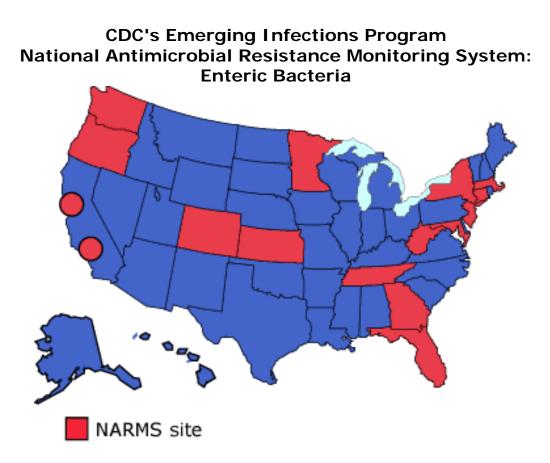


# **1998 Annual Report**



Centers for Disease Control and Prevention National Center for Infectious Diseases Division of Bacterial and Mycotic Diseases Foodborne and Diarrheal Diseases Branch

# **Table of Contents**

Click on any link to open page in a new window. This Table of Contents page will remain open.

# **Report Summary**

Report Summary
<u>NARMS</u>
Working Group
Publications and
Presentations

# Tables

Population size and number of isolates received, by
site
Antimicrobial agents used for susceptibility testing
for Salmonella, E. coli O157:H7, and Campylobacter
isolates
Antimicrobial susceptibility of Salmonella isolates
Frequency of Salmonella serotypes/ Frequency of
multiresistance among serotypes
Percentage <u>S</u> . Typhimurium with ACSSuT or
AKSSut resistance pattern, by site
Additional antimicrobial resistance for S.
Typhimurium isolates with ACSSuT or AKSSuT
<u>patterns</u>
Clinical source of Salmon alla isolates
Clinical source of Salmonella isolates
Multi-resistant antimicrobial resistance patterns of
Salmonella isolates
Serotypes of <i>Salmonella</i> with reduced susceptibility
or resistant to ciprofloxacin 1996-1998
Serotypes of Salmonella with reduced susceptibility
or resistant to nalidixic acid 1996-1998

Antimicrobial susceptibility of <i>E. coli</i> O157:H7 isolates
Antimicrobial susceptibility of <i>Campylobacter</i> isolates

# Figures

Figure 1	Number of isolates submitted, by site
Figure 2	Resistance among Salmonella isolates for all sites
Figure 3	Salmonella MICs, by antimicrobial agent
Figure 4	Resistance among Salmonella serotypes for all sites
Figure 5	Percentage of <i>Salmonella</i> isolates submitted identified as Typhimurium by site, 1996-1998
Figure 6	Percentage of <i>Salmonella</i> Typhimurium isolates submitted with ACSSuT pattern by site, 1996-1998
Figure 7	Resistance among <i>E. coli</i> O157:H7 isolates for all sites
Figure 8	E. coli O157:H7 MICs, by antimicrobial agent
Figure 9	Resistance among <i>Campylobacter jejuni</i> isolates for <u>all sites</u>
Figure 10	Campylobacter jejuni MICs, by antimicrobial agent

#### **Home**

CDC Home | Search | Health Topics A-Z

This page last revised October 1, 2003

Centers for Disease Control and Prevention National Center for Infectious Diseases Division of Bacterial and Mycotic Diseases Foodborne and Diarrheal Diseases Branch

# National Antimicrobial Resistance Monitoring System 1998 Annual Report

# **Table of Contents**

### • Summary

- Methods
- Results
  - o <u>Salmonella</u>
  - o <u>E. coli O157:H7</u>
  - o <u>Campylobacter</u>

### <u>Sensititre Validation Study Overall</u>

### **Summary**

# Back to top

In 1998, there were 1476 *Salmonella* isolates, 315 *E. coli* O157:H7 isolates, and 382 *Campylobacter* isolates from humans submitted to the National Antimicrobial Resistance Monitoring System:Enteric Bacteria (NARMS). Twenty-seven percent of *Salmonella* isolates were resistant to one or more antimicrobial agents. Among *Salmonella* Typhimurium isolates, 53% were resistant to one or more antimicrobial agents. Thirty-two percent of *Salmonella* Typhimurium isolates had the multi-drug resistant pattern characteristic of DT104. One *Salmonella* isolate was resistant to ciprofloxacin. The percentage of *Salmonella* isolates with ciprofloxacin minimum inhibitory concentrations (MICs) >0.25 increased from 0.4% in 1996 to 0.7% in 1998. Among *E. coli* O157:H7 isolates, 7.3% were resistant to one or more antimicrobial agents. Among *Campylobacter* isolates, 55.0% were resistant to one or more antimicrobial agents; 13.3% were resistant to ciprofloxacin.

# **Methods**

# Back to top

NARMS was launched in 1996, within the framework of CDC's Emerging Infections Program's Epidemiology and Laboratory Capacity Program and the Foodborne Disease Active Surveillance Network (FoodNet) as a collaboration between CDC, Food and Drug Administration-Center for Veterinary Medicine (FDA), United States Department of Agriculture- Food Safety and Inspection Service and Agricultural Research Service (USDA), and 14 state and local health departments to prospectively monitor the antimicrobial resistance of human non-typhoid *Salmonella* and *Escherichia* 

*coli* O157:H7 isolates. In 1998, there were 16 NARMS health department partners (CA, CO, CT, FL, GA, KS, Los Angeles County, MD, MN, MA, NJ, New York City, New York State, OR, WA, and WV), representing approximately 97 million persons (37% of the United States population). In 1998, seven states (CA, CT, GA, MD, MN, NY, and OR) also monitored antimicrobial resistance among human *Campylobacter* isolates (Table 1, Figure 1).

NARMS participating public health laboratories select every tenth *Salmonella* and every fifth *E. coli* O157:H7 isolate received at their laboratory, and forward the isolates to CDC for susceptibility testing. At CDC, a semi-automated system (Sensititre, Trek Diagnostics, Westlake, OH) is used to determine the MICs for 17 antimicrobial agents: amikacin, ampicillin, amoxicillin-clavulanic acid, apramycin, ceftiofur, ceftriaxone, cephalothin, chloramphenicol, ciprofloxacin, gentamicin, kanamycin, nalidixic acid, streptomycin, sulfamethoxazole, tetracycline, trimethoprim-sulfamethoxazole, and ticarcillin (Table 2). Public health laboratories from seven states also select and forward the first *Campylobacter* isolate received each week to CDC for susceptibility testing. For *Campylobacter*, the E-test system (AB BIODISK, Solna, Sweden) is used to determine the MICs for 8 antimicrobial agents: azithromycin, chloramphenicol, ciprofloxacin, gentamicin, nalidixic acid, and tetracycline (Table 2). After confirmation to genus level, identification of *Campylobacter* to species level is performed using dark field motility, oxidase test, and hippurate test, and for hippurate-negative *Campylobacter* isolates, polymerase chain reaction.

For all three pathogens in this report, MIC results are dichotomized, and isolates with intermediate susceptibility are categorized as sensitive. Breakpoints are determined using, when available, National Committee for Clinical Laboratory Standards (NCCLS). In 1998, a validation of MIC results obtained by the CDC Sensititre system and the USDA Sensititre system was performed by both laboratories. Twelve samples from each laboratory were tested in both laboratories for MICs to all 17 antimicrobial agents; results from both systems were analyzed for consistency.

### **Results**

### Salmonella

# <u>Back to</u> top

A total of 1476 *Salmonella* isolates were received at CDC in 1998; 1466/1476 (99.3%) were viable upon receipt and tested for antimicrobial susceptibility. The antimicrobial agents with the highest prevalence of resistance were tetracycline, sulfamethoxazole, streptomycin, and ampicillin; 295/1466 (20.1%) were resistant to tetracycline, 283/1466 (19.3%) isolates were resistant to sulfamethoxazole, 273/1466 (18.6%) were resistant to streptomycin, and 241/1466 (16.4%) were resistant to ampicillin (Table 3, Figure 2). Correlation between ampicillin resistance and ticarcillin resistance was very high; 234/241 (97.1%) of isolates resistant to ampicillin were resistant to ticarcillin. All ticarcillin-resistant *Salmonella* isolates were also resistant to ampicillin. One (0.1%) isolate (S. Schwarzengrund) was resistant to

```
1998 NARMS Summary
```

ciprofloxacin; twenty (1.4 %) isolates were resistant to nalidixic acid. Ten (0.7%) isolates were resistant to ceftriaxone. No isolates tested were resistant to amikacin (<u>Table 3</u>, <u>Figure 2</u>). MICs of all antimicrobial agents for *Salmonella* are shown in <u>Figure 3</u>.

Frequency of resistance among different serotypes of *Salmonella* is shown in Table 4. Among *Salmonella* isolates, 397/1466 (27.1%) were resistant to one or more agents, and 346/1466 (23.6%) were resistant to two or more agents. Among serotypes with >22 isolates tested, the serotypes with the greatest resistance were Hadar, Typhimurium, Heidelberg, and Agona. Among *Salmonella* isolates tested, 245/1466 (16.7%) were serotype Enteritidis and 380/1466 (25.9%) were serotype Typhimurium (includes serotype Typhimurium var. Copenhagen) (Table 4). Among *S*. Enteritidis isolates, 30/245 (12.2%) were resistant to one or more antimicrobial agents. Among *S*. Typhimurium isolates, 200/380 (52.6%) were resistant to one or more antimicrobial agents (Table 4). Resistance to each antimicrobial agent among specific serotypes of *Salmonella* is shown in Figure 4.

In recent years, a multidrug-resistant strain of *S*. Typhimurium (DT104) has been identified. Among 380 *S*. Typhimurium isolates tested, 120 (31.6%) were resistant to the five antimicrobial agents, ampicillin, chloramphenicol, streptomycin, sulfamethoxazole, and tetracycline (ACSSuT), to which *S*. Typhimurium DT104 is commonly resistant (Table 5, Figure 6). Of the 120 *S*. Typhimurium isolates with the ACSSuT resistance pattern, 17 (14.2%) were also resistant to kanamycin, 8 (6.7%) were also resistant to cephalothin, 8 (6.7%) were also resistant to amoxicillin-clavulanic acid, 5 (4.2%) were also resistant to ceftriaxone (Table 6). *S*. Typhimurium with the ACSSuT resistance pattern were somewhat more frequently isolated from blood (5/120, 4.2%) than were other *S*. Typhimurium isolates (9/260, 3.5%) (Table 7).

A second penta-resistant pattern, resistance to ampicillin, kanamycin, streptomycin, sulfamethoxazole, and tetracycline (AKSSuT), has also emerged among *Salmonella* Typhimurium. These strains are not DT104 by phage typing. Among 380 *Salmonella* Typhimurium isolates tested, 47/380 (12.4%) had the AKSSuT resistance pattern (Table 5). Of the 47 *S*. Typhimurium isolates with the AKSSuT resistance pattern, 17 (36.2%) were also resistant to chloramphenicol, 9 (19.1%) were also resistant to cephalothin, and 4 (8.5%) were also resistant to amoxicillin-clavulanic acid (Table 6). S. Typhimurium with the AKSSuT resistance pattern were more commonly isolated from blood (4/47, 8.5%) than were other *S*. Typhimurium isolates (9/260 or 3.5%) (Table 7).

*Salmonella* isolates with the ACSSuT or AKSSuT resistance pattern were also often additionally resistant to other antimicrobial agents, as shown in <u>Table 8</u>.

One *Salmonella* isolate (0.1%) was resistant to ciprofloxacin. The percentage of *Salmonella* isolates with ciprofloxacin MICs >0.25 increased from 0.4% (5/1326) in 1996 to 0.7% (10/1465) in 1998 (Figure 3). Serotypes of *Salmonella* isolates with reduced susceptibility or resistance to ciprofloxacin included *S*. Enteritidis (7/21 or 33.3%) and *S*. Typhimurium (3/21 or 14.3%)(Table 9). The percentage of *Salmonella* isolates resistant to nalidixic acid (MIC >32) increased from 0.4% (5/1326) in 1996 to 1.4%

(20/1466) in 1998 (Figure 3). Serotypes of *Salmonella* isolates with resistance to nalidixic acid included *S*. Enteritidis (12/35 or 34.3%) and *S*. Typhimurium (6/35 or 17.1%) (Table 10).

### <u>E. coli O157:H7</u>

A total of 315 *E. coli* O157:H7 isolates were received at CDC in 1997; 313/315 (99.4%) were tested for antimicrobial sensitivity. Among *E. coli* O157:H7 isolates, 23/313 (7.3%) were resistant to one or more antimicrobial agents and 19/313 (6%) were resistant to two or more agents. The most common resistance among *E. coli* O157:H7 isolates was to sulfamethoxazole (18/313 or 5.8%) or tetracycline (14/313 or 4.5%) (Table 11). None of the *E. coli* O157:H7 isolates tested were resistant to amikacin, amoxicillin/clavulanic acid, apramycin, ceftiofur, ceftriaxone, cephalothin, ciprofloxacin, gentamicin, or nalidixic acid (Table 11, Figure 7). The MICs for *E. coli* O157:H7 are shown in Figure 8.

### **Campylobacter**

Back to top

A total of 382 *Campylobacter* isolates were collected in 1998 and forwarded to CDC; 346/382 (91.0%) were viable upon receipt and tested for antimicrobial susceptibility (Table 1, Figure 1). Among tested isolates, 332/346 (96%) were *C. jejuni*, 9/346 (2.6%) were *C. coli*, 2 were *C. upsaliensis*, 1 was *C. lari*, and 2 were undetermined. Among *Campylobacter jejuni* isolates, 181/332 (54.5%) were resistant to one or more antimicrobial agents, and 52/332 (15.6%) were resistant to two or more agents. The most common resistance among *Campylobacter jejuni* isolates was to tetracycline (46.4%) followed by nalidixic acid (15.1%), and ciprofloxacin (13.3%) (Table 12, Figure 9). The MICs for *Campylobacter jejuni* are shown in Figure 10. Among *Campylobacter coli* isolates, 5/9 (56%) were resistant to one or more antimicrobial agents, and 3/9 (33%) were resistant to two or more agents. The most common resistance among *Campylobacter coli* isolates was to nalidixic acid (55.6%), followed by tetracycline (44.4%), chloramphenicol (22.2%), and ciprofloxacin (11.1%) (Table 12).

Sensititre Validation Study Overall

Back to top

### Back to top

355/408 (86%) of MIC results obtained in CDC and USDA laboratories were identical. Of the 53 (14%) results which differed, 52/53 (98%) differed by one dilution. In the 53 instances of disagreement, CDC had the higher MIC 17 times. The disagreements involved gentamicin (3/17), apramycin (3/17), cephalothin (2/17), streptomycin (2/17), tetracycline (2/17), ciprofloxacin (2/17), ticarcillin (1/17), amoxicillin-clavulanic acid (1/17), and trimethoprim-sulfamethoxazole (1/17). The one instance with >1 dilution disagreement involved ticarcillin (3 dilutions higher). Overall, there was a 99% agreement rate with respect to interpretation of Sensititre results obtained by CDC and USDA laboratories.

Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial & Mycotic Diseases 1600 Clifton Rd NE MS A-38 Atlanta GA 30333 updated August 5, 1999

## National Antimicrobial Resistance Monitoring System 1998 Annual Report Working Group

### **Centers for Disease Control and Prevention**

Nina Marano, Shannon Rossiter, Karen Stamey, John Hatmaker, Richard Bishop, Tim Barrett, Joy Wells, Fred Angulo, Foodborne and Diarrheal Diseases Branch, Division of Bacterial and Mycotic Diseases; National Center for Infectious Diseases

### **US Food and Drug Administration**

Kathy Hollinger, Marcia Headrick, Roger Jones, Linda Tollefson, Office of Surveillance and Compliance, Division of Voluntary Compliance and Hearings Development, Center for Veterinary Medicine

### **US Dept of Agriculture**

Paula Fedorka-Cray, Richard Russell Research Center, Agricultural Research Service Ken Peterson, Emerging Pathogens and Zoonotic Diseases Division, Food Safety and Inspection Service Nora Windland, Dave Dargatz, Centers for Epidemiology and Animal Health, Animal and Plant Health Inspection Service

### **Participating Local and State Health Departments**

California Department of Health Services Sharon Abbott, Paul Kimsey, Sue Shallow, Duc Vugia

Colorado Department of Public Health and Environment Mike Rau, Robert Quillan, Richard Hoffman

Connecticut Department of Public Health and Addiction Services Bob Howard, Don Mayo, Terry Fiorentino

Florida Department of Health Judy Taylor, Jody Baldy, Richard Hopkins

Georgia Division of Public Health

1998 Working Group

Marsha Ray, Mahin Park, Suzanne Segler, Elizabeth Franco, Paul Blake

Kansas Department of Health and Environment Robert Flaheart, June Sexton, Roger Carlson, Gianfranco Pezzino

Los Angeles County Department of Health Services Liga Kilman, Elizabeth Cordero, Debra Brown, Laurene Mascola

Massachusetts Department of Public Health Joseph Peppie, Alfred DeMaria

Maryland Department of Health and Mental Hygiene Yongyu Wang, Glenn Morris

Minnesota Department of Health Wanda Boyer, Fe Leano, Julie Wicklund, John Besser, Craig Hedberg

New Jersey Department of Health Keith Pilot, Sylvia Matiuck, John Brook

New York City Department of Health Alice Agasan, Wydenia Perry, Marci Layton

New York State Department of Health Tim Root, Shelley Zansky, Dale Morse

Oregon Department of Human Resources Steve Mauvais, Maureen Cassidy, Theresa McGivern, Beletsachew Shiferaw, Paul Cieslak

Washington Public Health Laboratories Jay Lewis, Donna Green, Jon Counts

West Virginia Department of Health and Human Resources Doug McElfresh, Loretta Haddy

> <u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial & Mycotic Diseases</u>

> > 1600 Clifton Rd NE MS A-38 Atlanta GA 30333

http://www.cdc.gov/narms/annual/1998\_an/98wg.htm (2 of 3)4/14/2005 1:34:45 PM

updated August 6, 1999

# National Antimicrobial Resistance Monitoring System 1998 Annual Report Publications and Presentations

### **Publications**

1. Glynn MK, Bopp C, Dewitt W, Dabney P, Moktar M, Angulo F. <u>Emergence of multidrug resistant</u> <u>Salmonella Enterica serotype Typhimurium DT104 infections in the United States</u>. New England Journal of Medicine 1998; 338 (19): 1333-1338.

2. Tollefson L, Angulo FJ, Fedorka-Cray PJ. <u>National surveillance for antibiotic resistance in zoonotic</u> <u>enteric pathogens</u>. *Veterinary Clinics of North America: Food Animal Practice* 1998: 14(1):141-150.

3. Threlfall EJ, Angulo FJ, Wall PG. Ciprofloxacin-resistant *Salmonella typhimurium* DT104. *Veterinary Record* 1998;142:255-256.

### Abstracts

1. Angulo F, Marano N, Mackinson C, Wang Y, Sokolow R, DeBess E, Koehler J, Benson J, Hill B, McDonald C. Isolation of quinupristin-dalfopristin-resistant *Enterococcus faecium* from human stool specimens and retail chicken products in the United States. Interscience Conference on Antimicrobial Agents and Chemotherapy. 1999 September; San Francisco, California

2. Marano N, Benson J, Koehler J, Mackinson C, Wang Y, Madden J, DeBess E, Hill B Archibald L, Boel J, Soerensen T, Wegener H, Angulo F. <u>Presence of high-level gentamicin resistant (HLGR)</u> <u>enterococci in humans and retail chicken products in the U.S., but not Denmark</u>. Interscience Conference on Antimicrobial Agents and Chemotherapy. 1999 September; San Francisco, California

## **Presentations**

1. Tollefson L, Fedorka-Cray P, Marano N, Angulo FJ and the NARMS Working Group. The US national antimicrobial resistance monitoring system for Enteric Bacteria. WHO Informational Meeting on Antimicrobial Resistance Surveillance in Foodborne Pathogens. 1998 March; Geneva, Switzerland

 Marano N, Stamey K, Hatmaker J, Barrett T, Angulo FJ and the NARMS Working Group. <u>The</u> <u>national antimicrobial resistance monitoring system (NARMS): trends in antimicrobial resistance</u>.
 Emerging Antibiotic Resistance in Food Borne Enteric Pathogens Conference; 1998 August; Athens, Georgia.

3. Angulo FJ, Tauxe RV, Cohen ML. Public health impact of the emergence of antibiotic resistance in foodborne pathogens. Annual Meeting of the Institute of Food Technologists; 1998 June; Atlanta, Georgia.

4. Angulo FJ. Human health consequences of antimicrobial use in food animals. Annual Meeting of the American Feed Industry Association; 1998 March; Kansas City, Missouri.

5. Angulo FJ, Tauxe RV, Cohen ML. Significance and sources of antimicrobial-resistant *Salmonella*. The role of veterinary therapeutics in bacterial resistance development: animal and public health perspectives. American Academy of Veterinary Pharmacology and Therapeutics; 1998 Jan; College Park, Maryland.

## **Poster Presentations**

1. Marano N, Stamey K, Barrett TJ, Tollefson L, Angulo FJ, and the NARMS: Enteric Bacteria Working Group. <u>Emerging resistance among U.S. Salmonella strains to quinolones and extended-spectrum</u> <u>cephalosporins, 1996 - 1998</u>. American Society for Microbiology General Meeting.1999 June; Chicago, Illinois

2. Ribot EM, Angulo FJ, Barrett TJ. <u>PCR amplification and characterization of intergron- associated</u> <u>antimicrobial resistance genes from various strains of *Salmonella*. 98th General Meeting of the American Society for Microbiology; 1998 May, Atlanta, Georgia.</u>

3. Zirnstein G, Bopp C, Dabney P, Voetsch D, Swaminathan B, Hatmaker J, Miller M, Tollefsen L, Angulo F, and the NARMS Working Group. <u>The national antimicrobial resistance monitoring system</u>. International Conference on Emerging Infectious Diseases, 1998 March, Atlanta, Georgia.

Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial & Mycotic Diseases 1600 Clifton Rd NE MS A-38 Atlanta GA 30333 updated August 6, 1999

SitePop. SizeNo. (%)		Salmonella No. (%)	<i>E. coli</i> No. (%)	Campylobacter No. (%)
California (1)	2,146,096 (2.2)	49 (3.3)	6 (1.9)	48 (12.5)
Colorado	3,970,971 (4.1)	72 (4.9)	23 (7.3)	
Connecticut	3,274,069 (3.4)	60 (4.1)	13 (4.1)	51 (13.4)
Florida	14,915,980 (15.4)	66 (4.5)	9 (2.9)	
Georgia	7,642,207 (7.9)	172 (11.7)	48 (15.2)	110 (28.8)
Kansas	2,629,067 (2.7)	31 (2.1)	3 (1.0)	
Los Angeles (2)	9,213,533 (9.5)	135 (9.1)	5 (1.6)	
Massachusetts	6,147,132 (6.3)	150 (10.2)	35 (11.1)	
Maryland	5,134,808 (5.3)	54 (3.7)	7 (2.2)	27 (7.1)
Minnesota	4,725,419 (4.9)	71 (4.8)	56 (17.8)	59 (15.4)
New Jersey	8,115,011 (8.4)	156 (10.6)	21 (6.7)	
New York City (3)	7,420,166 (7.7)	183 (12.4)	3 (1.0)	
New York State (excluding NYC)	10,755,135 (11.1)	147 (10.0)	33 (10.5)	36 (9.4)
Oregon	3,281,974 (3.4)	37 (2.5)	22 (7.0)	51 (13.4)
Washington	5,689,263 (5.9)	67 (4.5)	25 (7.9)	
West Virginia	1,811,156 (1.8)	26 (1.8)	6 (1.9)	
Totals	96,871,987*(100.0)	1476 (100.0)	315 (100.0)	382 (100.0)

### Table 1. Population size and number of isolates received, by site

\* 1997 post census estimate

- (1) San Francisco and Alameda Counties
- (2) Los Angeles County

(3) Five boroughs of New York City (Bronx, Brooklyn, New York, Queens, Richmond)

#### Centers for Disease Control and Prevention

National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases

1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 *updated August 9, 1999* 

# Table 2. Antimicrobial agents used for susceptibility testing for Salmonella, E. coli O157:H7, and<br/>Campylobacter isolates

Antimicrobial Agent	Antimicrobial Agent Concentration Ranges (ug/ml)	Breakpoints (R) (I) (S)	Code
Amikacin	4 - 32	≥64 32 ≤16	Ak
Amoxicillin- Clav. Acid	0.5/0.25 - 32/16	≥32 16 ≤8	Cv
Ampicillin	2 - 64	<u>≥32 16 ≤8</u>	A
Apramycin**	2 - 16	≥32 16 ≤8	Ар
Azithromycin*	0.016 - 256	≥2 0.5-1 ≤0.025	Az
Ceftiofur**	0.5 - 16	<u>≥84≤2</u>	Cf
Ceftriaxone	0.25 - 16	≥64 32 ≤8	Сх
Cephalothin	1 - 32	≥32 16 ≤8	Ce
Chloramphenicol Chloramphenicol*			С
Ciprofloxacin Ciprofloxacin*			Ср
Clindamycin*	0.032 - 256	<u>≥4 1-2 ≤0.5</u>	Cl
Gentamicin Gentamicin*	0.25 - 16 0.025 - 16	≥16 8 ≤4	G
Erythromycin*	0.047 - 256	≥8 1-4 <u>≤</u> 0.5	E
Kanamycin	16 - 64	<u>≥64 32 ≤16</u>	K
Nalidixic Acid Nalidixic Acid*	4 - 64 0.047 - 256	≥32 ≤16	Na
Streptomycin**	32 - 256	≥64 ≤32	S
Sulfamethoxazole	128 - 512	≥512 ≤256	Su
Tetracycline Tetracycline*	4 - 64 0.023 - 32	≥16 8 ≤4	Т
Ticarcillin	cillin $2 - 128$ $\ge 128 \ 32 \le 16$		Ti
TrimethSulfa.	0.12/2.4 - 4/76	<u>≥4/76 ≤2/38</u>	Tm

NARMS 98 Report Table 2

### \* *Campylobacter* antimicrobial agents and concentration ranges used \*\* No NCCLS interpretive standards for this antimicrobial agent (veterinary use only)

<u>Centers for Disease Control and Prevention</u> National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases

1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 updated August 9, 1999

### Table 3: Antibiotic Susceptibility of Salmonella isolates

Antibiotic	Number resistant N %
Amikacin	0 0
Amox/Clav acid	24 1.6
Ampicillin	241 16.4
Apramycin	1 0.07
Ceftiofur	14 1.0
Ceftriaxone	10 0.7
Cephalothin	33 2.3
Chloramphenicol	145 9.9
Ciprofloxacin	1 0.07
Gentamicin	42 2.9
Kanamycin	84 5.7
Nalidixic acid	20 1.4
Streptomycin	273 18.6
Sulfamethoxazole	283 19.3
Tetracycline	295 20.1
Trimeth/Sulfa	34 2.3

#### N=1466

Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases 1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 updated August 9, 1999

### Table 4. Frequency of Salmonella Serotypes/Frequency of multiresistance among serotypes

Serotype	To	tal	Number resistant to ≥1 antimicrobialNumber resistant to ≥ anti-microbia			nt to $\geq 2$
	N	%	Ν	%	N	%
Typhimurium	380	25.9	200	52.6	194	51.0
Enteritidis	245	16.7	30	12.2	22	8.9
Heidelberg	103	7.0	44	42.7	39	37.8
Newport	79	5.4	4	5.1	2	2.5
Javiana	54	3.7	2	3.7	2	3.7
Agona	39	2.7	16	41.0	12	30.8
Montevideo	33	2.3	3	9.0	2	6.1
Muenchen	30	2.0	3	10.0	2	6.7
Hadar	26	1.8	26	100	25	96.0
Thompson	24	1.6	0	0	0	0
Braenderup	23	1.6	0	0	0	0
Infantis	22	1.5	2	9.0	1	4.5
Other serotypes	408	27.8	67	16.4	45	11.0
Total	1466	100	397	27.1	346	23.6

<u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial and Mycotic Diseases</u> 1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 *updated August 9, 1999* 

### Table 5: Percentage of S. Typhimurium with ACSSuT or AKSSuT resistance pattern, by site

Site	Typhi	otal # murium/ ARMS	ACSSuT/ Typhimurium				AKSSuT/ m Typhimurium	
	N	%	N	%	N	%	N	%
CA	8	2.5	3	37.5	0	0	2	25.0
CO	20	5.2	8	40.0	1	5.0	1	5.0
CT	18	4.7	8	44.4	1	5.6	1	5.6
FL	7	1.0	4	57.1	1	14.3	2	28.6
GA	50	13.2	11	22.0	1	2.0	6	12.9
KS	11	2.9	2	18.2	0	0	1	9.1
LA	22	5.8	6	27.3	0	0	3	13.6
MA	50	13.2	10	20.0	2	4.0	9	18.0
MD	16	4.2	9	56.3	1	6.3	2	12.5
MN	29	7.6	3	10.3	2	6.9	4	13.8
NJ	48	12.6	18	37.5	2	4.2	4	8.3
NYS	48	12.6	12	25.0	0	0	0	0
NYC	9	2.4	7	77.8	2	22.2	9	100
OR	16	4.2	5	31.3	0	0	0	0
WA	22	5.8	13	59.1	3	13.6	3	13.6
WV	6	1.6	1	16.7	0	0	0	0
Total	380	100	120	31.6	16	4.2	47	12.4

<u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial and Mycotic Diseases</u> 1600 Clifton Rd NE

MS A-38 Atlanta, GA 30333 *updated August 9, 1999* 

# Table 6. Additional antimicrobial resistance for S. Typhimurium isolates with ACSSuT or AKSSuT patterns

Antimicrobial	ACSSuT (N=120) % Resistant	AKSSuT (N=47) % Resistant
Amoxicillin/ Clav	6.7	8.5
Ceftiofur	4.2	6.4
Ceftriaxone	3.3	0
Cephalothin	6.7	19.1
Chloramphenicol		36.2
Gentamicin	2.5	6.4
Kanamycin	14.2	
Nalidixic acid	1.7	0
Trimeth/Sulfa	5.0	8.5

<u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial and Mycotic Diseases</u> 1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 *updated August 9, 1999* 

Isolate	Bl	ood	Sto	ool	Ot	her	Unk	nown	Tot	al
	N	%	N	%	N	%	N	%	N	%
<b>S. Typhimurium</b> S. Typhimurium w/ ACSSuT	5	4.2	111	92.5	2	1.7	2	1.7	120	100
S. Typhimurium w/ AKSSuT	4	8.5	40	85.0	3	6.5	0	0	47	100
Other S. Typhimurium	9	3.5	241	92.7	6	2.3	4	1.5	260	100
S. Enteritidis	23	9.4	203	82.8	13	5.3	6	2.4	245	100
S. Heidelberg	13	12.6	82	79.6	7	6.8	1	1.0	103	100
Other Salmonella	43	5.8	644	87.3	46	6.2	5	0.7	738	100
Total*	93	6.3	1281	87.4	76	5.2	16	1.1	1466	100

### Table 7: Clinical source of Salmonella isolates

**\*Total** = due to overlap among *S*. Typhimurium isolates with ACSSUT and/or AKSSuT, 'Total' columns will not add up

<u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial and Mycotic Diseases</u> 1600 Clifton Rd NE MS A 28

MS A-38 Atlanta, GA 30333 updated August 9, 1999

# Table 8. Multi-resistant antimicrobial resistance patterns of Salmonella isolates

(N=1466)

Multidrug resistant patterns	Number of ntibiotics in pattern	Number of isolates with pattern		Serotype of isolates with multi-drug resistant pattern N		
	(not incl. inter. susc.)	N	%			
S T	2	18/1466	1.2	Hadar 14		
				Enteritidis 3		
				Typhimurium 1		
Su T	2	15/1466	2.3	Agona 7		
				Schwarzengrund 4		
				Muenchen 1		
					Oranienburg 1	
				Heidelberg 1		
				Typhimurium 1		
Su T and Intermediate for G	2	1/1466	0.1	Infantis 1		
A Ti	2	8/1466	0.6	Enteritidis 5		
						Drypool 1
				Reading 1		
				Typhimurium 1		
A Ti and Intermediate	2	5/1466	0.3	Heidelberg 4		
for Cv				Enteritidis 1		
S Su	2	7/1466	0.5	Typhimurium 5		
				Heidelberg 1		
				Cholera-suis 1		
Su Tm	2	3/1466	0.2	Enteritidis 1		

				Typhimurium 1
				Unknown 1
G Su	2	2/1466	0.1	Heidelberg 1
				Typhimurium 1
Cf Ce and Intermediate for C	2	1/1466	0.1	Adelaide 1
Na Su	2	1/1466	0.1	Enteritidis 1
Cp Na	2	1/1466	0.1	Schwarzengrund 1
Cv Ce	2	1/1466	0.1	Typhimurium 1
G S Su	3	12/1466	0.8	Heidelberg 6
				Agona 2
				Typhimurium 2
				Enteritidis 1
				Unknown 1
K S T	3	10/1466	0.7	Heidelberg 10
A T Ti	3	8/1466	0.6	Enteritidis 6
				St. Paul 1
				Javiana 1
A T Ti and	3	3/1466	0.2	Enteritidis 2
Intermediate for Ce				Reading 1
S Su T	3	8/1466	0.6	Stanley 2
				Agona 1
				Derby 1
				Heidelberg 1
				Muenchen 1
				Schwarzengrund 1
				Typhimurium 1
Su T Tm	3	5/1466	0.3	Typhimurium 3
				St. Paul 1
				Enteritidis 1
S Su Tm	3	2/1466	0.1	St Paul 1

