

KASIC NEWSLETTER

Issue Four, Volume Four

*Pictured Top: St. James Court Fountain
Attribution to Historic Old Louisville Neighborhood
& Visitors Center on tripadvisor.com*

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Antibiotic use and outcomes in patients with CAP and positive respiratory viral assays

The 2025 American Thoracic Society (ATS) community-acquired pneumonia (CAP) [guidelines](#) recommend empiric antibiotics for all hospitalized patients with CAP who have a positive test for respiratory viruses due to concern for poor outcome associated with viral-bacterial coinfection, which may go undetected. However, uncertainty remains regarding the necessity of antibiotics once a viral etiology is confirmed. The IDSA [refrained from endorsing](#) the ATS guideline due to disagreement with this recommendation.

A recent large, retrospective, propensity-score matched cohort study evaluated the outcomes of patients with clinical indicators of possible CAP and a positive respiratory viral assay with low procalcitonin (≤ 0.25 $\mu\text{g/L}$). The authors found that patients who received short courses (0-2 days) vs those with longer courses (5-7 days) had similar outcomes including length of stay, ICU admission, and in-hospital mortality.

These findings suggest antibiotic therapy may not confer additional benefits in patients with confirmed viral infections.

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

Cefazolin Compared to Anti-staphylococcal Penicillins for MSSA Bacteremia

Methicillin-susceptible *Staphylococcus aureus* (MSSA) bloodstream infections have historically been treated with anti-staphylococcal penicillins (e.g. nafcillin, cloxacillin) as the drug of choice. The use of cefazolin has been associated with favorable outcomes in observational studies, but high-quality trial data has not confirmed comparable efficacy, until now!

The CloCeBa trial is a prospective, randomized, controlled, non-inferiority trial comparing cloxacillin and cefazolin for the treatment of MSSA bacteremia. Cefazolin was non-inferior to cloxacillin for the primary outcome of therapeutic success (composite of bacteriologic success, clinical success, and survival at day 90). Patient receiving cloxacillin experienced acute kidney injury more frequently than patients receiving cefazolin (12% vs 1%, $p=0.0002$).

The trial confirms cefazolin as an appropriate treatment option for MSSA bacteremia with a potentially more favorable adverse event profile. The decision between the two agents should be individualized based on patient specific factors.

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



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 is being discharged on cefdinir 300 mg PO BID for *E. coli* bacteremia secondary to a cUTI. Is this an appropriate discharge plan?

- A. Yes
- B. No



[Click here for the BEST answer](#)

[Read more cases here](#)

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New Treatments for Gonorrhea

The FDA has now [approved](#) two new oral therapy options for uncomplicated urogenital gonorrhea: gepotidacin and zoliflodacin. These two therapy options serve as a welcome addition to the armamentarium of antimicrobials used to treat gonorrhea. Most notably, the two newly approved drugs provide an oral option as opposed to the current standard of care which is an intramuscular injection with ceftriaxone.

- ✓ Gepotidacin is given as 3000 mg (4 tablets) x2 doses given 12 hours apart. The most common side effects included gastrointestinal effects (diarrhea, nausea, vomiting).
- ✓ Zoliflodacin is given as a single 3000 mg dose that is dissolved in water for oral administration. The most common side effects associated with zoliflodacin were low white blood cell counts and gastrointestinal effects.

Latest Clinical Education Pearls: Click to Read!

[Pick Your Poison: Legionella Pneumonia](#)

[How Long for Legionella?](#)

Norton Infectious Diseases Institute Grand Rounds Educational Series

[Click here for Grand Rounds Information](#)

[What Keeps You Up at Night?](#)

[Infection Prevention and Control Through the Ages](#)