MJIMA OTURUMU
LİTERATÜR SAATİ
DÜNYADA ÖNE ÇIKAN YAYINLAR

Ediz Tütüncü

12. Türkiye EKMUD Bilimsel Kongresi

21 Mayıs 2024, Antalya

- International Society for Cardiovascular Infectious Diseases (ISCVID)

Fowler VG et al. Clin Infect Dis 2023;doi:10.1093/cid/ciad271

PATHOLOGIC CRITERIA	Change
Microorganism identification	Microorganisms identified in appropriate sample by PCR, amplicon or metagenomic sequencing, or *in situ* hybridization
MAJOR CLINICAL CRITERIA	Change
Microbiology	
Blood cultures	Removed requirements for timing and separate venipunctures for blood cultures.
Definition of typical organisms	Added typical pathogens: 1) *S. lugdunensis*; *E. faecalis*; all streptococci except *S. pneumoniae* and *S. pyogenes*; *Granulicatella spp.*; *Abiotrophia spp.*; & *Gemella* spp. 2) Organisms to be considered "typical" IE pathogens in the setting of intracardiac prosthetic material: coagulase negative staphylococci, *Corynebacterium striatum*; *C. jeikeium*, *Serratia marcescens*, *Pseudomonas aeruginosa*, *Cutibacterium acnes*, non-tuberculous mycobacteria, and *Candida* spp.
Other Microbiologic tests	Added new Major Criteria for fastidious pathogens: 1) PCR or amplicon/metagenomic sequencing identifies *C. burnetii*, *Bartonella* sp., or *T. whipplei* from blood; or 2) IFA ≥ 1:800 for IgG antibodies identifies *B. henselae* or *B. quintana*.

Fowler VG et al. Clin Infect Dis 2023;doi:10.1093/cid/ciad271

Imaging	
Echocardiography	Similar to earlier versions. Cornerstone of imaging criterion.
Cardiac Computerized Tomography	Added new Major Criterion. Findings equivalent to echocardiography.
[18F]FDG PET/CT	Added new Major Criterion. Findings for native valve, cardiac device, or prosthetic valve > 3 months after cardiac surgery are equivalent to echocardiography.
Surgical	Added new Major Criterion. Intraoperative inspection constitutes Major Criterion in absence of Major Criterion by cardiac imaging or histopathology.
MINOR CLINICAL CRITERIA	
Predisposition	Added Transcatheter valve implant/ repair, endovascular CIED, and prior diagnosis of IE.
Fever	Unchanged.
Vascular phenomena	Added splenic and cerebral abscess.

Fowler VG et al. Clin Infect Dis 2023;doi:10.1093/cid/ciad271

Clinical Infectious Diseases

VIEWPOINTS ARTICLE

Make modern microbiology matter more in the 2023 ESC guidelines for the management of infective endocarditis

Karl Oldberg[1,2] and Magnus Rasmussen[1,3*]

[1]Department of Clinical Sciences Lund, Division of Infection Medicine, Lund University, SE-221 00 Lund, Sweden; [2]Department of Clinical Microbiology, Infection Control and Prevention,

The ESC 2023 guidelines for the management of endocarditis stress that a multidisciplinary approach is needed to manage patients with infective endocarditis (IE). In our view the guidelines do not include the relevant perspectives from modern microbiology. The diagnostic criteria for IE were changed in the ESC 2023 guidelines and many IE-causing pathogens are either not clearly defined or not even mentioned. Moreover, the improved understanding of the relation between bacterial species and the risk for IE has not been implemented. The guidelines give detailed, and in our view not correct, instructions about diagnostic testing in blood culture negative IE without presenting proper evidence. Other important diagnostic aspects such as the value of repeated blood cultures and incubation time for blood cultures are not discussed. We believe that a multidisciplinary collaboration, including microbiologists, would have improved these guidelines and we hope for a future harmonization of diagnostic criteria for IE.

