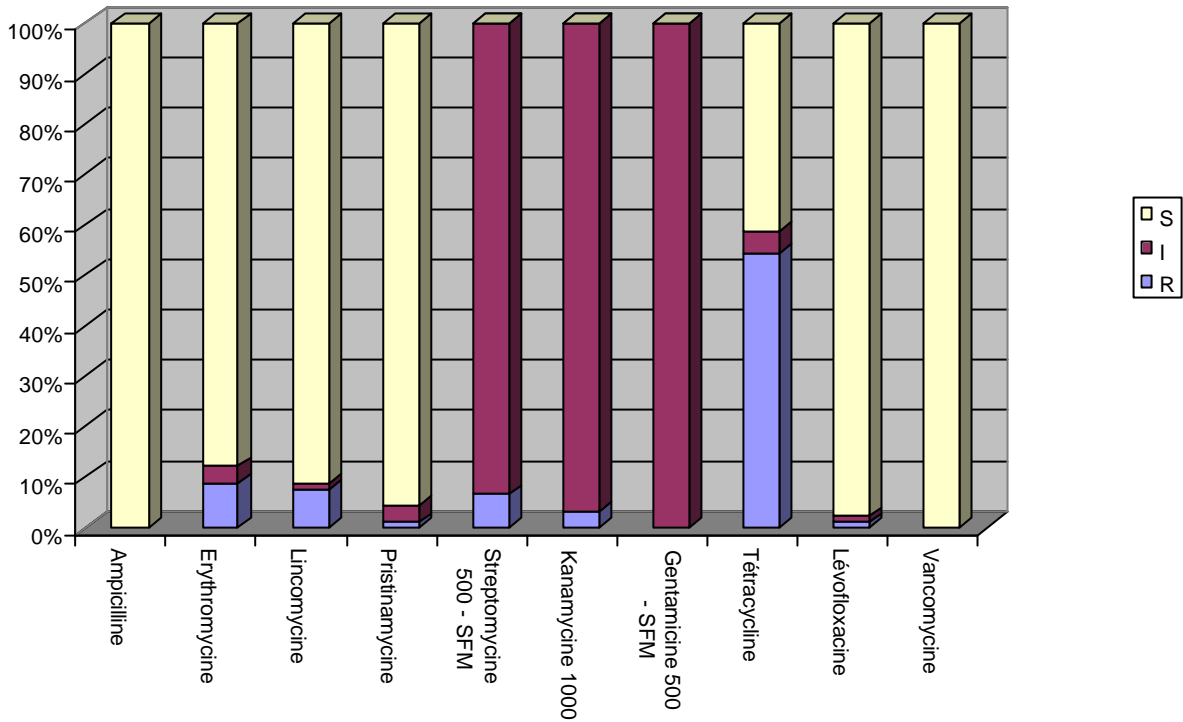
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics										
	Ampicillin	Erythromycin	Lincomycin	Pristinamycin	Streptomycin	Kanamycin	Gentamicin	Tetracyclin	Levofloxacin	Furanes	Vancomycin
R	0	44,8	100	46,9	10,2	24,4	4	55,1	4	2	0
I	0	10,2	0	42,8	89,7	75,5	95,9	0	40,8	0	0
S	100	44,8	0	10,2	0	0	0	44,8	55,1	97,9	100

