KASIC NEWSLETTER

Issue Seven, Volume Three

Pictured Top: Glasgow, KY
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FDA APPROVED

Gepotidacin (BLUJEPA)

A new first-in-class triazaacenaphthylene antibiotic, gepotidacin, was approved for the treatment of uncomplicated urinary tract infections (uUTIs) in female patients 12 years and older.[1] The drug is specifically approved for uUTIs with susceptible isolates of *E. coli, Klebsiella pneumoniae, Citrobacter freundii* complex, *Staphylococcus saprophyticus,* and *Enterococcus faecalis*.[1]

Gepotidacin works through inhibition of DNA replication, by inhibiting two different type II topoisomerases.[1] The standard dosing is 1,500 mg by mouth twice daily for 5 days.[1] In randomized clinical trials, a 5-day course of gepotidacin was found to be non-inferior to standard treatment with nitrofurantoin. The most common adverse effect of gepotidacin was diarrhea.[2]

1. GSK. Blujepa (gepotidacin) Press Release. March 25 2025. us.gsk.com.
2. Wagenlehner F, Perry CR, Hooton RM, et al. *Lancet.* 2024;403(10428):741-755. doi: 10.1016/S0140-6736(23)02196-7.

Antibiotic Safety in Pregnancy

Antibiotics are frequently prescribed during pregnancy for various indications. While many antibiotics are considered safe, some pose potential risks depending on gestational stage.

A recent review article in Pharmacotherapy journal summarizes safety data on antibiotics. It provides a review of changes to manufacturer labeling required by the FDA which involved phasing out pregnancy category ratings and updating language to more accurately reflect safety in pregnancy. The article also provides a summary of safety data for newly approved antibiotics.

Click here to read the review!

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:

3 patients are admitted to the hospital with coagulase-negative *Staphylococcus* spp. growing from blood cultures

- **Patient 1:** 1 of 2 sets growing *S. epidermidis* with erythema at the catheter insertion site
- **Patient 2:** 1 of 2 sets growing *S. lugdunensis* with NO symptoms
- **Patient 3**: 1 of 2 sets growing *S. haemolyticus* with NO symptoms

In which patient is it REASONABLE to monitor off therapy?

Click here for the BEST answer

Read more cases here

Follow KASIC on Twitter & LinkedIn

CLABSI Prevention Program

AHRQ is currently recruiting acute care hospital units for a **free** 9-month program to implement and improve evidence-based practices for prevention of central line-associated bloodstream infections (CLABSI). Units will receive training and one-on-one expert coaching to implement sustainable improvements to their infection prevention practices. To learn if your hospital is eligible, attend one of the many informational webinars.

Click here to learn more from AHRQ

Latest Clinical Education Pearls: Click to Read!

Reading the Pee Leaves: Understanding Urinalysis

Cystitis vs. Pyelonephritis

Clostridioides difficile Infection – Secondary Prophylaxis

Coagulase-Negative Staphylococcus: Fraud or Foe?

Norton Infectious Diseases Institute Grand Rounds Educational Series

Measles, More Than a Rash

Tuberculosis Program Update from KDPH

Airway Clearance

Click here for Grand Rounds Information