Oldberg K et al. Clin Infect Dis 2024 Apr 24:ciae222. doi: 10.1093/cid/ciae222

Clinical Infectious Diseases

MAJOR ARTICLE

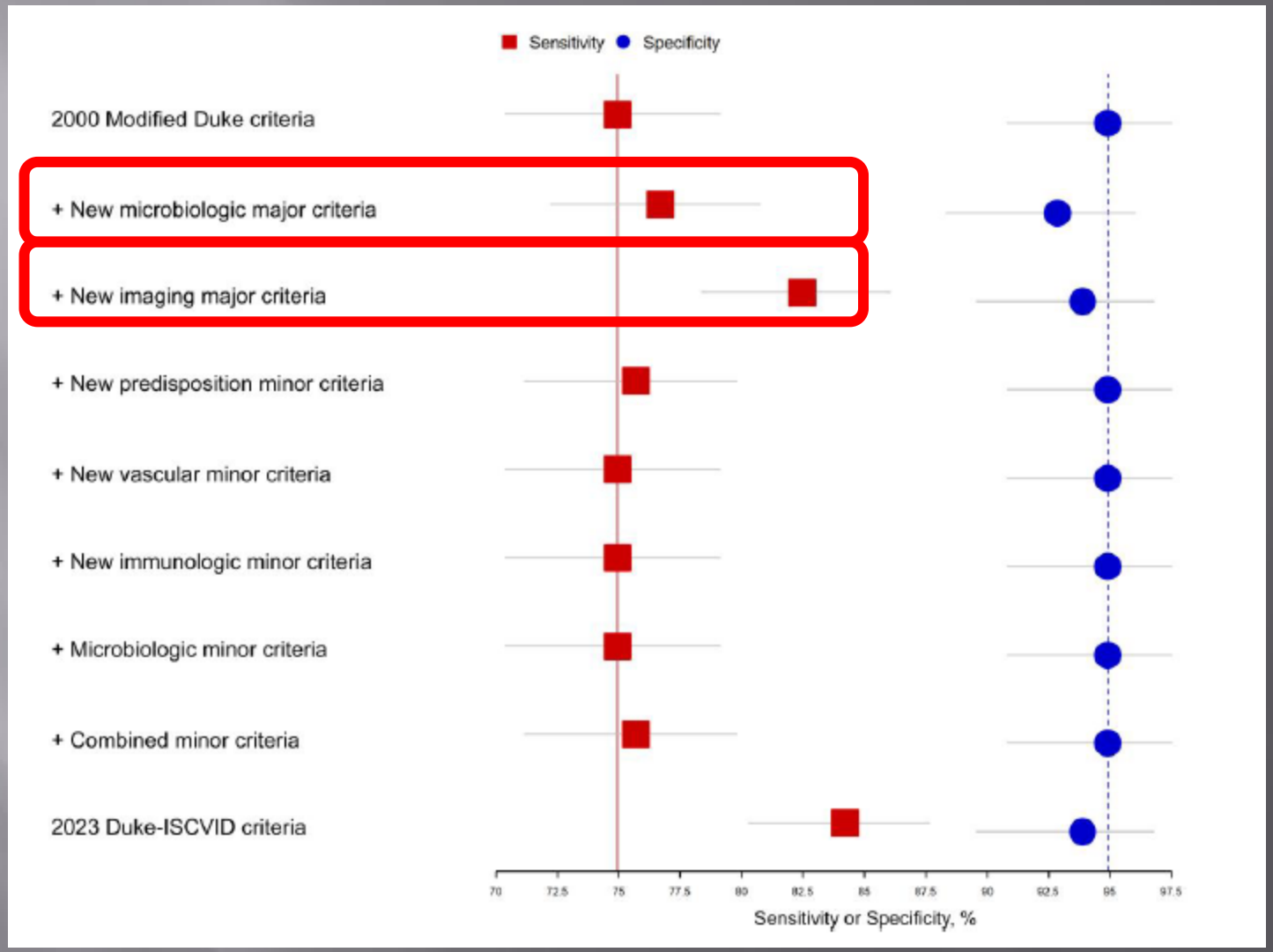
External Validation of the 2023 Duke–International Society for Cardiovascular Infectious Diseases Diagnostic Criteria for Infective Endocarditis

Thomas W. van der Vaart,[1,2,3] Patrick M. M. Bossuyt,[4] David T. Durack,[2] Larry M. Baddour,[5,6] Arnold S. Bayer,[7,8] Emanuele Durante-Mangoni,[9] Thomas L. Holland,[2,3] Adolf W. Karchmer,[10] Jose M. Miro,[11,12] Philippe Moreillon,[13] Magnus Rasmussen,[14] Christine Selton-Suty,[15,16] Vance G. Fowler Jr,[2,3] and Jan T. M. van der Meer[1]

[1]Division of Infectious Diseases, Amsterdam University Medical Center, Universiteit van Amsterdam, Amsterdam, The Netherlands; [2]Division of Infectious Diseases, Duke University Medical Center, Durham, North Carolina, USA; [3]Duke Clinical Research Institute, Durham, North Carolina, USA; [4]Department of Epidemiology and Data Science, Amsterdam University Medical Center, Universiteit