				Typhimurium 1
Na S T	3	1/1466	1/1466 0.1	Unknown 1
K Su T	3	1/1466	1/1466 0.1	Agona 1
Cv Ce T and Intermediate for C	3	1/1466	1/1466 0.1	Stanleyville 1
K Na T	3	1/1466	1/1466 0.1	Enteritidis 1
A S Ti	3	1/1466	0.1	Typhimurium 1
G S Su	3	12/1466	0.8	Heidelberg 6
				Agona 2
				Typhimurium 2
				Enteritidis 1
				Unknown 1
K S Su T	4	6/1466	0.4	Typhmurium 4
			Γ	St. Paul 1
				Unknown 1
A S T Ti	4	3/1466	0.2	Hadar 2
				Typhimurium 1
A S T Ti and	4	2/1466	0.1	Hadar 1
Intermediate for CE				Indiana 1
A S T Ti and Intermediate for Cv and Ce	4	1/1466	0.1	Indiana 1
G S Su T	4	2/1466	0.1	Typhimurium 2
Cv A Ce Ti	4	1/1466	0.1	Heidelberg 1
A Ce T Ti and Intermediate for Cv	4	1/1466	0.1	Hadar 1
A G Su Ti and intermediate for Ce	4	1/1466	0.1	Heidelberg 1
Cv A Cf Ce and Intermediate for Cx	4	1/1466	0.1	Typhimurium 1
C Su T Tm	4	1/1466	0.1	Brandenburg 1
Na Su T Tm	4	1/1466	0.1	Virchow 1

A Ce S T Ti and Intermediate for Cv	5	3/1466	0.2	Hadar 3
A G S Su Ti and Intermediate for Cv and Ce	5	3/1466	0.2	Heidelberg 3
A K S Su T	5	2/1466	0.1	Typhimurium 2
A K Su T Ti	5	2/1466	0.1	Typhimurium 1
			ſ	Dublin 1
A S Su Ti Tm	5	1/1466	0.1	Unknown 1
A S Su T Ti	5	1/1466	0.1	Typhimurium 1
C S Su T Tm	5	1/1466	0.1	Heidelberg 1
C Na Su T Tm	5	1/1466	0.1	Virchow 1
Cv A G S Su	5	1/1466	0.1	Johannesburg 1
G K S Su T	5	1/1466	0.1	Heidelberg 1
A C S T Ti and intermediate for Cv	5	1/1466	0.1	Typhimurium 1
A C Su T Ti	5	1/1466	0.1	St. Paul 1
A K S Su Ti	5	1/1466	0.1	Typhimurium 1
A K S T Ti and Intermediate for Ce	5	1/1466	0.1	Heidelberg 1
A Az Cf Cx Su and Intermediate for Cv and Ti	5	1/1466	0.1	Typhimurium 1
C Na Su T Tm	5	1/1466	0.1	Virchow 1
A Na S T Ti and Intermediate for Cv and Ce	5	1/1466	0.1	Hadar 1
A K S Su Ti and Intermediate for Cv	5	1/1466	0.1	Typhimurium 1
A C S Su T Ti and	6	96/1466	6.5	Typhimurium 92
Intermediate for CV				Agona 1
				Derby 1
			ſ	Hadar 1
				Paratyphi B 1
A K S Su T Ti	6	21/1466	1.4	Typhimurium 20
			ſ	Heidelberg 1

A C S Su T Ti	6	6/1466	0.4	Typhimurium 5
				St. Paul 1
A Ce G S Su Ti	6	3/1466	0.2	Heidelberg 3
A K S Su T Ti and Intermediate for Ce	6	3/1466	0.2	Typhimurium 3
A K S Su T Ti and Intermediate for Cv	6	3/1466	0.2	Typhimurium 3
Cv A Cf Cx Ce S	6	1/1466	0.1	Typhimurium 1
A G K S Su Ti and Intermediate for Ce	6	1/1466	0.1	Montevideo 1
A K S Su T Ti and Intermediate for Cv and Ce	6	1/1466	0.1	Typhimurium 1
A G K Na S Ti and Intermediate for Cv and Ce	6	1/1466	0.1	Berta 1
A G S Su T Ti and Intermediate for Cv and Ce	6	1/1466	0.1	Heidelberg 1
Cv A S Su Ti Tm and Intermediate for G and K	6	1/1466	0.1	Typhimurium 1
A C K S Su T Ti and Intermediate for Cv	7	10/1466	0.7	Typhimurium 10
A C Na S Su T Ti and Intermediate for Cv	7	2/1466	0.1	Typhimurium 2
A C G S Su T Ti and Intermediate for Cv	7	2/1466	0.1	Typhimurium 2
Cv A C S Su T Ti	7	2/1466	0.1	Typhimurium 2
Cv A C S Su T Ti and Intermediate for Ce	7	1/1466	0.1	Typhimurium 1
A Cf C S Su T Ti and Intermediate for Cv and Ce	7	1/1466	0.1	Typhimurium 1
Cv A C Su T Ti Tm	7	1/1466	0.1	Typhimurium 1
A G K S Su T Ti	7	1/1466	0.1	Typhimurium 1
A C S Su T Ti Tm and Intermediate for Cv	7	1/1466	0.1	Typhimurium 1

			P	
A C Na Su T Ti Tm	7	1/1466	0.1	Irumu 1
A Ce K S Su T Ti	7	1/1466	0.1	Typhimurium 1
A C G K Su T Ti Tm	8	3/1466	0.2	Typhimurium 3
Cv A Ce G S Su T Ti and Intermediate for K	8	1/1466	0.1	Hadar 1
Cv A C S Su T Ti Tm	8	1/1466	0.1	Typhimurium 1
Cv A G K S Su Ti Tm and Intermediate for Ce	8	1/1466	0.1	Typhimurium 1
Cv A Cf Ce C S Sy Ti and Intermediate for G and K	8	1/1466	0.1	Chester 1
A Ce C K S Su T Ti Tm and Intermediate for Cv	9	4/1466	0.3	Typhimurium 4
Cv A Cf Cx Ce C S Su	9	2/1466	0.1	Newport 1
T and Intermediate for Ti				Typhimurium 1
Cv A Cf Cx Ce S Su Ti Tm	9	1/1466	0.1	Cubana 1
A Ce C G K S Su Ti Tm and Intermediate for Cv	9	1/1466	0.1	Newport 1
Cv A Ce G K S Su T Ti	9	1/1466	0.1	St. Paul 1
Cv Cf Ce G K S Su Ti Tm	9	1/1466	0.1	Heidelberg 1
A Ap C G S Su T Ti Tm and Intermediate for Ce	9	1/1466	0.1	Stanley 1
Cv A Ce G K S Su T Ti	9	1/1466	1/1466 0.1	Typhimurium 1
	10	0	0	
Cv,A Cf Cx Ce C K S Su T Ti	11	2/1466	0.1	Typhimurium 2
Cv A Cf Cx Ce C G K S,Su T Ti	12	1/1466	0.1	Typhimurium 2

### Centers for Disease Control and Prevention

National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases

1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 *updated August 9, 1999* 

# Table 9. Serotypes of Salmonella with reduced susceptibility or resistant to ciprofloxacin 1996-1998(N=21)

Serotype	Frequency	(%)
Enteritidis	7	33.3
Typhimurium	3	14.3
Berta	2	9.5
Virchow	2	9.5
Emek	1	4.8
Hadar	1	4.8
Heidelberg	1	4.8
Paratyphi A	1	4.8
Reading	1	4.8
Schwarzengrund	1	4.8
St. Paul	1	4.8

# Table 10. Serotypes of *Salmonella* resistant to nalidixic acid 1996-1998 (N=35)

Serotype	Frequency	(%)
Enteritidis	12	34.3
Typhimurium	6	17.1
Virchow	5	14.3
Berta	2	5.7
Emek	1	2.9
Hadar	1	2.9
Heidelberg	1	2.9
Infantis	1	2.9

Irumu	1	2.9
Muenchen	1	2.9
Paratyphi A	1	2.9
Schwarzengrund	1	2.9
St. Paul	1	2.9
Uganda	1	2.9

Centers for Disease Control and Prevention

National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases

1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 *updated August 9, 1999* 

### Table 11. Antibiotic Susceptibility of E. coli O157:H7 isolates

Antibiotic	Numbe	er resistant
	N	%
Amikacin	0	0
Amox/Clav acid	0	0
Ampicillin	8	2.6
Apramycin	0	0
Ceftiofur	0	0
Ceftriaxone	0	0
Cephalothin	0	0
Chloramphenicol	1	0.3
Ciprofloxacin	0	0
Gentamicin	0	0
Kanamycin	1	0.3
Nalidixic acid	0	0
Streptomycin	6	1.9
Sulfamethoxazole	18	5.8
Tetracycline	14	4.5
Trimeth/Sulfa	2	0.6

### N=313

Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases 1600 Clifton Rd NE MS A-38 Atlanta, GA 30333 updated August 9, 1999

### Table 12. Antimicrobial susceptibility of Campylobacter isolates

Antimicrobial Agent	<b>Susc.</b> (%)	Inter. (%)	Resist. (%)
Azithromycin	1.5	96.5	2.0
Chloramphenicol	91.0	7.5	1.5
Ciprofloxacin	85.8	0.6	13.6
Clindamycin	87.8	10.4	1.7
Erythromycin	32.6	64.2	3.2
Gentamicin	99.7	0.3	0
Nalidixic Acid	82.0	0.9	17.1
Tetracycline	57.2	0.6	42.2

### All *Campylobacter* isolates (N=346)

### *Campylobacter jejuni* isolates (N=332)

Antimicrobial Agent	<b>Susc. (%)</b>	Inter. (%)	Resist. (%)
Azithromycin	1.2	97.0	1.8
Chloramphenicol	92.7	6.7	0.6
Ciprofloxacin	86.4	0.3	13.3
Clindamycin	90.1	9.0	0.9
Erythromycin	15.5	81.8	2.7
Gentamicin	99.7	0.3	0
Nalidixic Acid	84.2	0.7	15.1
Tetracycline	52.1	1.5	46.4

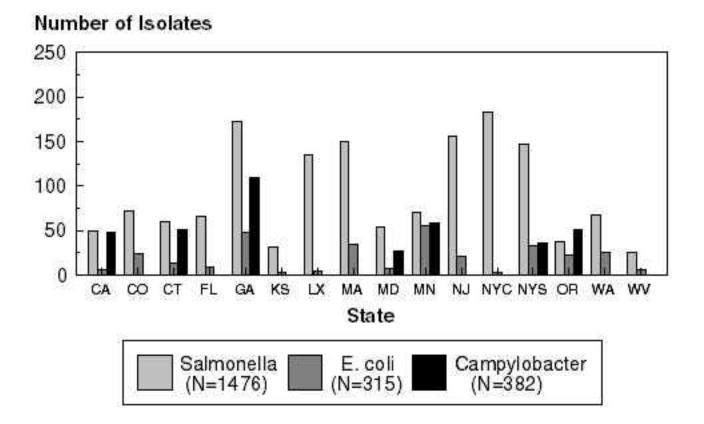
Antimicrobial Agent	Susc. (%)	Inter. (%)	Resist. (%)
Azithromycin	0	88.9	11.1
Chloramphenicol	55.6	22.2	22.2
Ciprofloxacin	88.9	0	11.1
Clindamycin	44.3	44.5	11.1
Erythromycin	22.2	66.7	11.1
Gentamicin	100	0	0
Nalidixic Acid	33.3	11.1	55.6
Tetracycline	55.6	0	44.4

### Campylobacter coli isolates (N=9)

Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial and Mycotic Diseases 1600 Clifton Rd NE MS A-38

Atlanta, GA 30333 updated August 9, 1999

### National Antimicrobial Resistance Monitoring System 1998 Annual Report

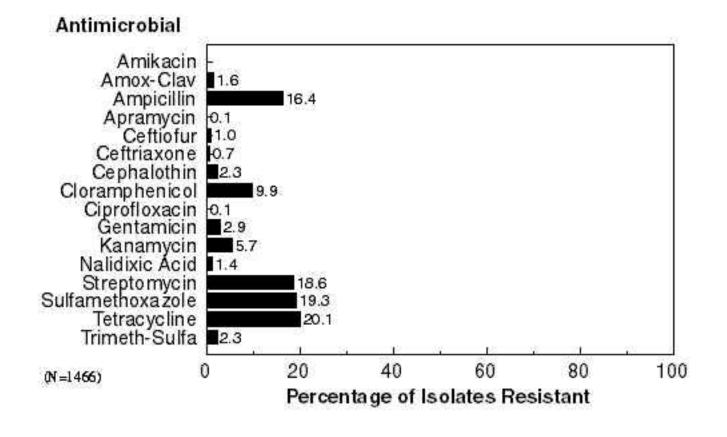


### Figure 1: Number of isolates submitted, by site

<u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial & Mycotic Diseases</u> 1600 Clifton Rd NE MS A-38 Atlanta GA 30333 *updated August 9, 1999* 

### National Antimicrobial Resistance Monitoring System 1998 Annual Report

# Figure 2: Resistance among Salmonella isolates for all sites



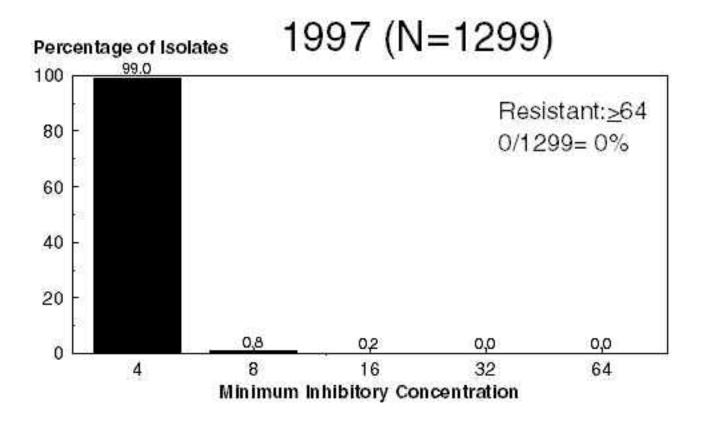
Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial & Mycotic Diseases 1600 Clifton Rd NE MS A-38 Atlanta GA 30333

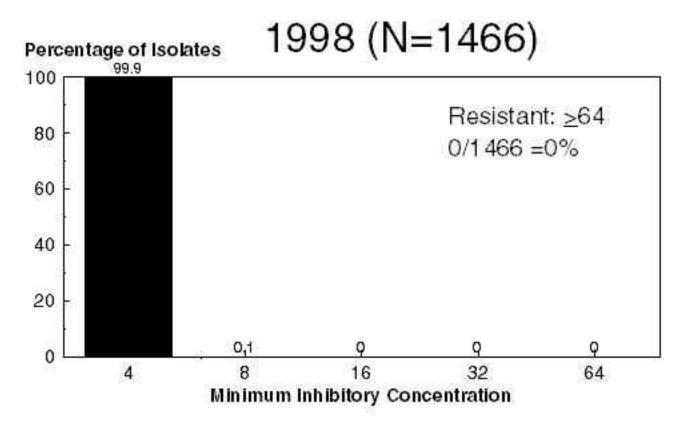
updated August 9, 1999

# National Antimicrobial Resistance Monitoring System 1998 Annual Report

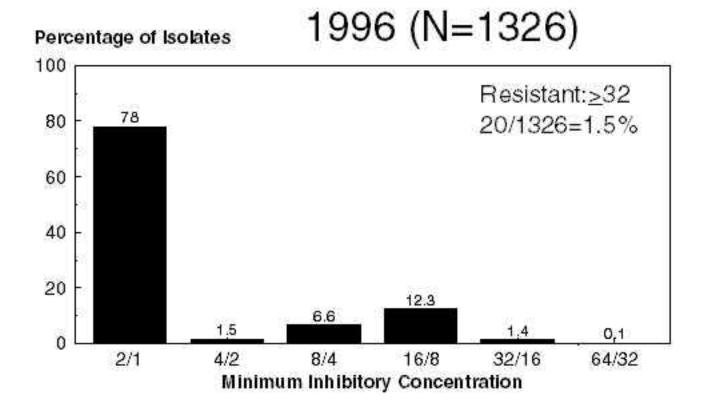
Figure 3: Salmonella MICs, by antimicrobial agent

