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Oregon Statewide Antibigram: Frequently Asked Questions

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What is an antibiogram?

An antibiogram summarizes antibiotic susceptibility patterns of bacteria isolated from clinical specimens, typically within a healthcare facility. Healthcare providers use antibiograms to help guide empiric antibiotic selection before patient-specific microbiology results are available. Antimicrobial stewardship teams also use antibiograms to identify opportunities to improve antibiotic prescribing and monitor emerging resistance trends over time.

What makes a statewide antibiogram different from a hospital antibiogram?

The Oregon statewide antibiogram summarizes antimicrobial susceptibility testing results reported by participating hospitals to the National Healthcare Safety Network (NHSN). It is intended to:

- support empiric antibiotic selection when local data are unavailable
- supplement facility-level antibiograms
- inform antimicrobial stewardship initiatives
- identify emerging resistance trends across Oregon

The statewide antibiogram **does not replace facility antibiograms** when those are available and should be interpreted alongside clinical judgment and treatment guidelines when selecting empiric therapy.

When applying statewide susceptibility data to clinical decision-making, providers should also consider

- prior microbiology results

- potential adverse effects of therapy
- evidence-based dosing and duration
- opportunities for de-escalation once culture results become available

How is the statewide antibiogram organized?

The statewide antibiogram is presented in separate Gram-negative and Gram-positive tables. Within each table, antibiotics are grouped by class and listed across the top, and bacterial organisms are listed alphabetically along the side. For each organism, the total number of isolates included in the report is shown next to the organism name.

Each cell displays the percentage of isolates susceptible (%S) to a given antibiotic and the number of isolates tested for that organism-antibiotic combination. Blank cells indicate that the combination is either not clinically relevant or that too few isolates were tested to report reliable results (fewer than 30 isolates).

Users can also explore the data using dashboard filters, including geographic region, antibiotic class, and isolate source (urine vs. non-urine). These filters allow users to view susceptibility patterns relevant to specific clinical settings or patient populations.

Why do the numbers of isolates tested differ between antibiotics for the same organism?

Some laboratories suppress susceptibility results for select organism-antibiotic combinations for antibiotic stewardship purposes. For example, a laboratory may only report results for broader-spectrum agents if resistance to a first-line antibiotic is identified. As a result, not all isolates will have results for all antibiotics available. When susceptibility results are based on smaller isolate counts, they may not fully represent the overall organism population and should be interpreted with additional caution.

Where does the data come from?

Data are reported by Oregon hospitals to the National Healthcare Safety Network (NHSN) and interpreted using laboratory standards from the Clinical and Laboratory Standards Institute (CLSI).

The Oregon 2025 statewide antibiogram summarizes susceptibility results reported by 84% of Oregon hospitals, including 31 acute care hospitals and 18 critical access hospitals. Thirteen of the participating hospitals (27%) are located in the tri-county metropolitan area (Clackamas, Multnomah, and Washington counties).

How should I use the statewide antibiogram if my facility already has an antibiogram?

If your facility has a local antibiogram, use facility-level data first to guide empiric therapy. The statewide antibiogram is intended to supplement local data by providing broader regional context.

How should I use the statewide antibiogram if my facility does not have an antibiogram?

Facilities without a local antibiogram may use the statewide antibiogram to help inform empiric antibiotic selection and support development of prescribing guidance. Infection-specific and patient-specific factors (e.g. source of infection, allergies, history of multidrug-resistant organisms, etc.) should be used in conjunction with treatment guidelines and an antibiogram to develop the best treatment plan.

How does the statewide antibiogram compare to real-time resistance data like a microbiology dashboard?

In some settings, clinicians may also have access to more current susceptibility trends through internal microbiology consultation or electronic stewardship dashboards. These tools can reflect emerging resistance patterns within a single institution more quickly than annual summaries. The Oregon statewide antibiogram summarizes antimicrobial susceptibility data from a completed reporting year. It is not a real-time clinical decision tool and should not replace institution-level real-time microbiology information.

How often is the statewide antibiogram updated?

The Oregon statewide antibiogram is updated annually as new NHSN data become available.

References

- 1) [NHSN Antimicrobial Use and Resistance \(AUR\) Module Manual](#)
- 2) [Clinical & Laboratory Standards Institute](#)
- 3) [CDC Antibiotic Resistance and Patient Safety Portal](#)
- 4) [CDC Healthcare-Associated Infections](#)

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