KASIC NEWSLETTER

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Pictured Top: WKU
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Norton Infectious Diseases Institute Grand Rounds Educational Series

Every Wednesday from 12:00 – 12:30 PM EST

Click here for NIDI Grand Rounds Information

New Adult Vaccines for RSV

Respiratory syncytial virus (RSV) causes upper and lower respiratory tract infections, particularly in the winter months. While RSV is known to cause severe illness in infants, its role in adult respiratory illness has only recently been defined. New epidemiologic studies show older adults, particularly those with underlying health conditions, are at higher risk for severe illness from RSV.

First of their kind, AREXVY™ and ABRYSVO™ were approved in May 2023 for the prevention of lower respiratory tract infection cause by RSV in adults 60 years and older. Compared with placebo, AREXVY™ and ABRYSVO™ significantly reduced the risk of RSV lower respiratory tract infection by 82.6% and 66.7% respectively in adults 60 years and older. The vaccines are anticipated to be available in fall of 2023. Advisory Committee on Immunization Practices (ACIP) is expected to provide guidance on vaccine use in the upcoming months.

New Treatment Approved for Carbapenem-resistant *Acinetobacter* spp. Infections

Carbapenem-resistant *Acinetobacter* spp. is a bacteria species that has been listed as an urgent threat by the Centers for Disease Control and Prevention (CDC). The CDC estimates that this organism is annually responsible for nearly 8,500 cases in hospitalized patients, approximately 700 deaths, and healthcare costs over $250 million. Carbapenem-resistant *Acinetobacter* spp. is problematic due to the extremely limited therapy options. Not only will these bacteria be resistant to the carbapenem class, but they can also demonstrate resistance to fluoroquinolones, extended-spectrum beta-lactams, and trimethoprim-sulfamethoxazole. While the situation may seem bleak around carbapenem-resistant *Acinetobacter* spp., there is now a new therapy option. On May 23, 2023 the U.S. Food & Drug Administration approved sulbactam-durlobactam (Xacduro) for the treatment of hospital-acquired pneumonia and ventilator-associated pneumonia caused by carbapenem-resistant *Acinetobacter* spp. Sulbactam-durlobactam showed improved mortality as compared with colistin (19% vs 32% mortality), a last-line therapy option for patients infected with carbapenem-resistant *Acinetobacter* spp.

Click here to contact KASIC to discuss carbapenem resistance at your facility.

IN CASE YOU MISSED IT

KASIC Cases

Each week, a fictional case describing a common antimicrobial stewardship opportunity is posted on Twitter and LinkedIn. Participants are encouraged to answer the poll first and then review the best answer along with an explanation.

Ready to test your antimicrobial stewardship knowledge? Try out the latest case:

A 59-year-old male presents to the hospital with fever, tachycardia, BP 90/60 mmHg, abdominal pain and distended abdomen. He is now being admitted to the ICU for close monitoring and work up.

What is the most SPECIFIC indication for antibiotics?

A) Sepsis
B) Empiric
C) Intra-abdominal infection

Find out the BEST answer here!

Read more cases here

Follow us on Twitter & LinkedIn to never miss a case!

Latest Clinical Education Pearls: Click to Read!

Valproic Acid and Carbapenems: What is causing the VPA to be MIA?

Alternatives in Anaphylaxis: Cephalosporins and Side Chains

Beat the Bug: Enterococcus spp. Antibiotic Spectrum of Therapy

Pick your Poison: Vosyn, Vancopime, Veropenem

Need Help with your NHSN Antibiotic Use Data?

The Healthcare-Associated Infection/Antimicrobial Resistance Prevention (HAI/AR) Program at the Kentucky Department for Public Health (KDPH) distributed antimicrobial use data to the KASIC network in March 2023. This report provides institutions with benchmarked antimicrobial use data. Need help with interpreting and/or responding to your NHSN antibiotic use data?

Contact KASIC here.

New IV to PO Switch Practice Guidance

If the Gut Works, Use It!

Automatic changes from IV to PO is a suggested pharmacy intervention in the CDC Core Elements of Hospital Antibiotic Stewardship. Switching from IV to PO reduces risk for complications, promotes early hospital discharge, and is easier to administer.

The KASIC Advisory Board has compiled pharmacy driven IV to PO protocols from 9 institutions within Kentucky.

Looking to implement or revamp your own IV to PO protocol?

Click here to read the guidance and hit the ground running.