- Ekim 2016-Mart 2021 arası olası İE tanısı ile izlenen 595 hasta

van der Vaart TW et al. Clin Infect Dis 2024;78:922



- Duyarlılık %74,9 vs %84,2,
- Özgüllük %94,9 vs %93,9

van der Vaart TW et al. Clin Infect Dis 2024;78:922

Clinical Infectious Diseases

MAJOR ARTICLE

Evaluation of the 2023 Duke-International Society of Cardiovascular Infectious Diseases Criteria in a Multicenter Cohort of Patients With Suspected Infective Endocarditis

Matthaios Papadimitriou-Olivgeris,[1,●] Pierre Monney,[2] Michelle Frank,[3] Georgios Tzimas,[2] Piergiorgio Tozzi,[4] Matthias Kirsch,[4] Mathias Van Hemelrijck,[5] Robert Bauernschmitt,[5] Jana Epprecht,[6] Benoit Guery,[1] and Barbara Hasse[6]

[1]Infectious Diseases Service, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland; [2]Department of Cardiology, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland; [3]Department of Cardiology, University Hospital Zurich and University of Zurich, Zurich, Switzerland; [4]Department of Cardiac Surgery, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland; [5]Department of Cardiac Surgery, University Hospital Zurich and University of Zurich, Zurich, Switzerland; and [6]Department of Infectious Diseases and Hospital Epidemiology, University Hospital Zurich and University of Zurich, Zurich, Switzerland

- 2014-2022 arası izlenen 2132 olası İE episodu
- …önceki versiyonlara göre daha yüksek duyarlılık, daha düşük özgüllük…

Papadimitriou-Olivgeris M et al. Clin Infect Dis 2024;78:949

Association Between Vegetation Size and Outcome in the Partial Oral Antibiotic Endocarditis Treatment Trial

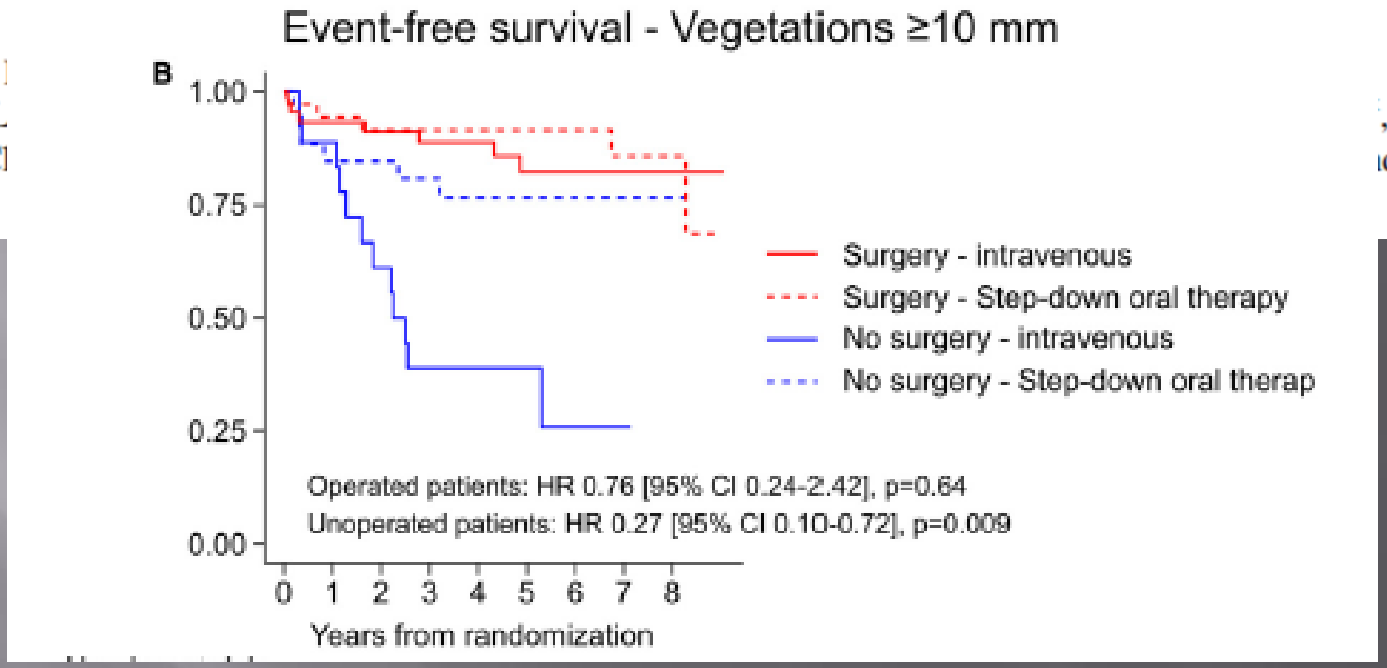
Rasmus Carter-Storch, MD, PhD[a,*], Mia Marie Pries-Heje, MD[b], Jonas A. Povlsen, MD, PhD[c], Ulrik Christensen, MD[d], Sabine U. Gill, MD, PhD[a], Julie Glud Hjulmand, MBBS[b], Niels E. Bruun, MD, DMSc[e], Hanne Elming, MD, PhD[e], Trine Madsen, MD, PhD[d], Kurt Fuursted, MD, DMSci[f], Martin Schultz, MD, PhD[g], Jens J. Christensen, MD, DMSci[h], Flemming Rosenvinge, MD[i], Jannik Helweg-Larsen, MD, DMSci[b], Emil Fosbøl, MD, PhD[b,j], Lars Køber, MD, DMSci[b], Christian Torp-Pedersen, MD, DMSci[k], Niels Tønder, MD, DMSci[k], Claus Moser, MD, PhD[l,m], Kasper Iversen, MD, DMSc[g,j], Henning Bundgaard, MD, DMSc[b], and Nikolaj Ihlemann, MD, PhD[n]

