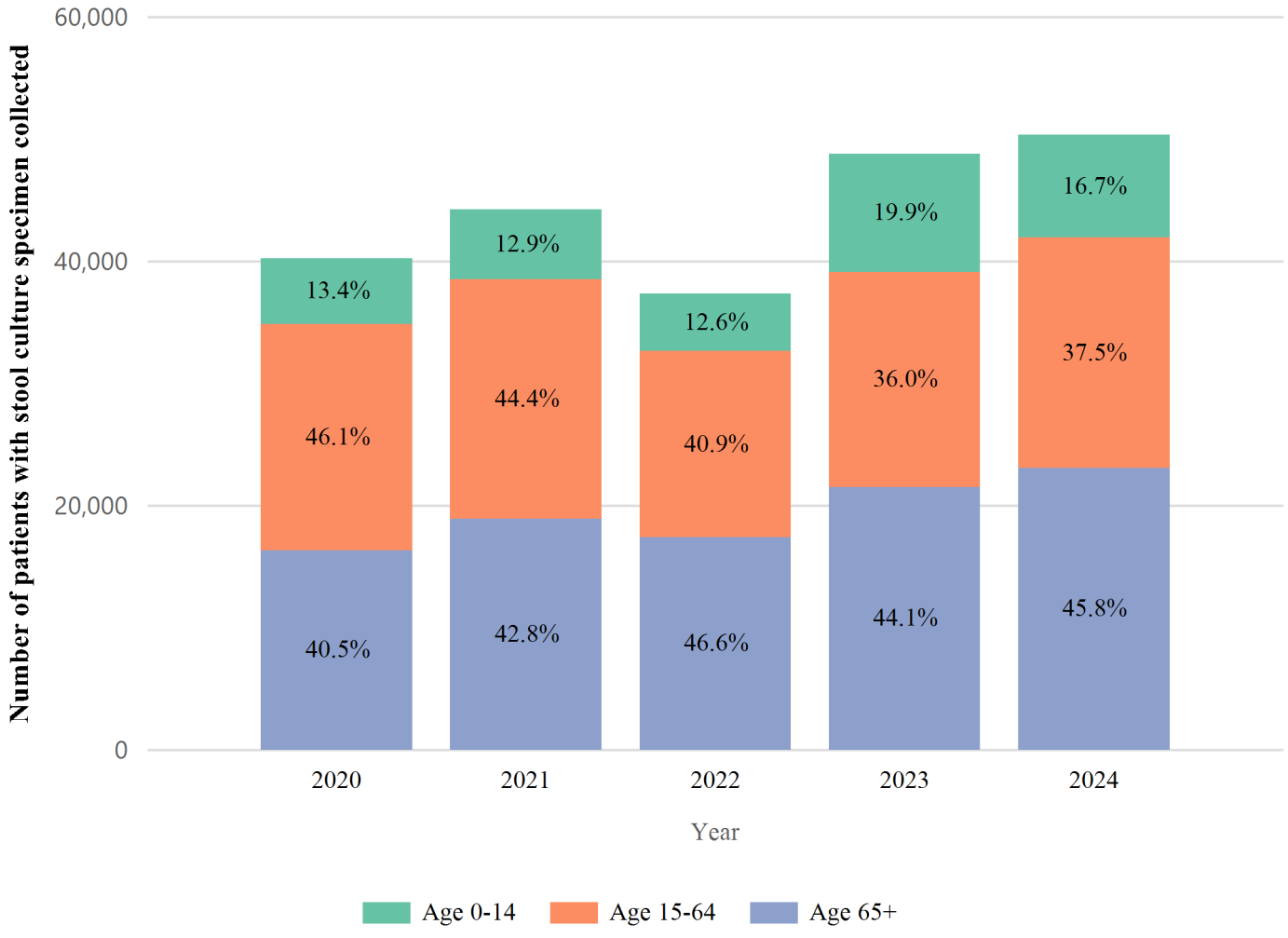
Number of patients with stool culture specimen collected, stratified by age group and surveillance year

Year	Age 0-14		Age 15-64		Age 65+		Total	
	Patients Count*	%†	Patients Count*	%†	Patients Count*	%†	Patients Count*	%
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%
2023	10,000	19.9%	18,000	36.0%	22,000	44.1%	49,000	100%
2024	8,000	16.7%	19,000	37.5%	23,000	45.8%	50,000	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
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%)
2023	1,600 / 9,700	1,400 / 17,600	1,300 / 21,500	4,300 / 48,800
	(16.6%)	(7.7%)	(6.2%)	(8.8%)
	(15.9%-17.4%)	(7.3%-8.1%)	(5.9%-6.6%)	(8.6%-9.1%)
2024	1,400 / 8,400	1,400 / 18,900	1,400 / 23,000	4,200 / 50,300
	(17.0%)	(7.6%)	(5.9%)	(8.4%)
	(16.2%-17.8%)	(7.2%-7.9%)	(5.6%-6.2%)	(8.2%-8.6%)

Patient headcounts were rounded to the nearest hundred
Percentages were rounded to one decimal place
§ Patient headcount >0 and <50

Non susceptibility percentage of *Salmonella spp. (non-typhoidal)* for different antimicrobials

		Non-susceptibility %† (95% CI†) (Numerator*/Denominator*)					
		2020	2021	2022	2023	2024	
(Total headcount)‡¶*	Location of Onset	*(2300)*	*(2300)*	*(1900)*	*(2300)*	*(2300)*	*P-Value***
ampicillin	Undifferentiated	69.9% (68.0%-71.7%) (1600/2300)	70.5% (68.6%-72.3%) (1600/2200)	71.7% (69.6%-73.7%) (1300/1800)	71.1% (69.1%-72.9%) (1600/2200)	72.7% (70.8%-74.5%) (1600/2200)	↑ <0.05
ceftriaxone	Undifferentiated	3.2% (2.5%-4.1%) (100/1800)	6.8% (5.8%-8.0%) (100/2000)	7.2% (6.0%-8.5%) (100/1600)	10.6% (9.3%-12.0%) (200/2000)	7.2% (6.2%-8.5%) (100/2000)	↑ <0.01
ciprofloxacin	Undifferentiated	66.7% (64.7%-68.7%) (1400/2100)	56.9% (54.8%-59.0%) (1200/2100)	59.2% (56.9%-61.5%) (1000/1700)	57.1% (55.0%-59.2%) (1200/2100)	57.5% (55.4%-59.6%) (1200/2100)	↓ <0.01
sulfamethoxazole and trimethoprim	Undifferentiated	22.0% (20.4%-23.8%) (500/2300)	22.1% (20.4%-23.9%) (500/2200)	24.9% (23.0%-26.9%) (500/1800)	29.9% (28.0%-31.8%) (700/2200)	30.6% (28.8%-32.6%) (700/2200)	↑ <0.01

* 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.

Legend: ↑ Increasing trend; ↓ Decreasing trend

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.