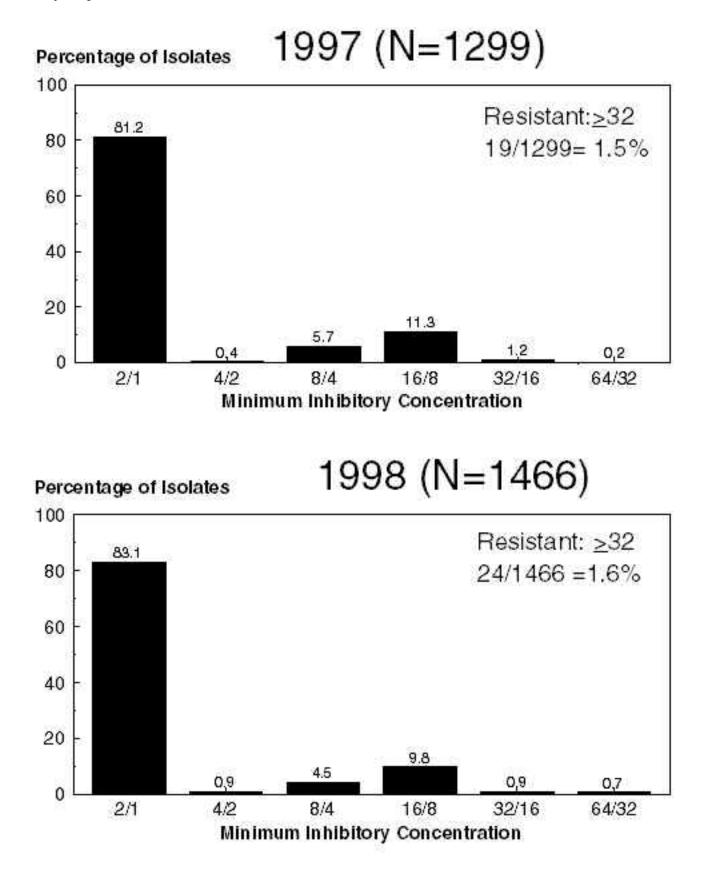
### Comparison of Salmonella Amikacin MICs 1997-1998



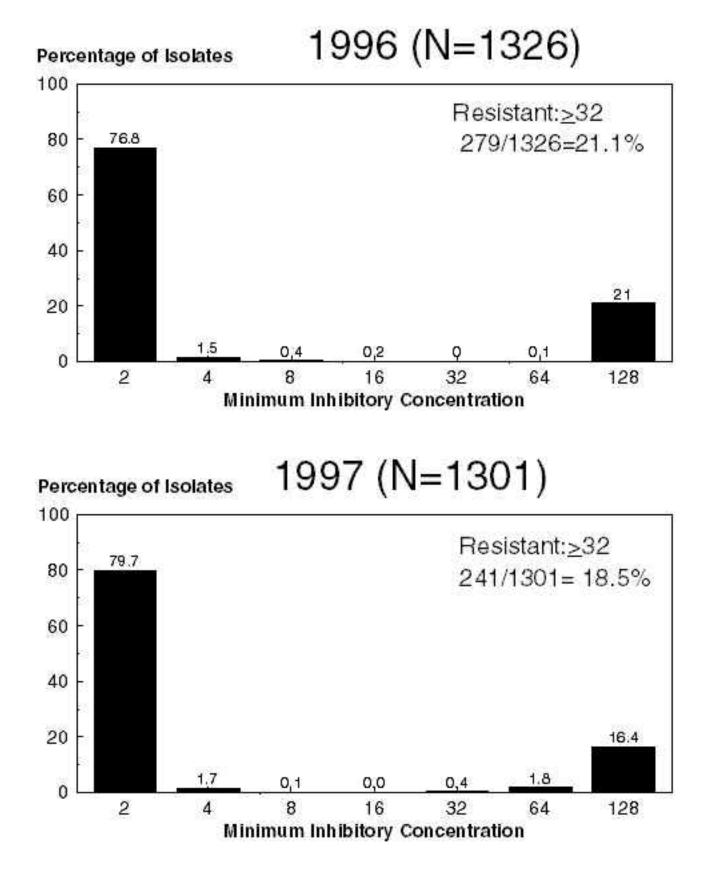


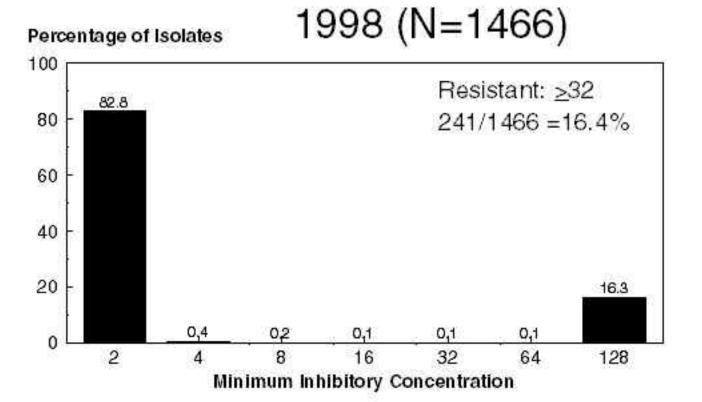
Comparison of Salmonella Amoxicillin-Clavulanic acid MICs 1996-1998



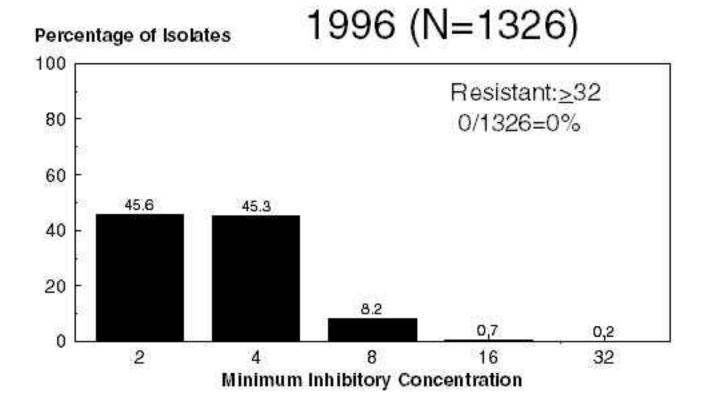


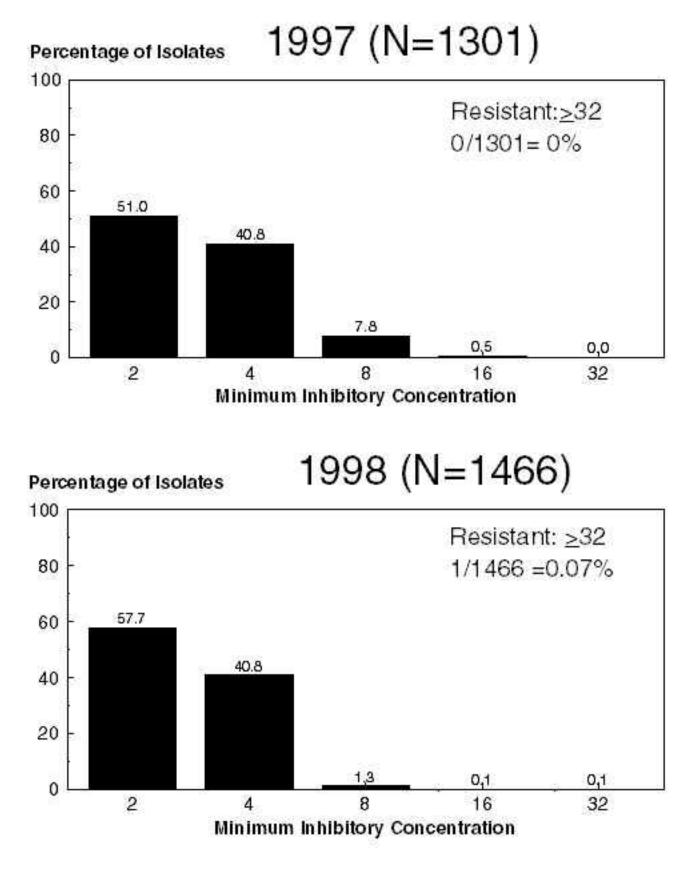
Comparison of Salmonella Ampicillin MICs 1996-1998



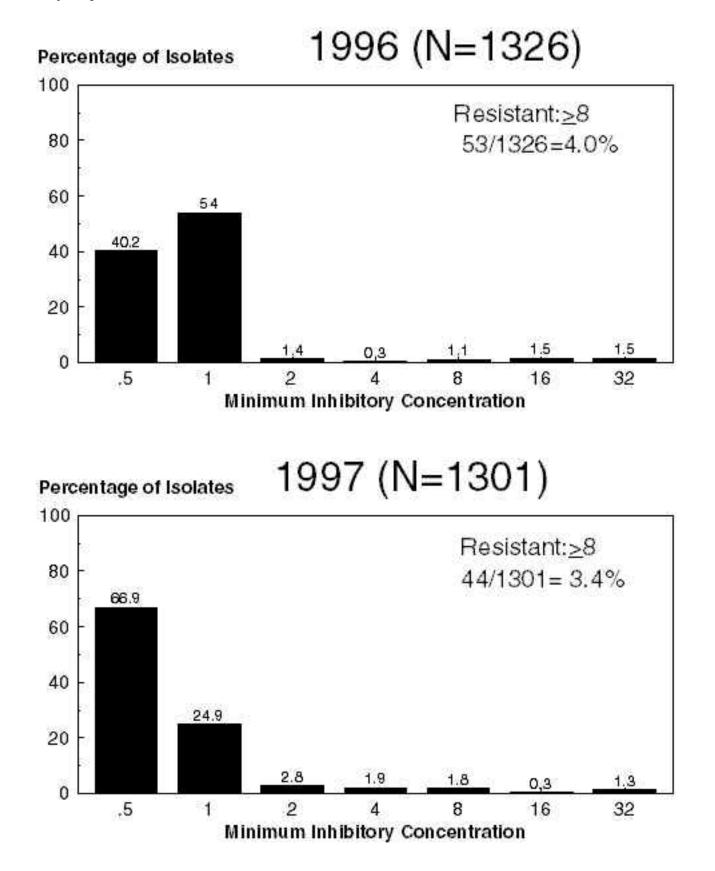


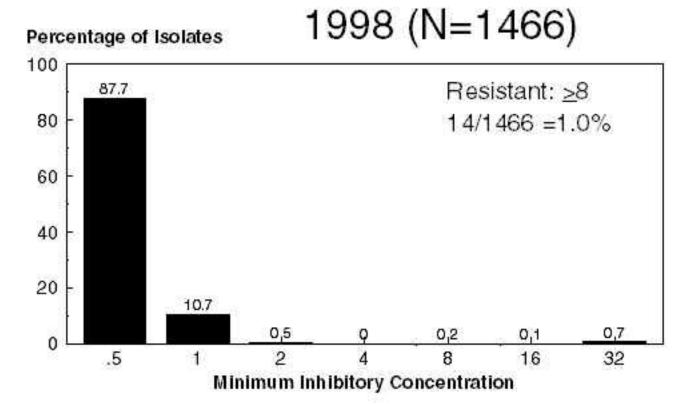
**Comparison of Salmonella Apramycin MICs 1996-1998** 



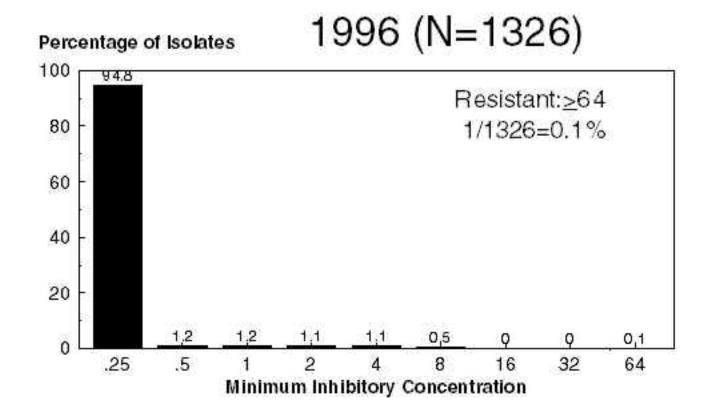


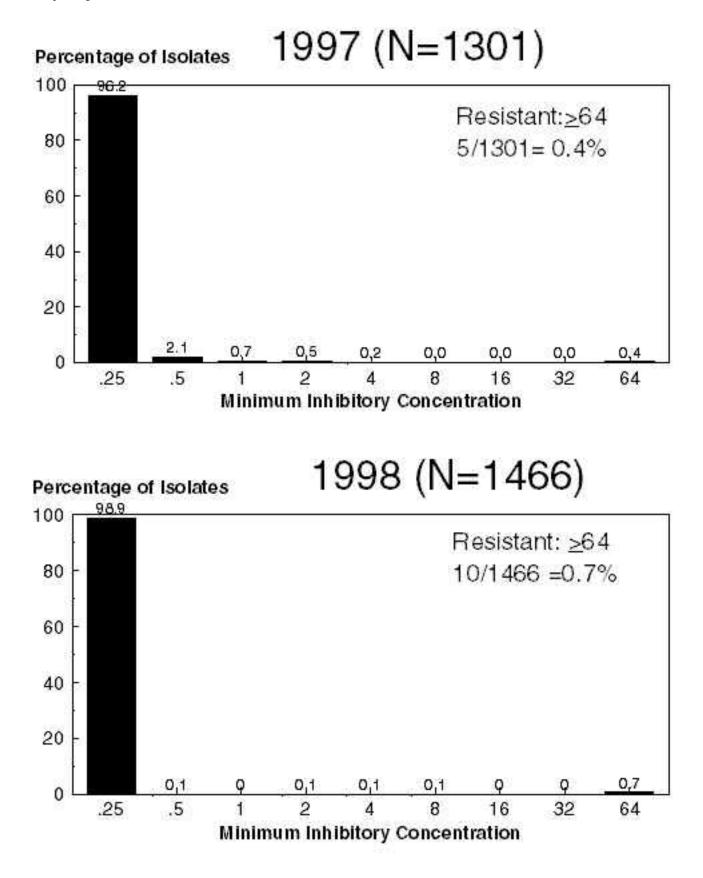
Comparison of Salmonella Ceftiofur MICs 1996-1998



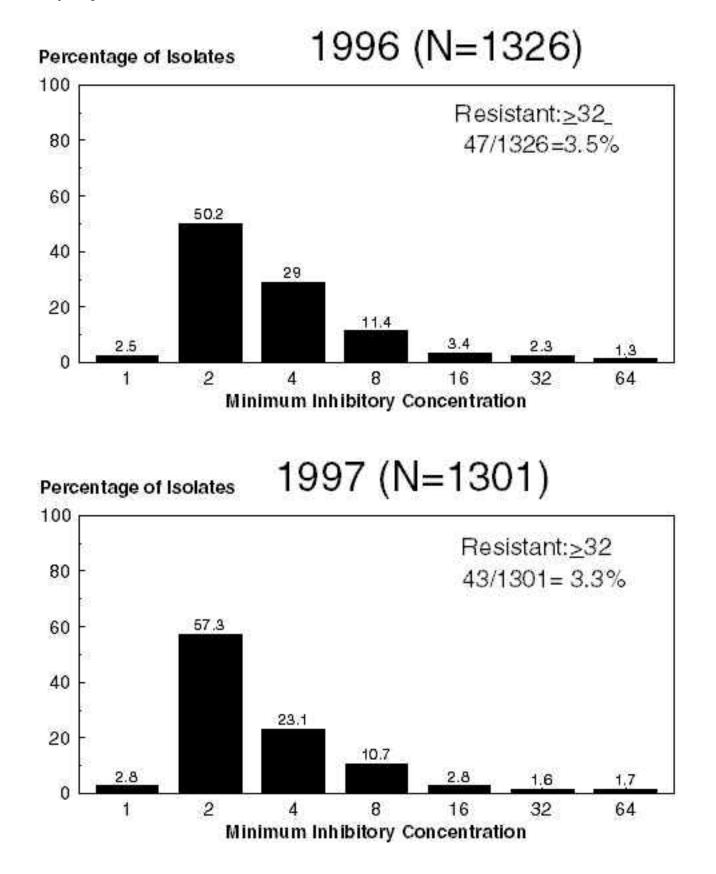


**Comparison of Salmonella Ceftriaxone MICs 1996-1998** 

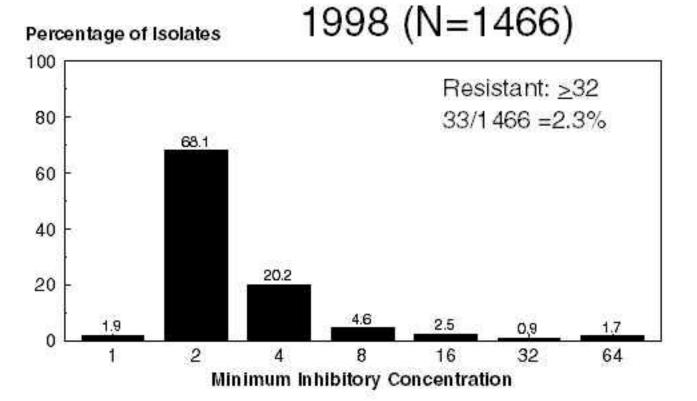




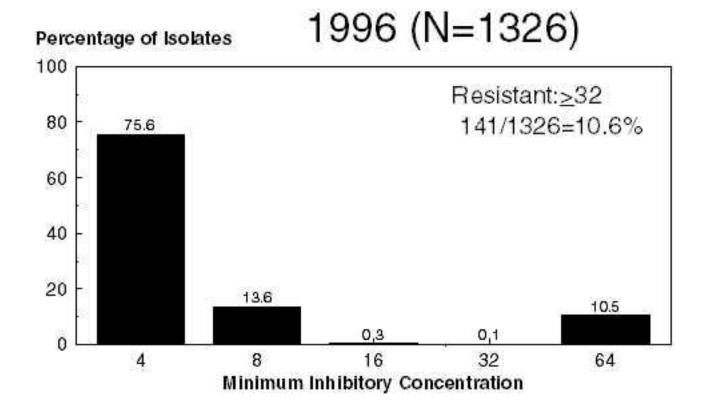
Comparison of Salmonella Cephalothin MICs 1996-1998

