

KASIC NEWSLETTER

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nPEP HIV Guideline Updates from CDC

Nonoccupational postexposure prophylaxis (nPEP) for HIV is recommended in certain high-risk exposures (needle stick, sexual encounter, etc.). The previous guideline recommended antiretrovirals for patients within 72 hours of exposure with tenofovir disoproxil fumarate, emtricitabine, plus either raltegravir or dolutegravir for a total of 28 days.

In May of 2025, the CDC updated the nPEP guidelines and recommended new prophylaxis regimens. The preferred regimen is now updated to one of the two prophylaxis regimens listed below:

- Bictegravir/emtricitabine/tenofovir alafenamide
- Dolutegravir plus (tenofovir alafenamide OR tenofovir disoproxil fumarate) plus (emtricitabine OR lamivudine)

Raltegravir based regimens are noted to be effective but come with a higher pill burden that may decrease medication adherence.

[Click here to read the full guideline!](#)

A new study recently published in the New England Journal Medicine demonstrated a benefit in reducing bacterial vaginosis recurrence at 12 weeks with male-partner treatment. In the study, couples were randomized 1:1 to either female treatment only or female and male-partner treatment.

Male partner treatment included both of the following:

- Oral metronidazole 400 mg twice daily for 7 days
- Topical 2% clindamycin twice daily for 7 days

The study was stopped early by the data safety monitoring board due to inferiority of female treatment only. Couples in the female treatment group only experienced a recurrence rate of 63% compared with the male-partner treatment group, which experienced a recurrence rate of 35%.

Male Partner Treatment Reduces Bacterial Vaginosis Recurrence in Females

[Click here to read the study](#)



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 undergoes I&D in the emergency room and is sent home with TMP/SMX. Wound culture grows MRSA & *Streptococcus pyogenes*.

Do antibiotics need to be changed?

- A. Yes
- B. No



[Click here for the BEST answer](#)

[Read more cases here](#)

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Fungus Among Us: Histoplasmosis IDSA Guideline Update

IDSA released Part 1 of the update for histoplasmosis guideline originally published in 2007. This update addresses "Treatment of Asymptomatic Histoplasma Pulmonary Nodules and Mild or Moderate Acute Pulmonary Histoplasmosis in Adults, Children and Pregnant People." This update does not address the management of severe/disseminated histoplasmosis.

This update includes more specific recommendations for immunocompromised patients. When treatment is indicated, itraconazole is recommended as first line therapy for most patients. Itraconazole requires appropriate therapeutic drug monitoring and drug interaction assessment.

[Click here to read the update!](#)

Latest Clinical Education Pearls: Click to Read!

[Non-Infectious Causes of Fever](#)

[TMP-SMX vs Streptococcus spp.](#)

[Beat the Bug: Aerococcus spp.](#)

[C. difficile Colonization Conundrum](#)

Norton Infectious Diseases Institute Grand Rounds Educational Series

[IP Boot Camp: Understanding the Rise of the Resistance: Multidrug Resistant Organisms](#)

[IP Boot Camp: Kentucky Tuberculosis Program](#)

[Candida auris: A Growing Threat](#)

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