- 368 IE hastası
- Büyük vejetasyon (>10 mm) varlığı ya da cerrahi girişim uygulanan hastalarda sürekli IV antibiyotik tedavisi ile step down oral tedavi karşılaştırılması

Carter-Storch R et al. Am J Cardiol 2024;00:1
doi.org/10.1016/j.amjcard.2024.04.058

Association Between Vegetation Size and Outcome in the Partial Oral Antibiotic Endocarditis Treatment Trial

Rasmus Carter-Storch, MD, PhD[a,*], Mia Marie Pries-Heje, MD[b], Jonas A. Povlsen, MD, PhD[c], Ulrik Christensen, MD[d], Sabine U. Gill, MD, PhD[a], Julie Glud Hjulmand, MBBS[b], Niels E. Bruun, MD, DMSc[e], Hanne Elming, MD, PhD[e], Trine Madsen, MD, PhD[d].



- Başlangıçta büyük vejetasyon ya da erken cerrahi girişim oral tedaviye geçişe engel değil..

Carter-Storch R et al. Am J Cardiol 2024;00:1
doi.org/10.1016/j.amjcard.2024.04.058

Open Forum Infectious Diseases

PERSPECTIVES

Can the Future of ID Escape the Inertial Dogma of Its Past? The Exemplars of Shorter Is Better and Oral Is the New IV

Kusha Davar,[1] Devin Clark,[1] Robert M. Centor,[2] Fernando Dominguez,[1] Bassam Ghanem,[3] Rachael Lee,[4] Todd C. Lee,[5] Emily G. McDonald,[6] Matthew C. Phillips,[7,8] Parham Sendi,[9] and Brad Spellberg[1]

[1]Los Angeles County + University of Southern California (LAC+USC) Medical Center, Los Angeles, California, USA, [2]Department of Medicine, Birmingham Veterans Affairs (VA) Medical Center, Birmingham, Alabama, Birmingham, Alabama, USA, [3]King Abdulaziz Medical City, Jeddah, Saudi Arabia, [4]Department of Medicine, Division of Infectious Diseases, University of Alabama at Birmingham, Birmingham, Alabama, USA, [5]Division of Infectious Diseases, Department of Medicine, McGill University, Montreal, Canada, [6]Division of General Internal Medicine, Department of Medicine, McGill University, Montreal, Quebec, Canada, [7]Division of Infectious Diseases, Department of Medicine, Massachusetts General Hospital, Boston, Massachusetts, USA, [8]Harvard Medical School, Boston, Massachusetts, USA, and [9]Institute for Infectious Diseases, University of Bern, Bern, Switzerland

- İki tarihi dogma
  - Geleneksel antimikrobiyal tedavi süreleri
  - Belli tanılarda sadece IV tedavi kullanılması

Davar K et al. https://doi.org/10.1093/ofid/ofac706

Open Forum Infectious Diseases

PERSPECTIVES

IDSA Infectious Diseases Society of America | hivma hiv medicine association | OXFORD

Can the Future of ID Escape the Inertial Dogma of Its Past? The Exemplars of Shorter Is Better and Oral Is the New IV

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- …daha kısa süreli tedavilerin yeterli olduğunu gösteren >120 RCT,
- Osteomyelit, bakteriyemi, endokardit tedavisinde oral tedavinin IV tedavi kadar başarılı olduğunun gösterildiği 21 RCT var.