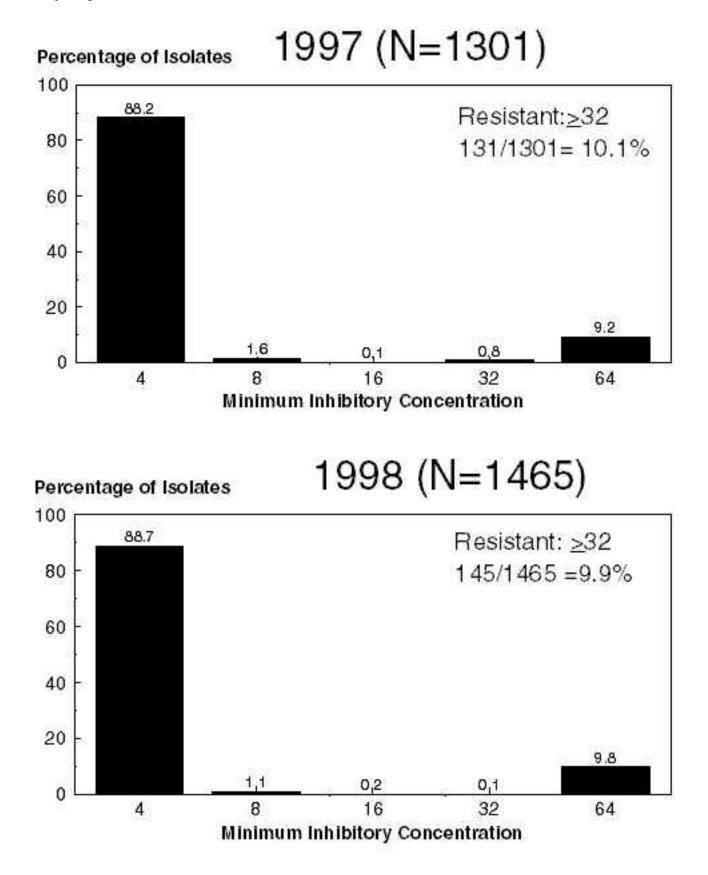


http://www.cdc.gov/narms/annual/1998\_an/figure3.htm (10 of 26)4/14/2005 1:34:57 PM

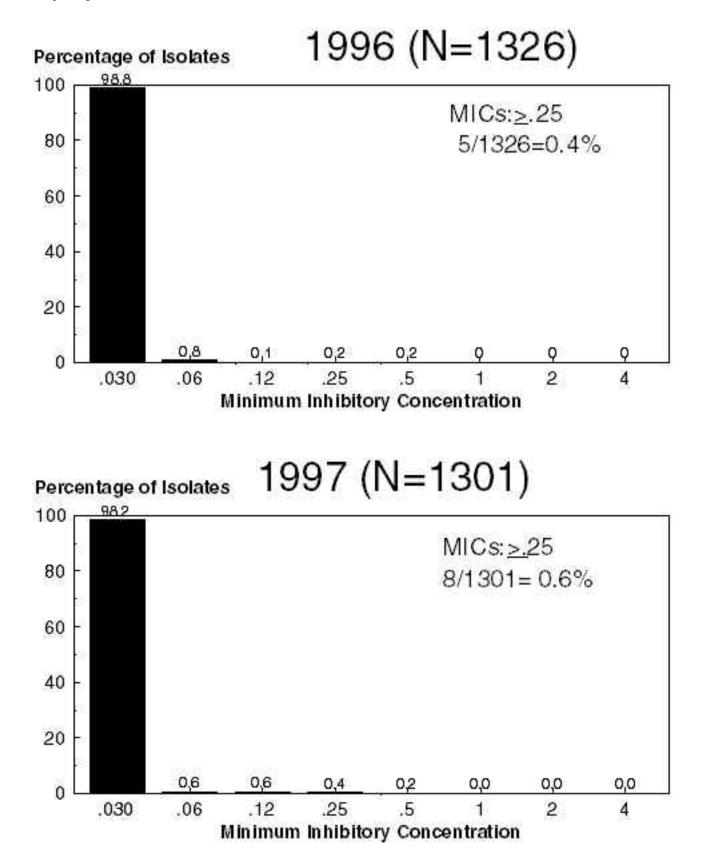


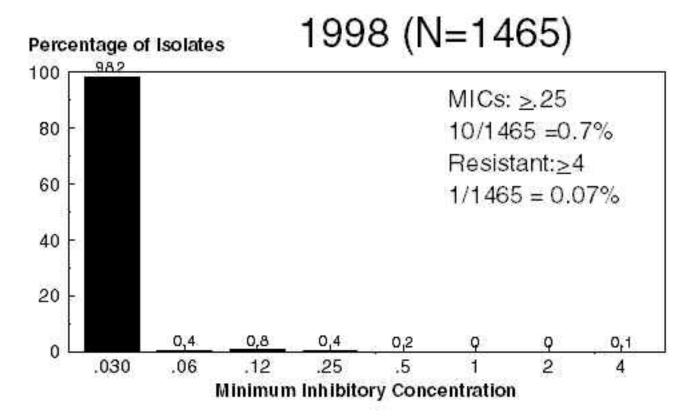
**Comparison of Salmonella Chloramphenicol MICs 1996-1998** 



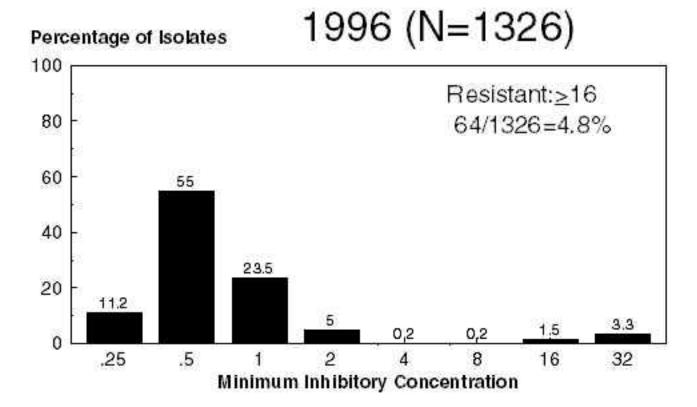


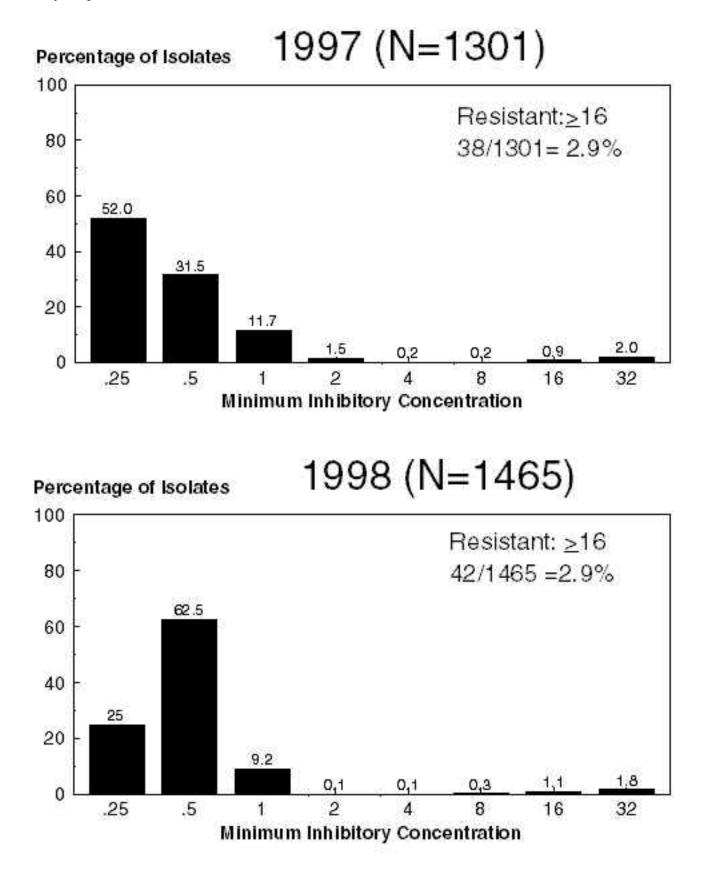
Comparison of Salmonella Ciprofloxacin MICs 1996-1998



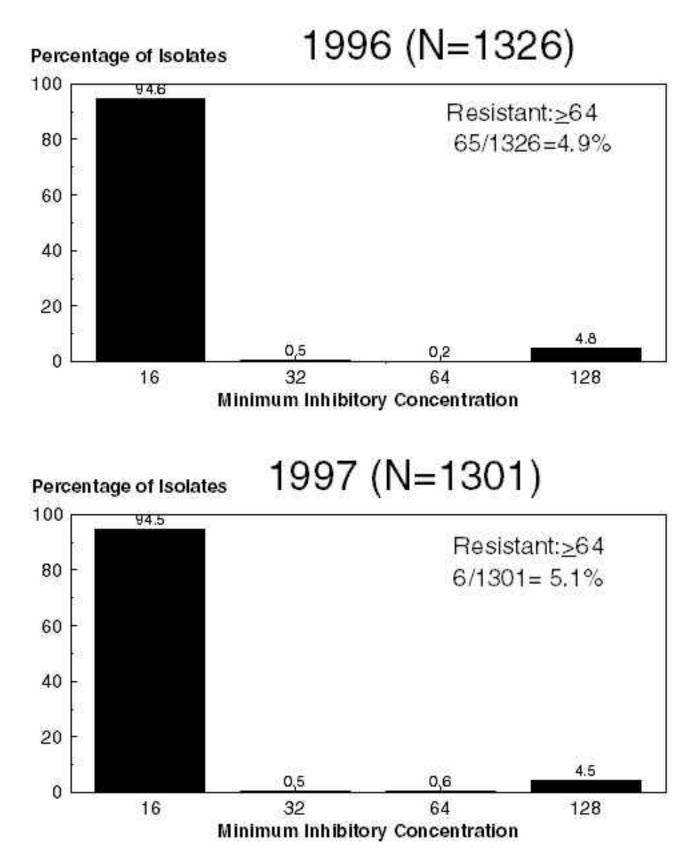


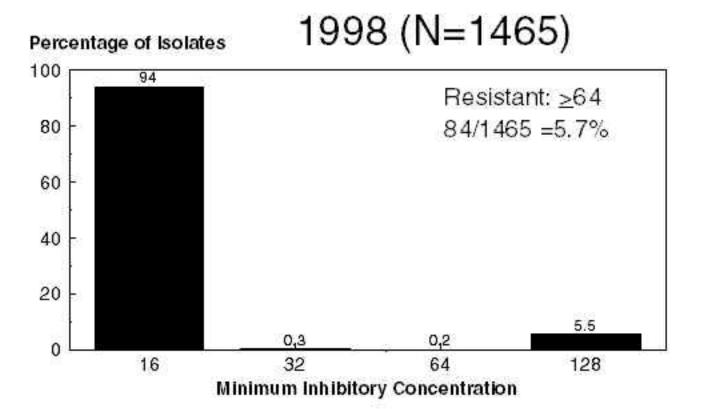
**Comparison of Salmonella Gentamicin MICs 1996-1998** 



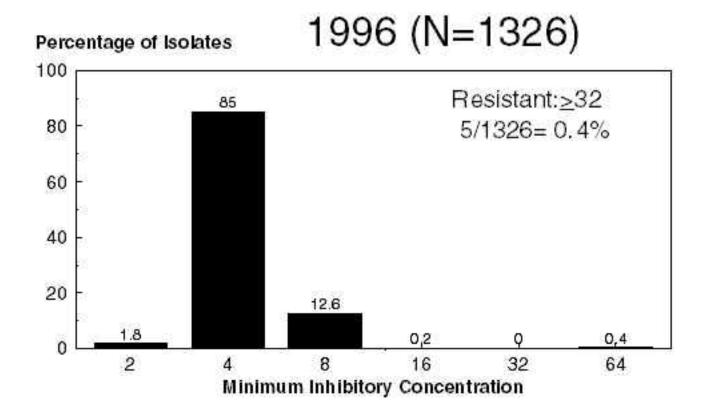


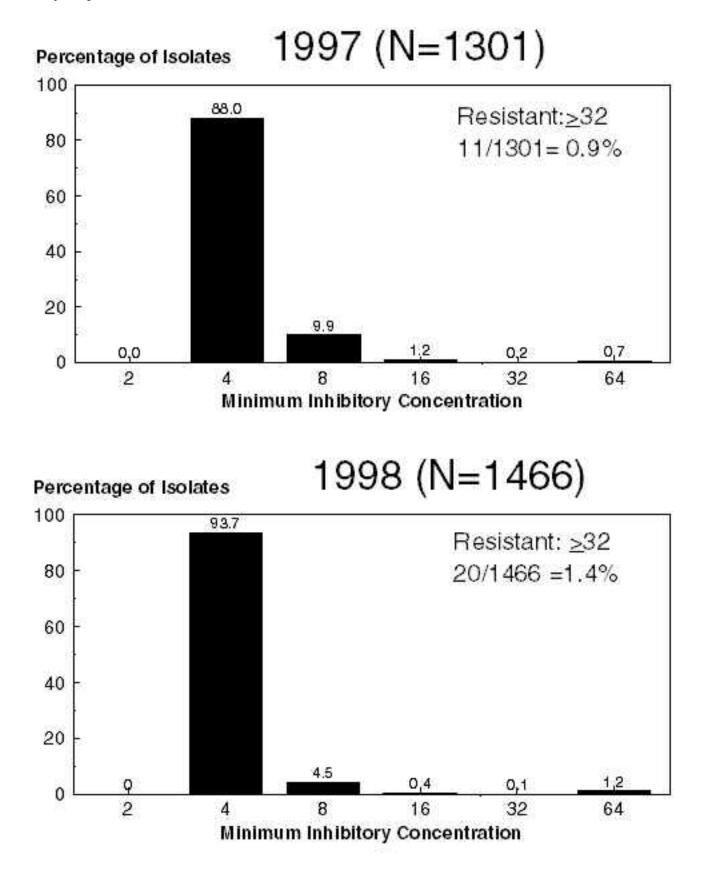
Comparison of Salmonella Kanamycin MICs 1996-1998



