

KASIC NEWSLETTER

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KASIC



Pictured Top: Bowling Green, KY
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2024 *H. pylori* Guidelines American College of Gastroenterology

Helicobacter pylori is a spiral-shaped gram-negative bacteria that can cause peptic ulcer disease and gastric cancer. The American College of Gastroenterology has updated *H. pylori* treatment guideline in September 2024 due to rising resistant rates of clarithromycin and levofloxacin. For treatment-naïve patients, bismuth quadruple therapy (BQT) is the preferred therapy. For treatment experienced patients, BQT is first line for those who have not treated with BQT and rifabutin triple therapy is preferred alternative if patient previously treated with BQT. Regimens containing clarithromycin and levofloxacin are only recommended when antibiotic susceptibility is confirmed. The 2024 guideline also discussed newer treatment such as vonoprazan dual and triple therapy for the treatment of *H. pylori*. For more information, click on the icon below.

Read the
full text
here!

Reference:

Chey WD, Howden CW, Moss SF, et al. ACG Clinical Guideline: Treatment of *Helicobacter pylori* Infection. *Am J Gastroenterol.* 2024;119(9):1730-1753. doi:10.14309/ajg.000000000000296

C. difficile Prevention Medication Discontinued

Merck has announced it will [discontinue Zinplava®](#) (bezlotoxumab), its monoclonal antibody used for preventing the recurrence of *Clostridioides difficile* infections (CDI). No reasons has been cited for the discontinuation.

Available alternatives for secondary CDI prevention include Rebyota and Vowst, both of which are FDA approved live biotherapeutic products that are administered after completion of standard CDI antibiotics (e.g. oral vancomycin, fidaxomicin).

[Rebyota](#) is a fecal microbiota rectal enema preparation administered as a one-time dose. [Vowst](#) is fecal microbiota spores prepared in oral capsules taken over 3 days.

[OpenBiome](#) is no longer providing investigational fecal microbiota transplant (FMT) material for secondary prevention, but is still supplying FMT for the treatment of severe or fulminant CDI.



KASIC Cases

Each week, a fictional case describing a common antimicrobial stewardship opportunity is posted on X (formerly 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 woman has AML and port in place for chemotherapy. Her blood cultures are growing *Staphylococcus epidermidis*.

The team does NOT plan to remove her port. What is the BEST antibiotic plan?

- A. Vancomycin IV
- B. Vancomycin IV and lock
- C. Vancomycin lock

[Click here for the BEST answer](#)

[Read more cases here](#)

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The News on Pneumococcus

Have you heard that the ACIP and CDC have updated their adult pneumococcal vaccine recommendations? The age for universal vaccination has been decreased from 65 years to 50 years. Patients <50 years old should also be evaluated for risk factors and vaccinated as appropriate!

[Click here for the CDC website on Pneumococcal Vaccines](#)

Latest Clinical Education Pearls: Click to Read!

[The Devil is in the Details: Antibiotic Lock Therapy](#)

[Securing Success in Catheter Salvage](#)

[Duration of Therapy in Uncomplicated Intra-abdominal Infections without Source Control](#)

[Oseltamivir in Pediatric Patients](#)

Norton Infectious Diseases Institute Grand Rounds Educational Series Archives

[Treatment of Intestinal Parasites](#)

[Click here for Grand Rounds Information](#)

[The Ins-N-Outs of ESBL Management](#)

[Antibiograms: Creating Them; Using Them](#)