

KASIC NEWSLETTER

Issue Six, Volume Four

Pictured Top: Cold Spring, KY
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Follow-up Blood Cultures in Patients with Streptococcal Bacteremia: Yay or Nay?

While follow-up blood cultures are standard of care in the management of *Staphylococcus aureus* bacteremia, limited evidence exists regarding the necessity for other gram-positive organisms such as *Streptococcus* spp.

A recent retrospective study included 454 adult patients who had ≥ 1 positive blood culture for a *Streptococcus* species and follow-up blood cultures. Follow-up blood cultures were positive in 10.6% of patients. Rate of positive follow-up blood cultures based on organism type was as follows:

- *S. anginosus*: 18.5%
- Viridans group streptococci: 14.7%
- *S. agalactiae*: 8.1%
- *S. pneumoniae*: 6%
- Group C and G streptococci: 4.6%
- *S. pyogenes*: 0%

Clinical utility of follow-up blood cultures varies by species. The authors suggested that patients with *S. anginosus* or Viridans group streptococci would be more likely to benefit due to higher rates of continued positivity. Follow-up blood cultures are likely not needed for other streptococci unless deep-seated infection (e.g. endocarditis) is suspected.

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

Public Health and Antimicrobial Stewardship

A recent study demonstrated the ability for public health measures to improve antimicrobial use within long-term care facilities. The Massachusetts Antibiotic Start Reporting Program assessed antimicrobial stewardship across 217 long-term care facilities from 2018 to 2024. The intervention used benchmarking, feedback, education, and facility recognition to influence prescribing behavior. While overall antibiotic start rates rose slightly, [fluoroquinolone](#) use decreased by 36%, and beta-lactams, which are more favorable from a stewardship perspective, increased by 26%. Notably, the program expansion in 2022 was associated with a significant increase in beta-lactam prescribing. The data supports the notion that stewardship efforts can alter the prescribing habits of providers to utilize more appropriate antibiotics in the long-term care setting. The study demonstrates that consistent, data driven public health partnerships can engage prescribers and modify prescribing patterns across resource-limited settings.

[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 is on D4 of vancomycin for MRSA bacteremia 2nd to a drained skin abscess. Pt is afebrile and wbc wnl. Repeat blood cultures are no growth to date. The MRSA vancomycin MIC is 2 mg/L. Change vanco to dapto?

- A. Yes
- B. No



[Click here for the BEST answer](#)

[Read more cases here](#)

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Bacterial Prostatitis: A Review

A recent review was published in Clinical Infectious Diseases on the diagnosis and management of acute and chronic bacterial prostatitis.

Bacterial prostatitis can be challenging to diagnose and treat. Patients often present with signs and symptoms of UTI, but further investigation is often needed to distinguish UTI from prostatitis. Diagnostics to help do so are described in the depth by the review. Of note, although easy to obtain, the prostate-specific antigen (PSA) test has limited utility in diagnosing prostatitis and is not recommended by guidelines.

Treatment of acute bacterial prostatitis consists of initial empiric IV antibiotic with adequate gram-negative activity (e.g. ceftriaxone, piperacillin/tazobactam) followed by PO step-down to sulfamethoxazole/trimethoprim or fluoroquinolone based on susceptibility testing. The optimal duration of therapy is unknown but generally consists of at least 2 weeks. Surgical intervention may be necessary for patients with prostate abscess or refractory chronic bacterial prostatitis.

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

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[Linezolid for Line Infections](#)

[What To Do When the Vanc MIC is 2?](#)

[Beat the Bug: Lactobacillus spp](#)