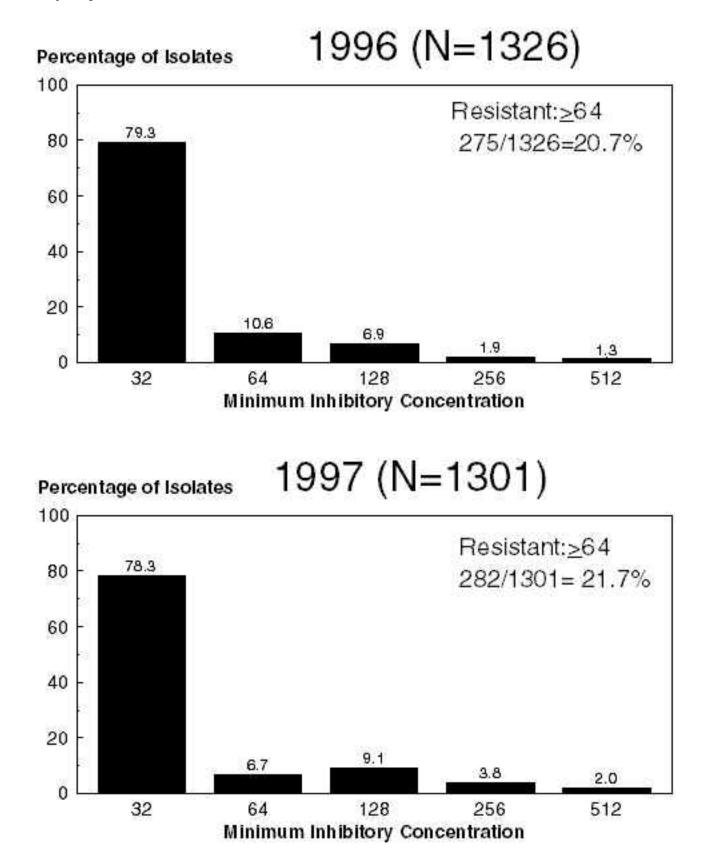


Comparison of Salmonella Nalidixic Acid MICs 1996-1998



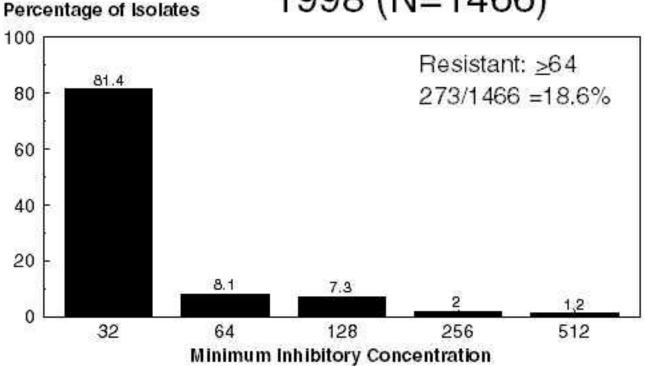


Comparison of Salmonella Streptomycin MICs 1996-1998

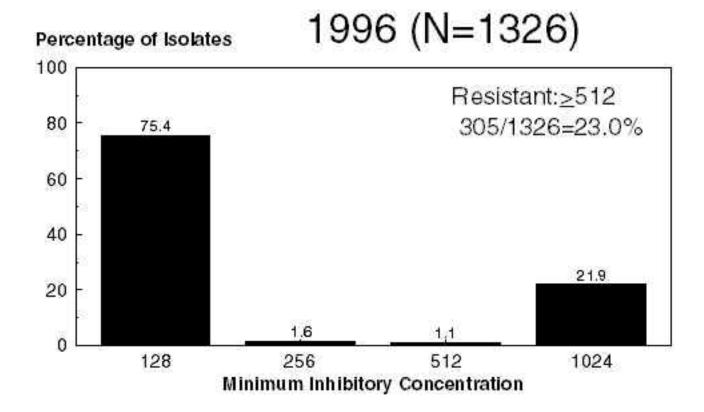


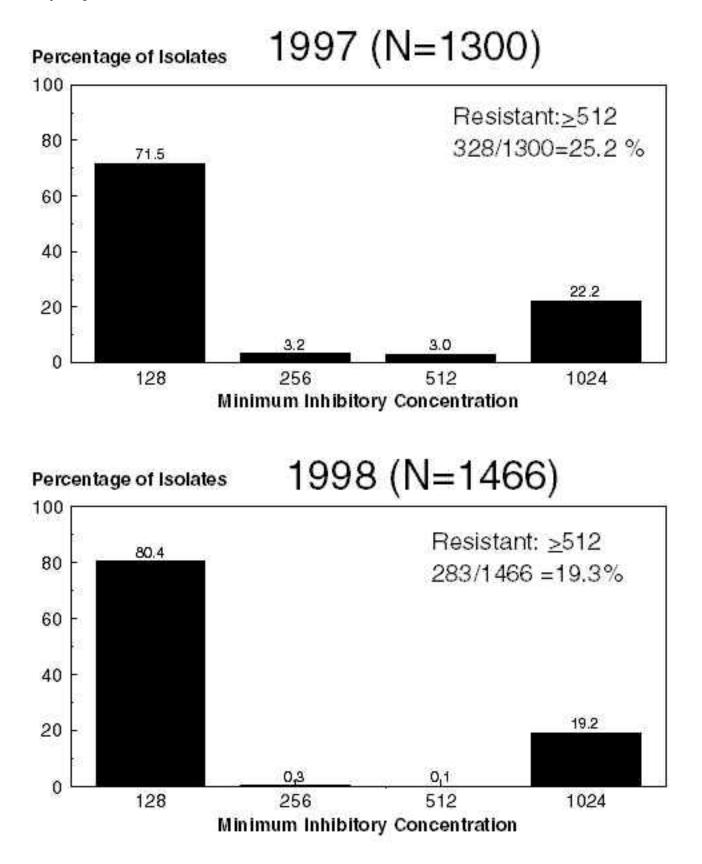
http://www.cdc.gov/narms/annual/1998\_an/figure3.htm (19 of 26)4/14/2005 1:34:57 PM

1998 (N=1466)

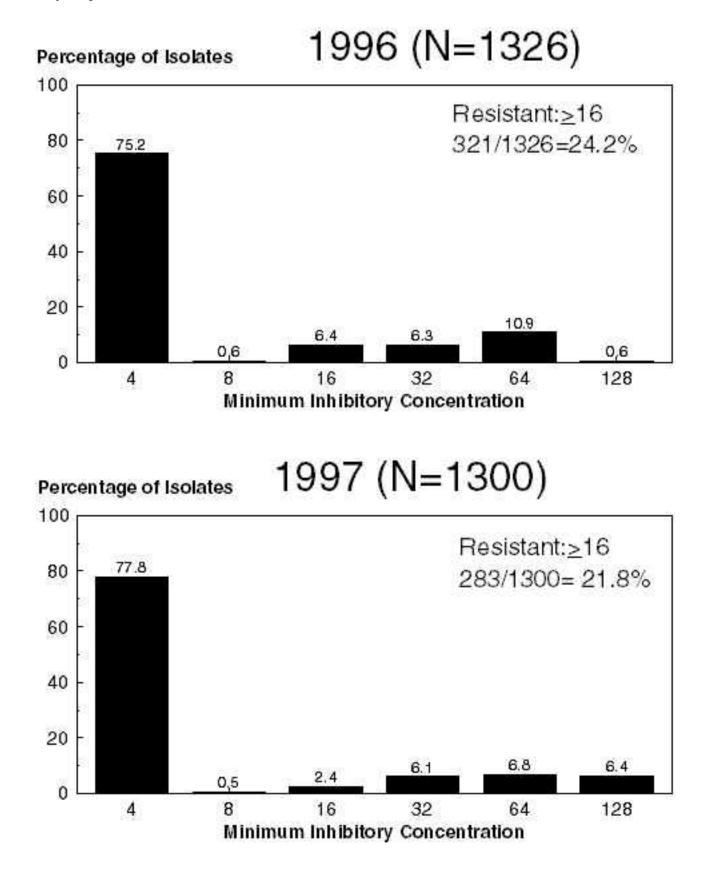


**Comparison of Salmonella Sulfamethoxazole MICs 1996-1998** 

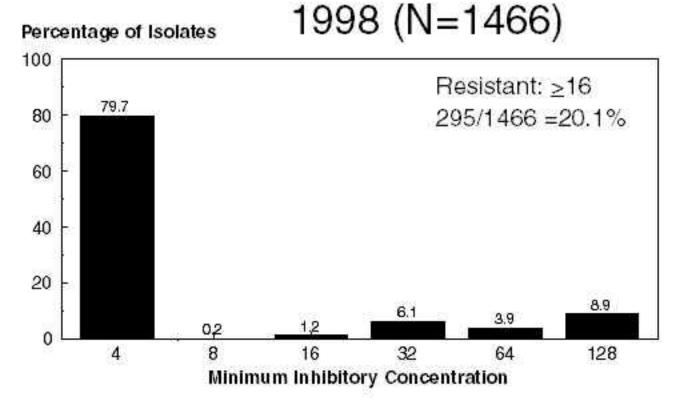




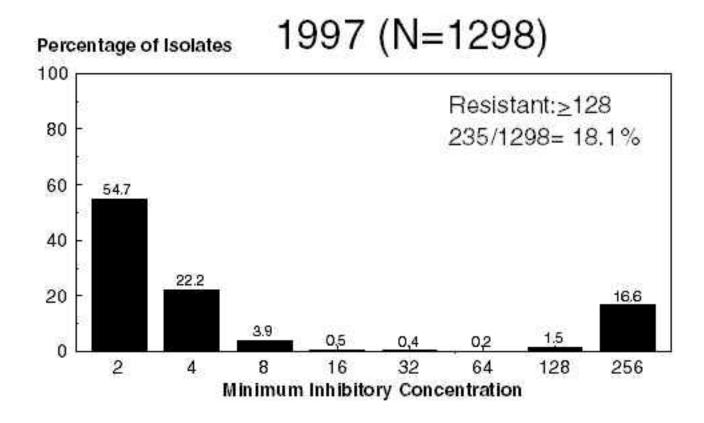
#### Comparison of Salmonella Tetracycline MICs 1996-1998

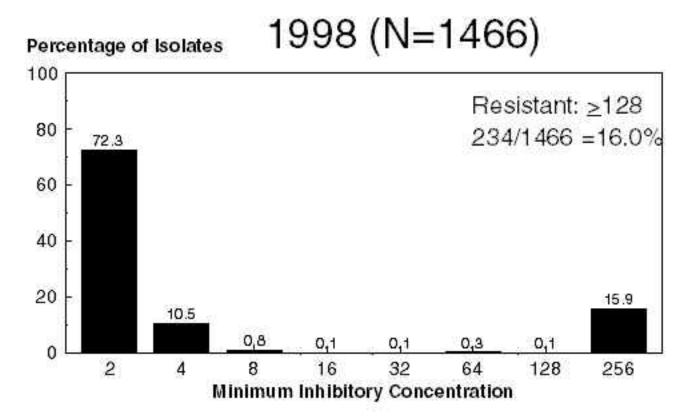


http://www.cdc.gov/narms/annual/1998\_an/figure3.htm (22 of 26)4/14/2005 1:34:57 PM

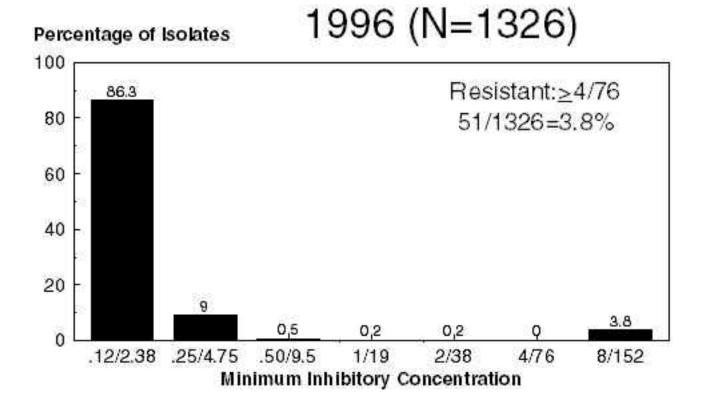


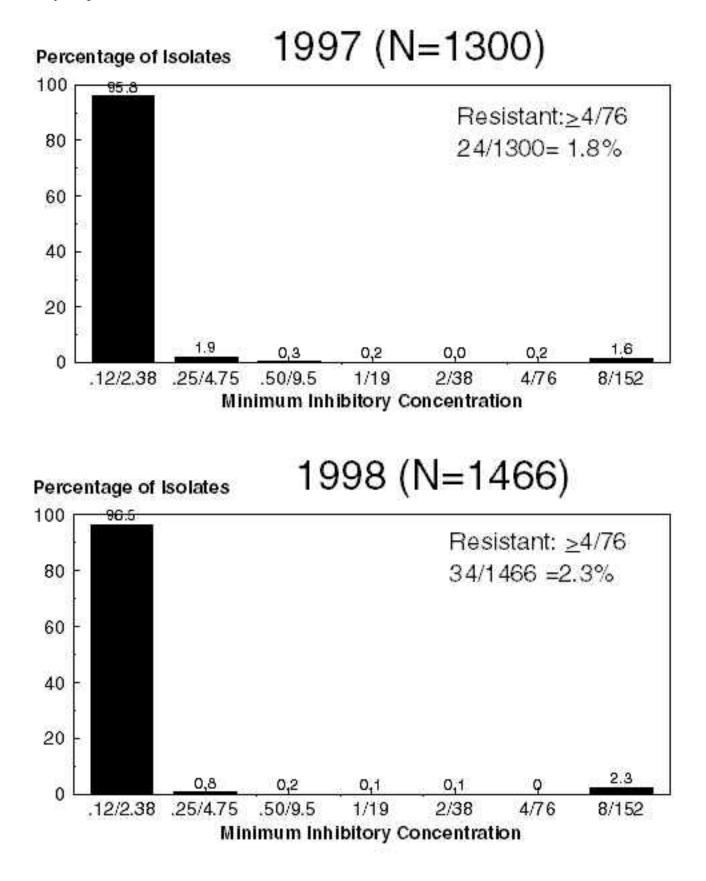
Comparison of Salmonella Ticarcillin MICs 1997-1998





Comparison of Salmonella Trimethoprim-Sulfamethoxazole MICs 1996-1998

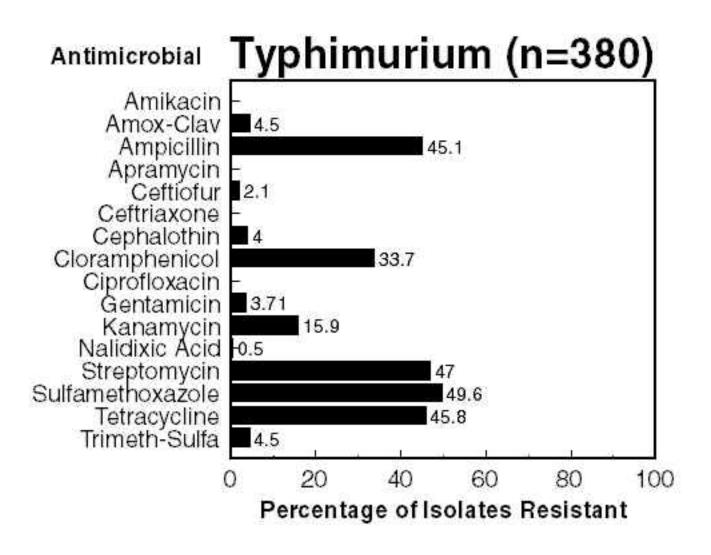


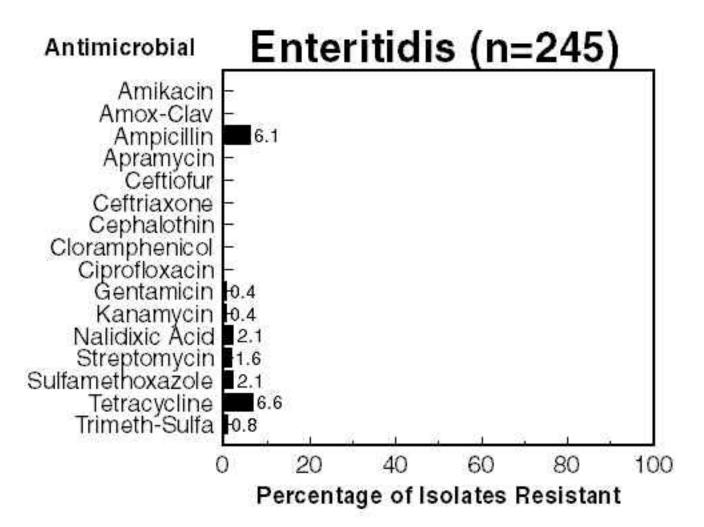


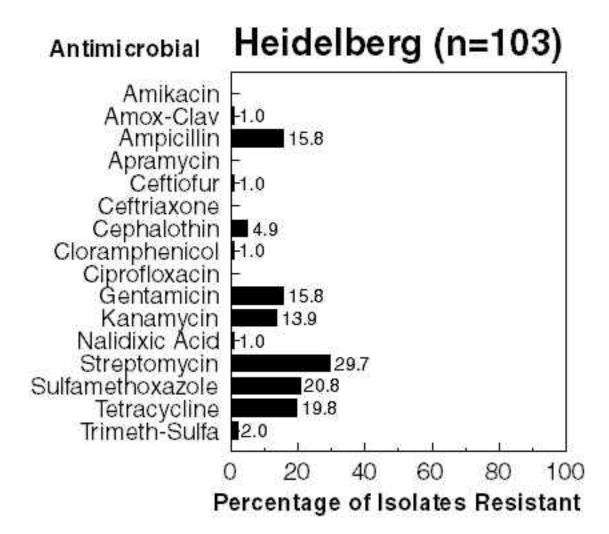
<u>Centers for Disease Control and Prevention</u> <u>National Center for Infectious Diseases</u> | <u>Division of Bacterial & Mycotic Diseases</u> 1600 Clifton Rd NE MS A-38 Atlanta GA 30333 updated August 9, 1999

