



**Annual Scientific Meeting (ASM) PAMKI
Pertemuan Ilmiah Tahunan (PIT) 2017**

**From Basic Microbiology to Clinical Applied,
approaches to new technologies
in microbial Diagnostic**



**AT PANGERAN BEACH HOTEL
PADANG, INDONESIA**

Thursday-Saturday/ October 12th -14th, 2017

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Antibiogram of Bacteria Isolated from Sputum Specimens in Clinical Microbiology Laboratory, Sanglah Hospital Denpasar Bali in 2016

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ABSTRACT

Lower respiratory infections e.g. pneumonia, especially occur in hospital setting, needs prompt diagnosis and treatment. Local antibiogram of bacteria isolated from sputum specimens is important in guiding antibiotic treatment of respiratory infections in the hospital (empiric therapy), until obtaining definitive results of antimicrobial susceptibility tests (definitive therapy). The study aimed to describe the antimicrobial susceptibility patterns of bacteria isolated from sputum specimens in Clinical Microbiology Laboratory, Sanglah Hospital in 2016. Non-duplicative bacterial isolate from sputum that isolated from ICU and non-ICU wards were included in this study. AST was performed by using an automated system, Vitek 2 Compact system (Biomerieux). Data was collected from laboratory register. Only bacterial isolates with number more than 30 were used for data analysis. A total of 744 bacterial isolates were successfully isolated from sputum specimens, which 213 (28.6%) isolates were isolated from ICU. Isolates that mostly found in ICU were *Acinetobacter baumannii* (n=76), *Klebsiella pneumoniae* (n=40), and *Pseudomonas aeruginosa* (n=35). All of these three isolates showed good susceptibility against Amikacin, however there were different pattern of these bacteria susceptibility against other antibiotics. *A. baumannii* and *P. aeruginosa* showed less sensitivity to other antibiotics commonly used for the infections therapy. On the other hand, most of *K. pneumoniae* isolates from ICU were still susceptible to Meropenem (95%) and Tigecycline (88%). Similar pattern of bacterial isolates were found in non-ICU wards. The bacteria commonly found in sputum isolates from non-ICU wards were *P. aeruginosa* (n=84), *K. pneumoniae* (n=76), *A. baumannii* (n=75), and *Stenotrophomonas maltophilia* (n=33). *P. aeruginosa* isolates were still good to common antibiotics used for *P.aeruginosa* infections therapy, and also *S. maltophilia* isolates were still sensitive against Levofloxacin and Trimethoprim-Sulfamethoxazole. However, only Amikacin and Tigecycline seemed to be effective against *A. baumannii* isolates. Similar pattern of susceptibility of *K. pneumoniae* in non-ICU wards was shown with those of ICU isolates. Methicillin resistant *Staphylococcus aureus* (MRSA) isolates were not found in sputum, whereas other types of Multidrug Resistant Organisms (MDROs) such as ESBL producing *K. pneumoniae* and *E. coli*, Carbapenem Resistant- *K. pneumoniae*, -*P. aeruginosa* and -*A baumannii*- were isolated from sputum specimens. Local antibiogram of bacteria isolated from sputum will help the clinicians to choose empirical therapy for lower respiratory infections.

Keywords: Antibiogram, Bacteria Isolates, Sputum, MDROs