

## Number of patients with stool culture specimen collected, stratified by age group and surveillance year

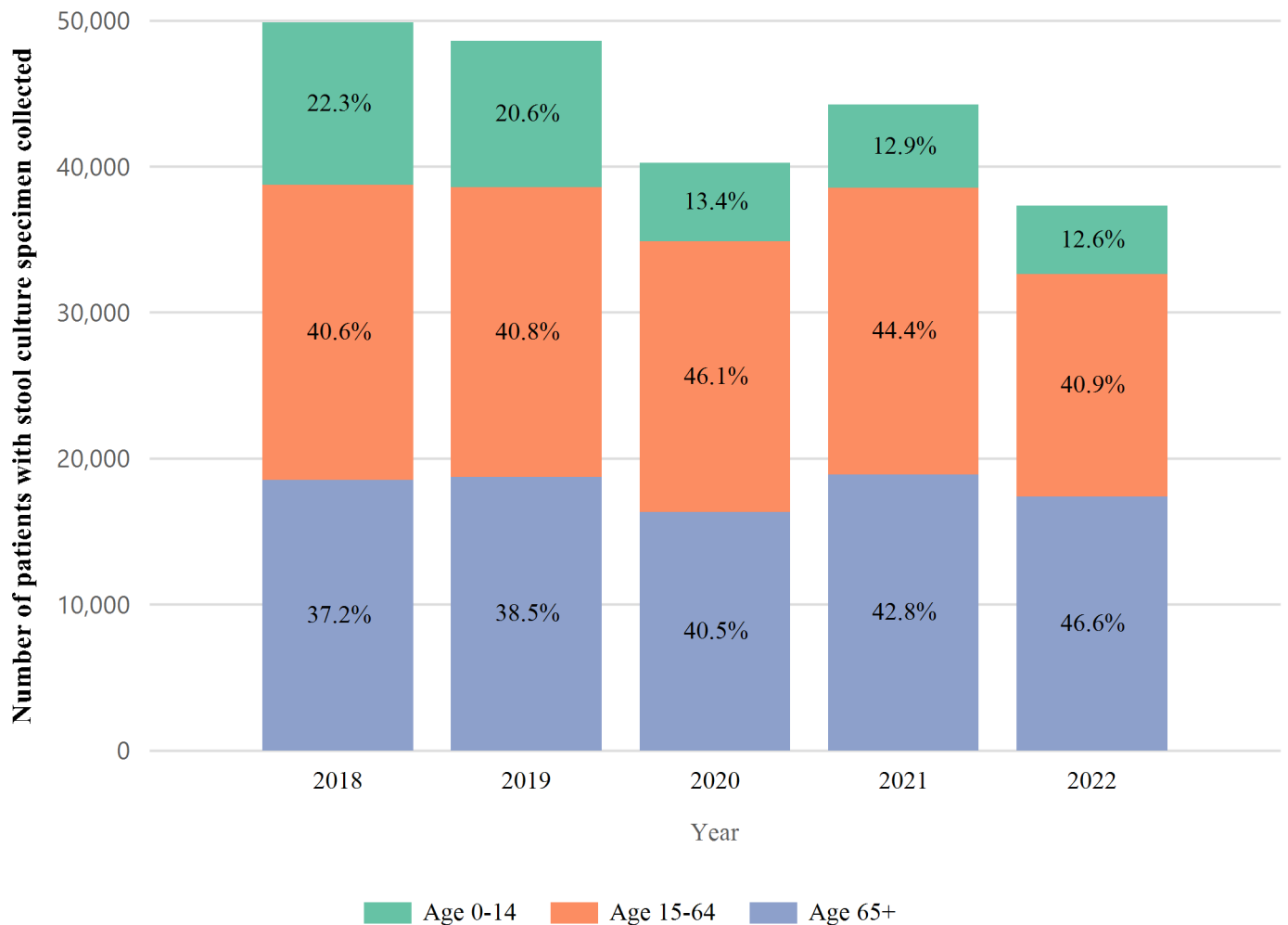
Year	Age 0-14		Age 15-64		Age 65+		Total	
	Patients Count*	%†	Patients Count*	%†	Patients Count*	%†	Patients Count*	%
2018	11,000	22.3%	20,000	40.6%	19,000	37.2%	50,000	100%
2019	10,000	20.6%	20,000	40.8%	19,000	38.5%	49,000	100%
2020	5,000	13.4%	19,000	46.1%	16,000	40.5%	40,000	100%
2021	6,000	12.9%	20,000	44.4%	19,000	42.8%	44,000	100%
2022	5,000	12.6%	15,000	40.9%	17,000	46.6%	37,000	100%