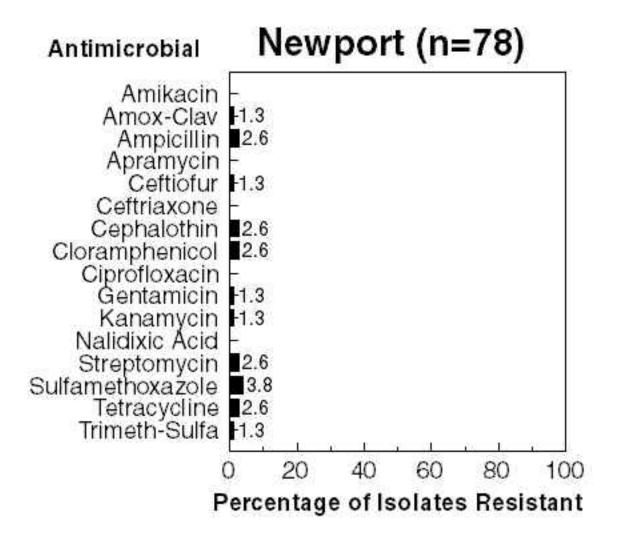
### National Antimicrobial Resistance Monitoring System 1998 Annual Report

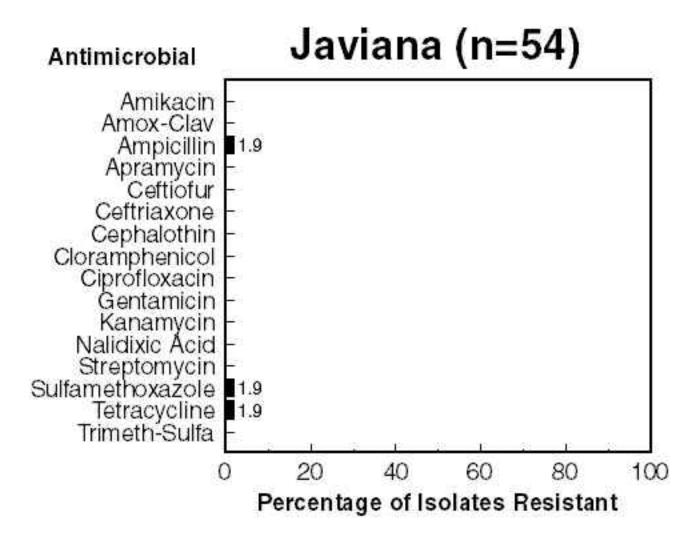
Figure 4: Resistance among Salmonella serotypes for all sites

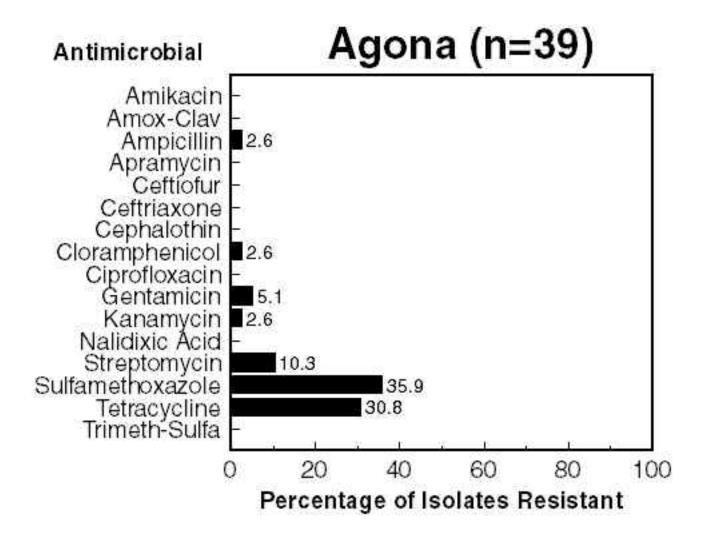


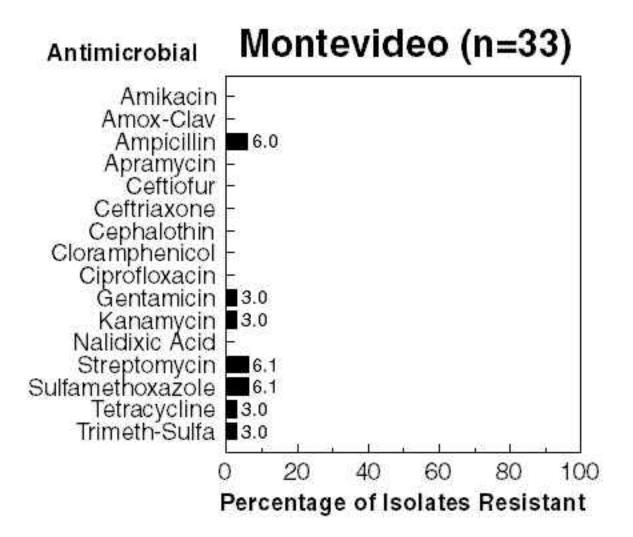


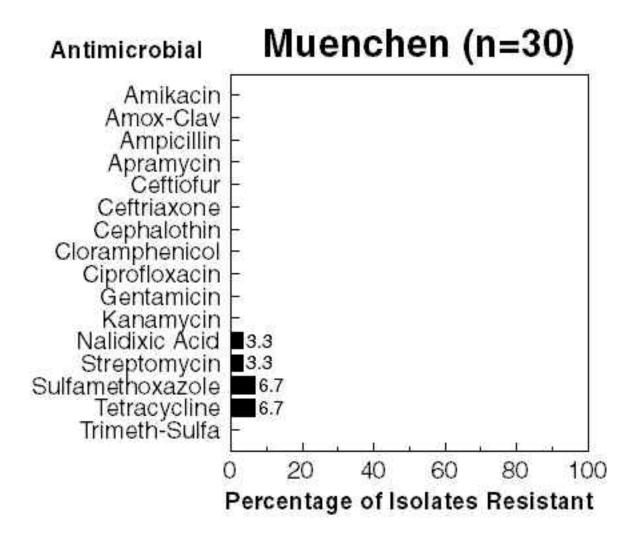


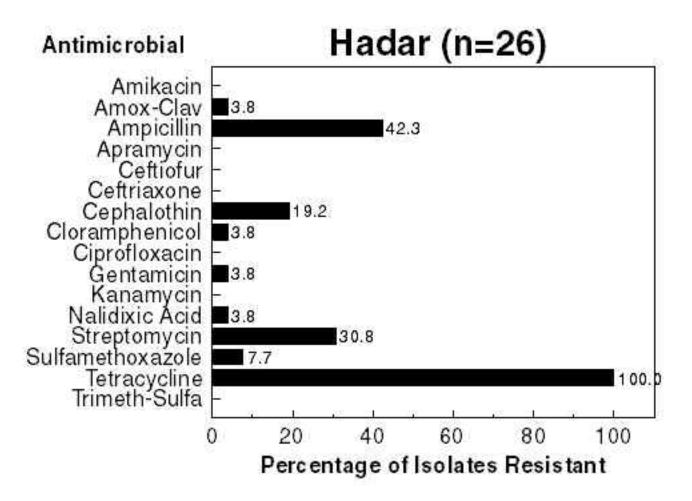


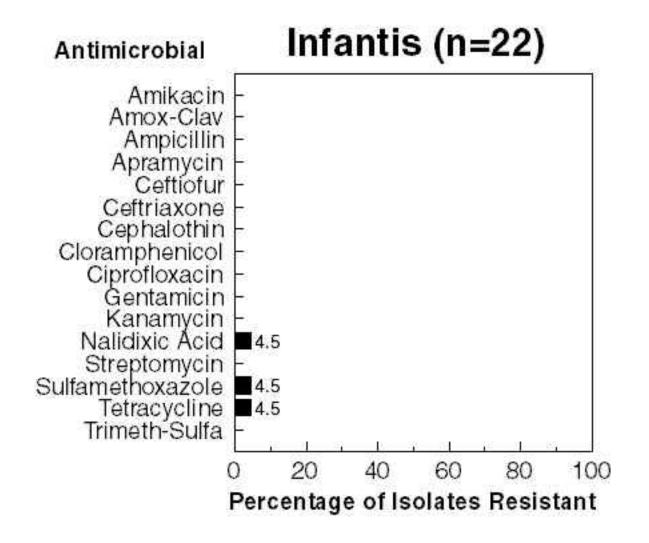










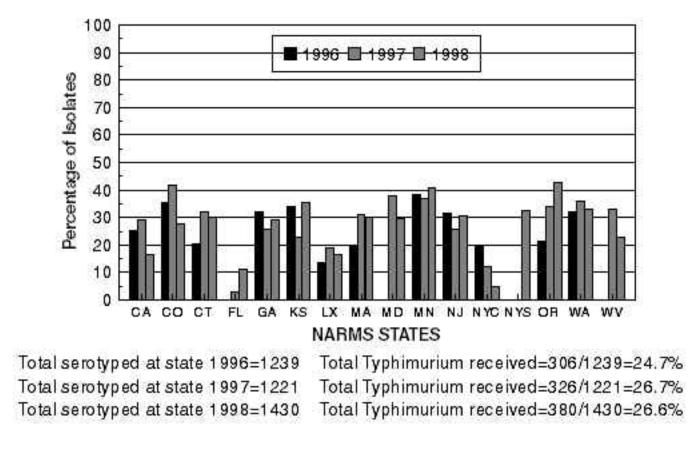


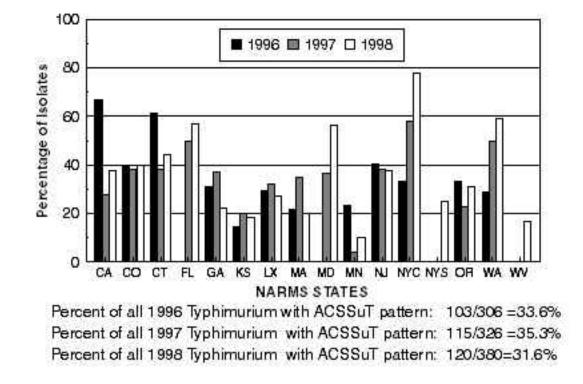
Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial & Mycotic Diseases

1600 Clifton Rd NE MS A-38 Atlanta GA 30333 updated August 9, 1999

http://www.cdc.gov/narms/annual/1998\_an/figure4.htm (10 of 10)4/14/2005 1:34:58 PM





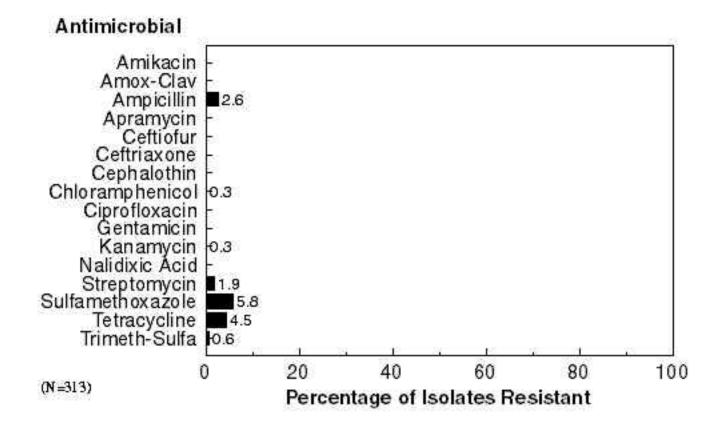


#### Figure 6: Percentage of Salmonella isolates with ACSSuT pattern by site, 1996-1998

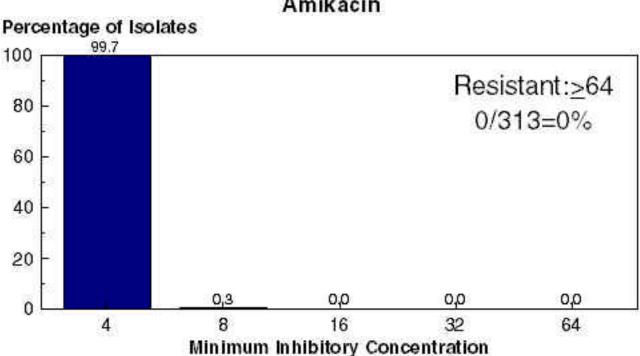
Centers for Disease Control and Prevention National Center for Infectious Diseases | Division of Bacterial & Mycotic Diseases 1600 Clifton Rd NE MS A-38

