KASIC NEWSLETTER

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Pictured Top: McHargue Mill, London, KY
Attribution to kentuckytoursim.com

Pharmacist-led Penicillin Allergy De-labeling

Despite approximately 10% of the population reporting a penicillin allergy, only around 1% has a true allergy to penicillin. Patients with labeled penicillin allergies are more likely to receive alternative antibiotics that may be less effective, have more side effects, or greater costs.

A prospective cohort study assessed the impact of a pharmacist-led penicillin de-labeling rounding service. Patients' risk for penicillin allergy was assessed using the Antibiotic Allergy Assessment Tool or PEN-FAST scores. Direct de-labeling was offered to patients with a reported non-immune mediated penicillin allergy or penicillin tolerance since the index reaction. Direct oral challenge (DOC) was offered to low-risk patients. In total, 269 patients were de-labeled with 58.7% de-labeled by DOC. No serious adverse events occurred and 3.6% of DOC candidates developed a benign, delayed rash. Penicillin prescribing was higher in de-labeled patients compared with those not de-labeled.

Click here to learn more

CDC Alert: Accelerated Subtyping of Influenza A

The CDC recommends clinicians and microbiology labs expedite the subtyping of all influenza A-positive specimens in hospitalized patients, especially those admitted to an ICU. Subtyping seasonal influenza A specimens can help prevent delays in the identification of avian influenza A (H5N1) viruses.

If a respiratory PCR panel is positive for influenza A but negative for seasonal influenza A variants, the virus may be a novel influenza A virus. These specimens should be sent to public health laboratories for additional testing. The alert also brings attention to the CDC's antiviral treatment guidance for severe novel influenza A virus infections. No human cases of H5N1 have been detected in Kentucky at this time.

Click here to read more

Click here for more on H5N1 virus

IN CASE YOU MISSED IT

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 patient has a relapsing skin abscess that has been present >1 month. A culture eventually grows *Actinomyces* spp.

Which drug is first line for treatment of actinomycosis?

A. Ciprofloxacin
B. Penicillin
C. Daptomycin
D. Metronidazole

Click here for the BEST answer

Read more cases here

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Sulopenem Etzadroxil with Probenecid

The FDA approved sulopenem etzadroxil/probenecid on October 25, 2024 for uncomplicated urinary tract infections (uUTI). Sulopenem etzadroxil is an oral penem antibiotic with activity against AmpC and extended-spectrum beta-lactamase-producing Enterobacterales. Probenecid increases plasma concentrations of sulopenem and several other drugs, which **may results in significant drug-drug interactions.** Approval was based on two phase III clinical trials in women with uUTI that found sulopenem etzadroxil/probenecid non-inferior to amoxicillin/clavulanate and ciprofloxacin. Additional phase III trials in complicated urinary tract and intra-abdominal infections **failed to meet non-inferiority criteria**.

Click here to read more

Latest Clinical Education Pearls: Click to Read!

Nothing to Sneeze At: MRSA Nasal Screening in Pneumonia

Discordant Susceptibility Results: Ciprofloxacin and Levofloxacin

Beat the Bug: Actinomyces

Vaccines in Asplenia

Norton Infectious Diseases Institute Grand Rounds Educational Series Archives

Viral Illnesses and Antimicrobial Stewardship

Community-acquired Pneumonia: Short and to the Point

Vancomycin and Piperacillin/tazobactam

Click here for Grand Rounds Information