BETA HAEMOLYTIC STREPTOCOCCUS

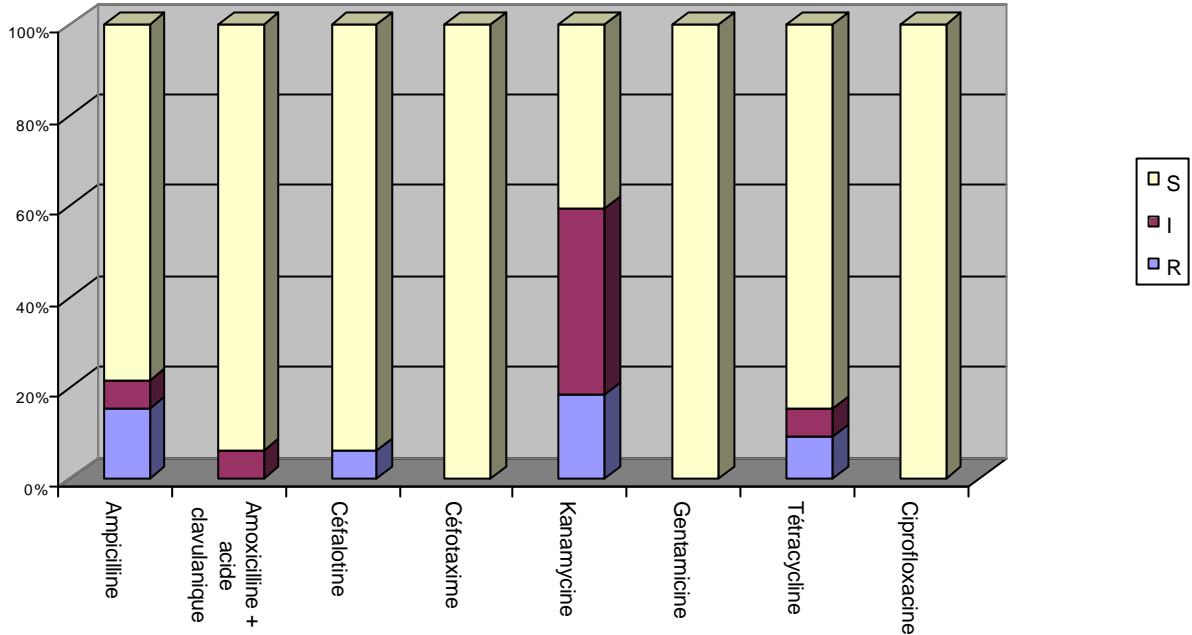
Antibiotic susceptibility 2004



Conclusion RIS (%)	Antibiotics									
	Ampicillin	Erythromycin	Lincomycin	Pristinamycin	Streptomycin	Kanamycin	Gentamicin	Tetracyclin	Levofloxacin	Vancomycin
R	0	8,8	7,7	1,1	6,6	3,3	0	54,4	1,1	0
I	0	3,3	1,1	3,3	93,3	96,6	100	4,4	1,1	0
S	100	87,7	91,1	95,5	0	0	0	41,1	97,7	100

HAEMOPHILUS INFLUENZAE and PARAINFLUENZAE

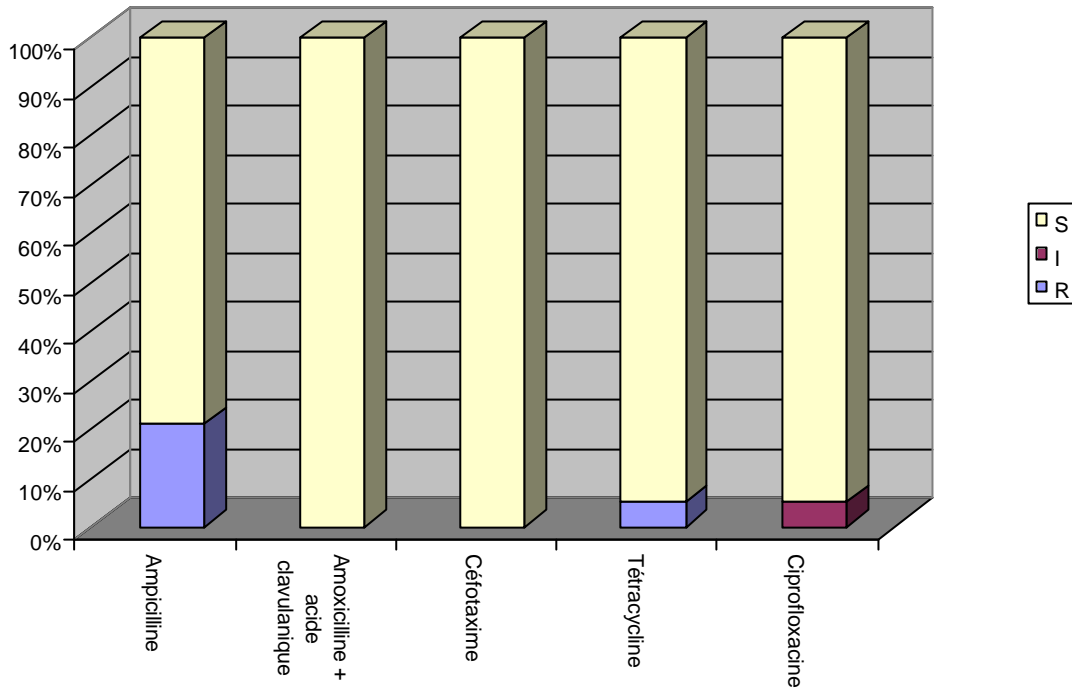
Antibiotic susceptibility 2004



Conclusion RIS (%)		Antibiotics							
		<i>Ampicillin</i>	<i>Amoxicillin + clavulanic acid</i>	<i>Cefalotin</i>	<i>Cefotaxime</i>	<i>Kanamycin</i>	<i>Gentamicin</i>	<i>Tetracyclin</i>	<i>Ciprofloxacin</i>
R		15,6	0	6,2	0	18,7	0	9,3	0
I		6,2	6,2	0	0	40,6	0	6,2	0
S		78,1	93,7	93,7	100	40,6	100	84,3	100

NEISSERIA GONORRHOEAE

Antibiotic susceptibility 2004



Conclusion RIS (%)		Antibiotics				
		<i>Ampicillin</i>	<i>Amoxicillin + Clavulanic acid</i>	<i>Cefotaxime</i>	<i>Tetracyclin</i>	<i>Ciprofloxacine</i>
R		21	0	0	5,2	0
I		0	0	0	0	5,2
S		78,9	100	100	94,7	94,7

ABBREVIATIONS

S, I, R

The definitions of S, I or R strains have been set by the antibiogram committee of the *Société française de microbiologie* (French Laboratory Society):

Definitions according to a clinical approach:

So-called sensitive (S) strains are those for which the probability of therapeutic success is high in cases of systemic treatment at recommended dosages.

So-called resistant (R) strains are those for which there is a high possibility of therapeutic failure, whatever the type of treatment.

So-called intermediate (I) strains are those for which therapeutic success is unpredictable.

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