
Article (Supplemental Material)


This version is available from Sussex Research Online: http://sro.sussex.ac.uk/id/eprint/76211/

This document is made available in accordance with publisher policies and may differ from the published version or from the version of record. If you wish to cite this item you are advised to consult the publisher's version. Please see the URL above for details on accessing the published version.

Copyright and reuse:
Sussex Research Online is a digital repository of the research output of the University.

Copyright and all moral rights to the version of the paper presented here belong to the individual author(s) and/or other copyright owners. To the extent reasonable and practicable, the material made available in SRO has been checked for eligibility before being made available.

Copies of full text items generally can be reproduced, displayed or performed and given to third parties in any format or medium for personal research or study, educational, or not-for-profit purposes without prior permission or charge, provided that the authors, title and full bibliographic details are credited, a hyperlink and/or URL is given for the original metadata page and the content is not changed in any way.

http://sro.sussex.ac.uk
Previous year co-amoxiclav usage as stronger predictor

Co-amoxiclav R community *E. coli* UTIs

![Graph showing co-amoxiclav R community *E. coli* UTIs with p=0.20 and p<0.001 for previous year.]

Current year co-amoxiclav usage as stronger predictor

Community *E. coli* UTIs regardless of resistance

![Graph showing community *E. coli* UTIs regardless of resistance with p=0.35 and p<0.001 for current year.]

Community urines regardless of result

![Graph showing community urines regardless of result with p=0.40 and p<0.001 for current year.]

Yearly co-amoxiclav DDD per 1000 patients per GP practice 2011-2016