Atlanta GA 30333 updated August 9, 1999

## Figure 7: Resistance among *E. coli* O157:H7 isolates for all sites

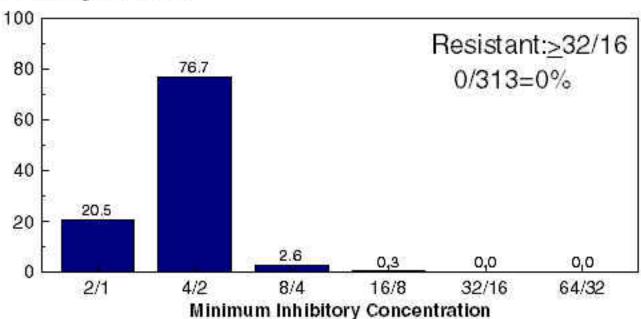


# Figure 8: E. coli O157:H7 MICs, by antimicrobial agent

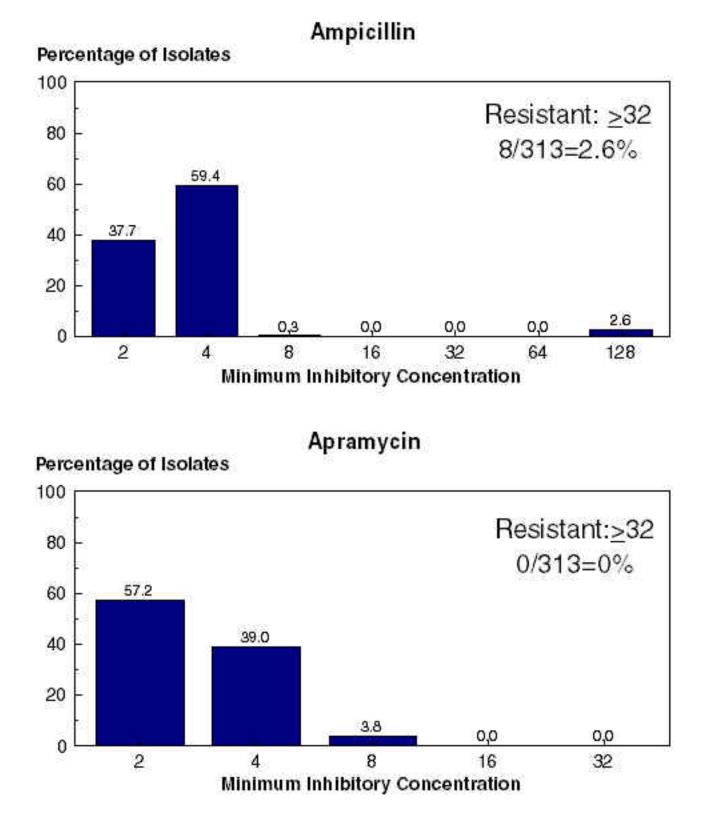


Amikacin

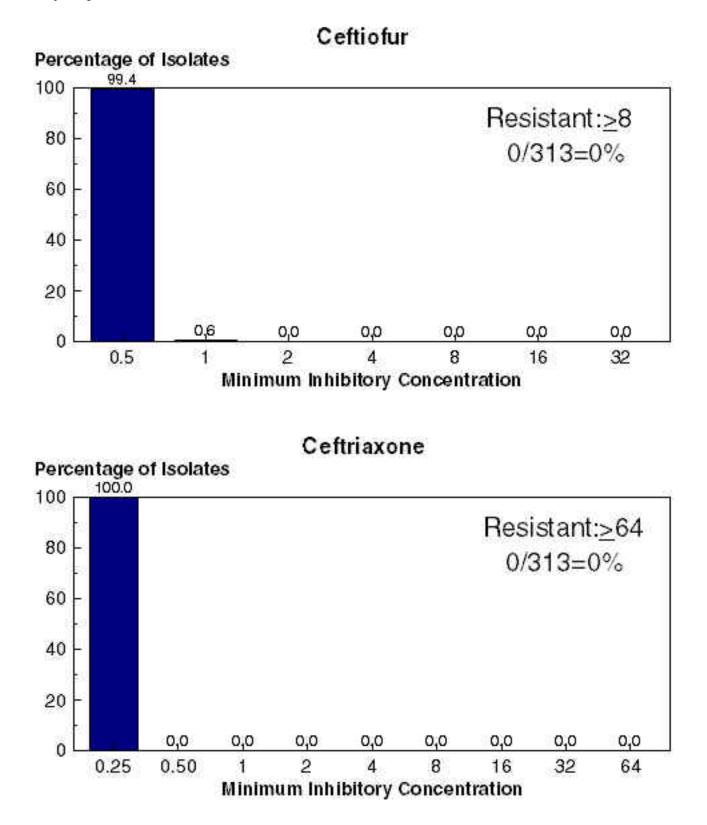
Amoxicillin-Clavulanic Acid



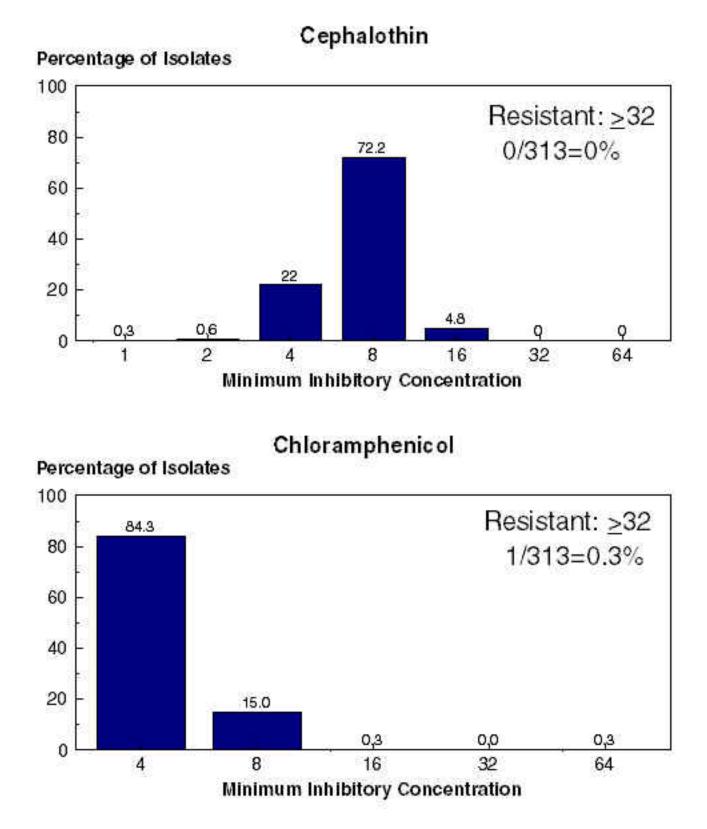
Percentage of Isolates

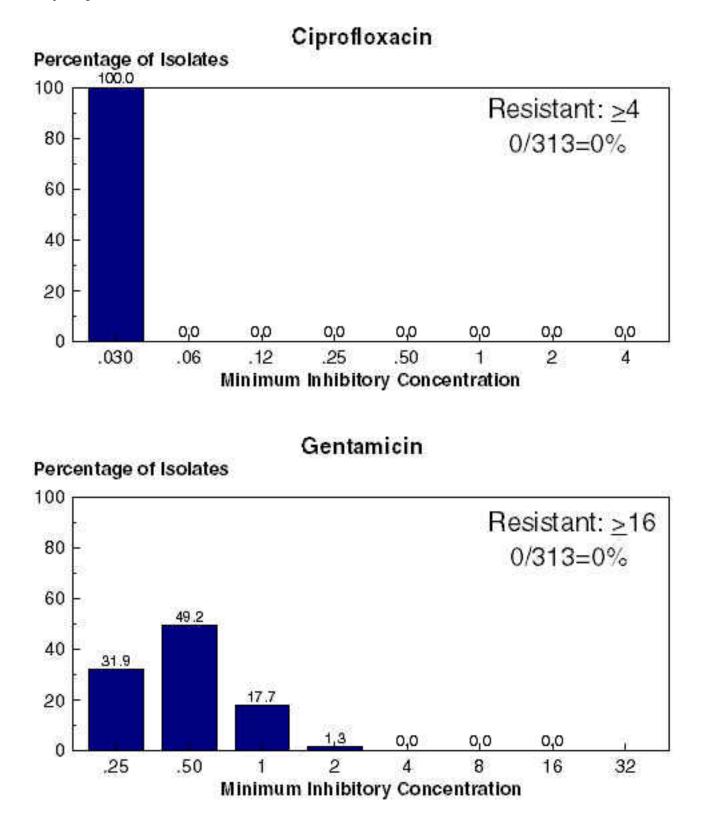


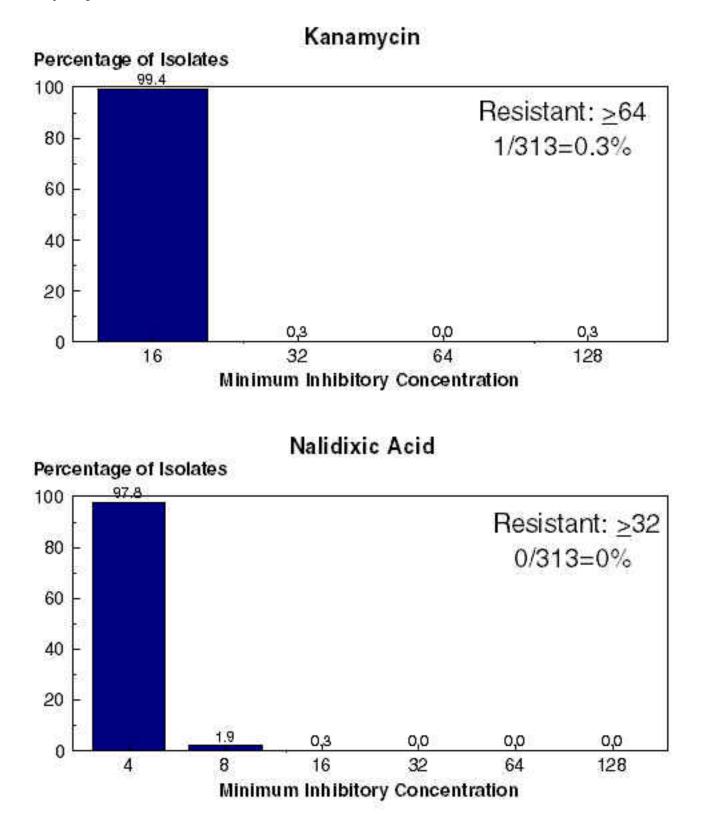
http://www.cdc.gov/narms/annual/1998\_an/figure8.htm (2 of 8)4/14/2005 1:35:01 PM

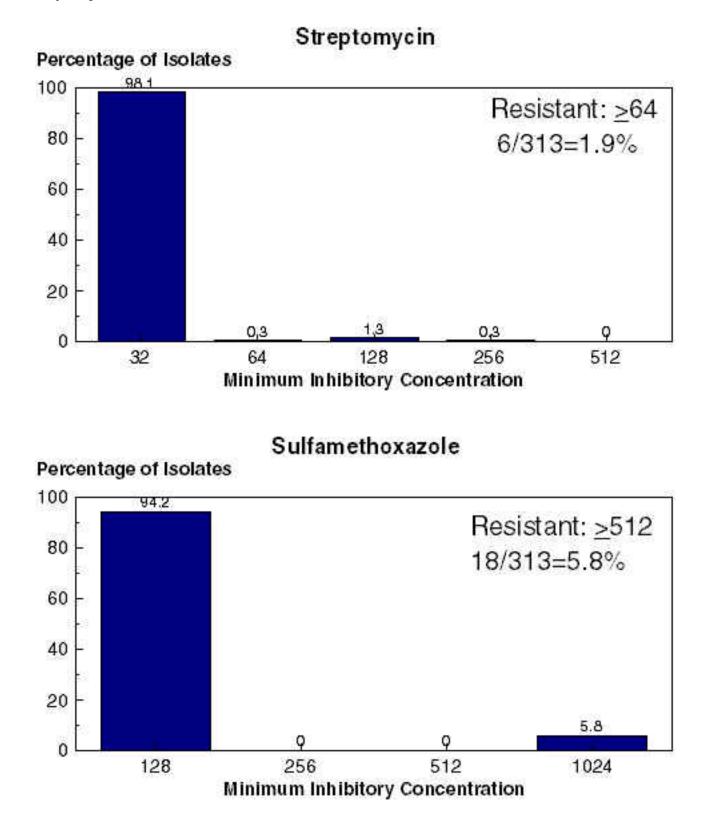


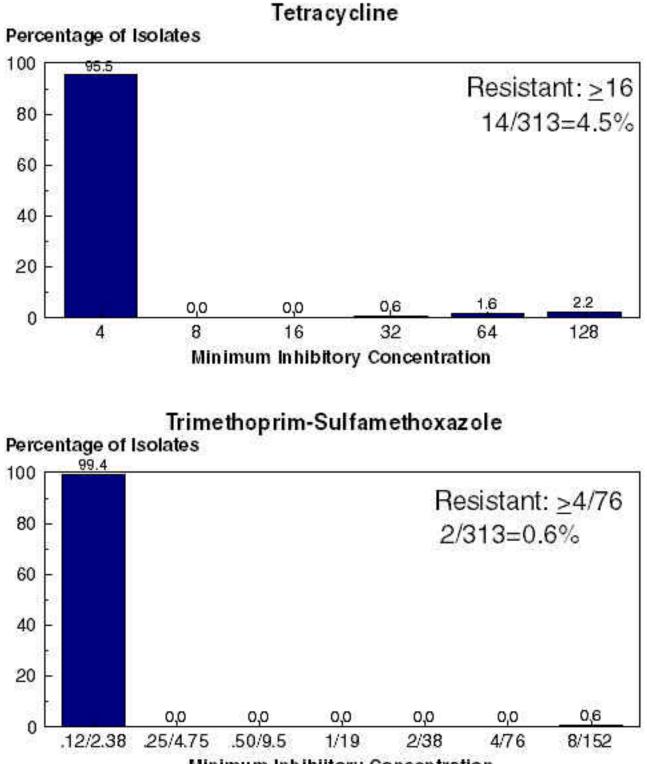
http://www.cdc.gov/narms/annual/1998\_an/figure8.htm (3 of 8)4/14/2005 1:35:01 PM





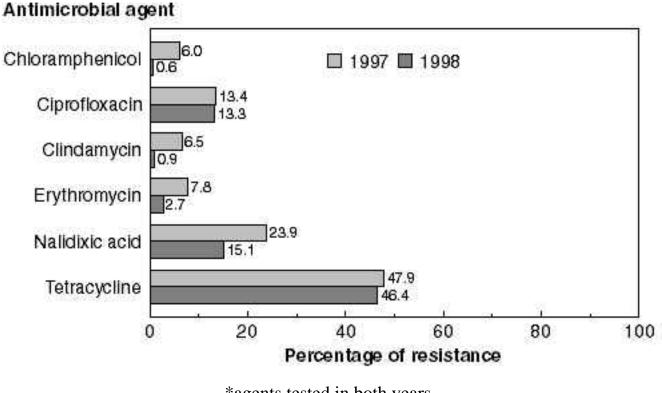






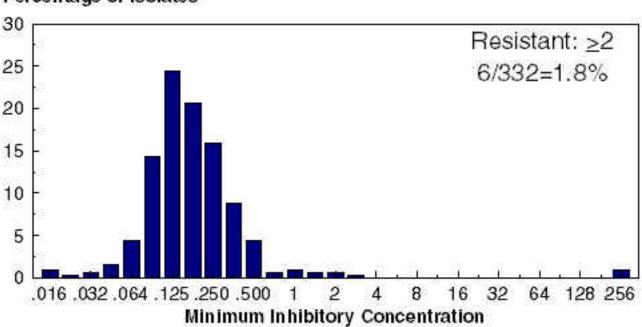
Minimum Inhibiitory Concentration

# Figure 9: Resistance among Campylobacter jejuni isolates for all sites



\*agents tested in both years

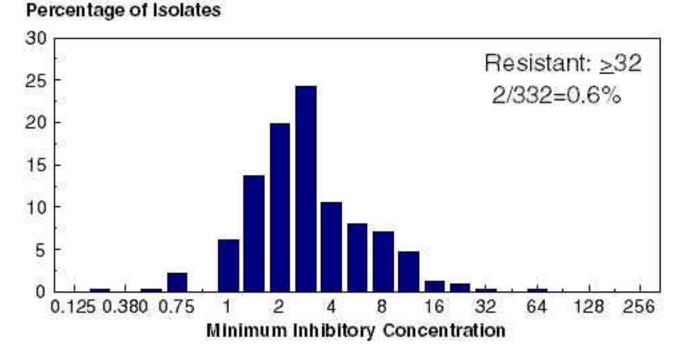
# Figure 10: Campylobacter jejuni MICs, by antimicrobial agent

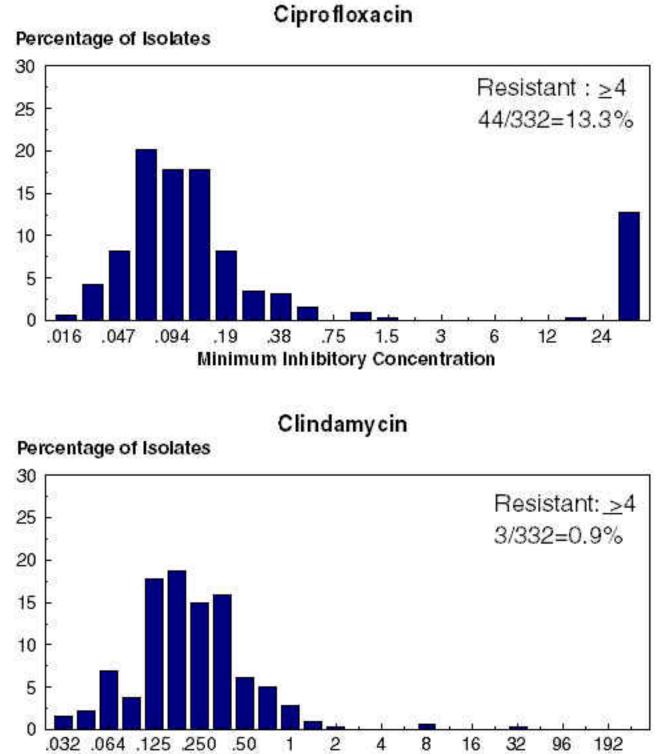


Azithromycin

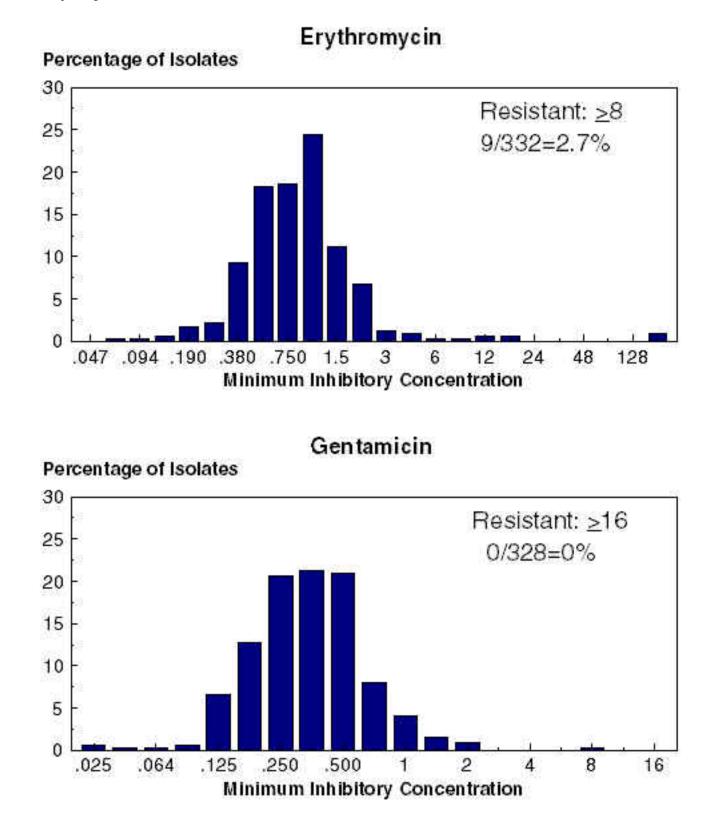
Percentage of Isolates

Chloramphenicol





Minimum Inhibitory Concentration



#### $http://www.cdc.gov/narms/annual/1998\_an/figure10.htm\ (3\ of\ 4)4/14/2005\ 1:35:02\ PM$