\* Patient headcounts were rounded to the nearest thousand

† Percentages were rounded to one decimal place

§ Patient headcount >0 and <500

## Number of patients with stool culture specimen collected, stratified by age group and surveillance year



**Number of patients with stool culture specimen collected,  
stratified by age group and surveillance year**

Prevalence of positive stool culture (%) (95% CI)				
Year	Age 0-14	Age 15-64	Age 65+	Total
2018	2,200 / 11,100	2,000 / 20,200	1,500 / 18,500	5,600 / 49,800
	(19.8%)	(9.8%)	(7.9%)	(11.3%)
	(19.0%-20.5%)	(9.4%-10.2%)	(7.5%-8.3%)	(11.0%-11.6%)
2019	1,900 / 10,000	1,900 / 19,800	1,500 / 18,700	5,300 / 48,600
	(19.2%)	(9.6%)	(7.8%)	(10.9%)
	(18.5%-20.0%)	(9.2%-10.0%)	(7.4%-8.2%)	(10.6%-11.2%)
2020	1,500 / 5,400	1,900 / 18,500	1,000 / 16,300	4,400 / 40,200
	(28.3%)	(10.1%)	(6.1%)	(10.9%)
	(27.1%-29.5%)	(9.6%-10.5%)	(5.8%-6.5%)	(10.6%-11.2%)
2021	1,600 / 5,700	1,700 / 19,600	1,200 / 18,900	4,500 / 44,200
	(27.7%)	(8.7%)	(6.2%)	(10.1%)
	(26.6%-28.9%)	(8.3%-9.1%)	(5.9%-6.6%)	(9.8%-10.4%)
2022	1,200 / 4,700	1,300 / 15,200	1,100 / 17,400	3,600 / 37,300
	(25.7%)	(8.4%)	(6.1%)	(9.5%)
	(24.5%-27.0%)	(8.0%-8.9%)	(5.8%-6.5%)	(9.2%-9.8%)

Patient headcounts were rounded to the nearest hundred

Percentages were rounded to one decimal place

§ Patient headcount >0 and <50

**Number of patients with WHO GLASS priority organism isolated from positive culture specimen, stratified by location of onset**

			Year	Year	Year	Year	Year
			2018	2019	2020	2021	2022
Community-onset	Salmonella spp.	Number of patient with organism isolated*	2,800	2,500	2,100	2,100	1,700
		Percentage of patient with organism isolated†	59.97%	57.96%	58.02%	55.39%	58.72%
	Shigella spp.	Number of patient with organism isolated*	§	§	§	§	§
		Percentage of patient with organism isolated†	0.54%	0.58%	0.38%	0.35%	0.21%
	Other spp.	Number of patient with organism isolated*	2,000	1,900	1,600	1,700	1,200
		Percentage of patient with organism isolated†	42.05%	43.58%	43.61%	46.39%	43.21%
Hospital-onset	Salmonella spp.	Number of patient with organism isolated*	300	300	200	200	200
		Percentage of patient with organism isolated†	26.26%	25.38%	27.05%	27.93%	26.87%
	Shigella spp.	Number of patient with organism isolated*	0	§	§	0	§
		Percentage of patient with organism isolated†	0%	0.09%	0.12%	0%	0.12%
	Other spp.	Number of patient with organism isolated*	800	900	600	600	600
		Percentage of patient with organism isolated†	74.73%	75.87%	74.15%	73.36%	73.98%
Undifferentiated location of onset	Salmonella spp.	Number of patient with organism isolated*	3,000	2,700	2,300	2,300	1,900
		Percentage of patient with organism isolated†	53.91%	51.66%	53.18%	51.19%	52.80%
	Shigella spp.	Number of patient with organism isolated*	§	§	§	§	§
		Percentage of patient with organism isolated†	0.44%	0.47%	0.34%	0.29%	0.20%
	Other spp.	Number of patient with organism isolated*	2,700	2,600	2,100	2,300	1,700
		Percentage of patient with organism isolated†	47.97%	49.96%	48.51%	50.63%	49.06%

\* Patient headcounts were rounded to the nearest hundred

† Percentages were rounded to one decimal place. If percentages >0.005% and <0.1%, percentages were rounded to two decimal place

§ Patient headcount >0 and <50

## Non susceptibility percentage of *Salmonella* spp. for different antimicrobials

		Non-susceptibility %† (95% CI†) (Numerator*/Denominator*)					
(Total headcount)*‡¶	Location of Onset	2018 (3000)	2019 (2700)	2020 (2300)	2021 (2300)	2022 (1900)	P-Value**
<b>ampicillin</b>	Undifferentiated	54.9%	70.1%	69.7%	70.4%	71.6%	↑ <0.01
		(53.1%-56.7%) (1600/3000)	(68.3%-71.8%) (1900/2700)	(67.8%-71.6%) (1600/2300)	(68.5%-72.3%) (1600/2200)	(69.4%-73.6%) (1300/1800)	
<b>ceftriaxone</b>	Undifferentiated	5.7%	4.1%	3.2%	6.8%	7.2%	↑ <0.01
		(4.8%-6.7%) (100/2200)	(3.3%-5.1%) (100/2000)	(2.4%-4.1%) (100/1800)	(5.8%-8.0%) (100/2000)	(6.1%-8.6%) (100/1600)	
<b>ciprofloxacin</b>	Undifferentiated	57.4%	69.3%	66.7%	56.9%	59.1%	↓ <0.05
		(55.6%-59.3%) (1600/2800)	(67.4%-71.0%) (1700/2500)	(64.7%-68.7%) (1400/2100)	(54.8%-59.0%) (1200/2100)	(56.8%-61.4%) (1000/1700)	
<b>sulfamethoxazole and trimethoprim</b>	Undifferentiated	23.1%	20.8%	22.0%	22.1%	24.9%	-
		(21.6%-24.6%) (700/3000)	(19.4%-22.4%) (600/2700)	(20.3%-23.7%) (500/2300)	(20.4%-23.9%) (500/2200)	(22.9%-26.9%) (500/1800)	

Legend: ↑ Increasing trend; ↓ Decreasing trend

\* Patient headcounts were rounded to the nearest hundred

† Percentages were rounded to one decimal place

‡ Total headcount refers to annual number of patients with particular organism isolated from blood/urine/stool

§ Patient headcount >0 and <50

¶ Compare with deduplication without consideration on location of onset, number of isolates selected for analysis increases because isolates from both hospital--onset and community--onset was selected for each patient, if available.

‡‡ Since the susceptibility test was performed for less than 70% of isolates, readers should interpret the findings with caution.

\*\* P-value was calculated using Cochran-Armitage Test to examine whether a trend with statistical significance exists, only trends with statistical significance were reported.

Note:

Dataset was de-duplicated with consideration on location of onset.

Proportion confidence intervals were calculated using the Wilson method.

Non-susceptibility percentages calculated from less than 10 isolates (after de-duplication) were excluded from analysis.

The CLSI released revised fluoroquinolones interpretive criteria for Enterobacteriaceae (except *Salmonella* spp.) in 2019, and revised piperacillin/tazobactam interpretive criteria for Enterobacteriaceae in 2022. These updates may have contributed to the observed increase in subsequent years compared to the years prior to the criteria changes.

Revised colistin interpretive criteria for *Acinetobacter* spp. was released by CLSI in 2020. The increase in 2020 onwards may be contributed by the change in CLSI criteria.