Davar K et al. https://doi.org/10.1093/ofid/ofac706

Table 1. Summary of Shorter Is Better Randomized Controlled Trials

Diagnosis	Short (d)	Long (d)	Result	No. of RCTs	Refs.
Community-acquired pneumonia	3–5	5–14	Equal	14	[32–45]
Atypical community-acquired pneumonia	1	3	Equal	1	[46]
Possible pneumonia in ICU	3	14–21	Equal	1	[47]
Ventilator-associated pneumonia	8	15	Equal	2	[48, 49]
Complicated UTI/pyelonephritis	5 or 7	10 or 14	Equal	9	[50–58]
Complicated intra-abdominal infection	4–8	10–15	Equal	2	[59, 60]
Gram-negative bacillus bacteremia	7	14	Equal	3	[61–63]
Cellulitis/wound/abscess	5–6	10	Equal	4	[64–67]
Osteomyelitis	42	84	Equal	2	[68, 69]
Osteomyelitis s/*P* implant removal	28	42	Equal	1	[70]
Diabetic osteomyelitis s/*P* Debridement	10–21	42–90	Equal	2	[71, 72]
Septic arthritis	14	28	Equal	1	[73]
Acute exacerbations of bronchitis and sinusitis	≤5	≥7	Equal	>25	[74–81]
Neutropenic fever	AFx72 h/3d	ANC > 500/9d	Equal	2	[82, 83]
Perioperative prophylaxis	0–1	1–5	Equal	56	[84–88]
Plasmodium vivax malaria	7	14	Equal	1	[89]
Erythema migrans (Lyme disease)	7	14	Equal	1	[90]

Table 2. Summary of Randomized Controlled Trials of Oral vs IV-Only Therapy

Diagnosis	No. of RCTs Demonstrating IV > Oral	No. of RCTs Demonstrating Oral ≥ IV	References
Osteomyelitis	0	9 (all equal)	[103–111]
Bacteremia	0	10 (8 equal, 2 superior cure for oral)	[109, 112–120]
Endocarditis	0	3 (2 equal, 1 superior mortality for oral)	[121–123]

Abbreviations: IV, intravenous; RCT, randomized controlled trial.

Davar K et al. https://doi.org/10.1093/ofid/ofac706

Oral Is the New IV--Challenging Decades of Blood and Bone Infection Dogma: A Systematic Review

Noah Wald-Dickler, MD[1,2,3], Paul D. Holtom, MD[1,2], Matthew C. Phillips, MD[1], Robert M. Centor, MD[4,5], Rachael. A. Lee, MD[4,5], Rachel Baden[1], Brad Spellberg[1,*]

[1]Los Angeles County + University of Southern California (LAC+USC) Medical Center. Los Angeles, CA, USA

[2]Department of Medicine, Keck School of Medicine of USC, Los Angeles, CA, USA

[3]Department of Preventive Medicine, Keck School of Medicine of USC, Los Angeles, CA, USA

- Hasta klinik ve hemodinamik olarak stabil,
- Kaynak kontrolü sağlanmış,
- Oral tedavide absorbsiyona ilişkin sorun yok,
- Hedeflenen patojen için literatür verisi var

Wald-Dickler N et al. Am J Med. 2022;135:369

Title: Short Versus Prolonged Duration of Therapy for *Pseudomonas aeruginosa* Bacteremia: A Systematic Review and Meta-analysis

Nischal Ranganath, MD, PhD[1]; Leslie C. Hassett, MLS, AHIP[2]; Omar M. Abu Saleh, MBBS[1]; Zachary A. Yetmar, MD[1,3]

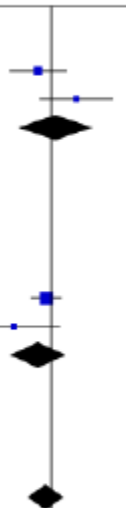
[1]Division of Public Health, Infectious Diseases, and Occupational Medicine, Mayo Clinic, Rochester, Minnesota, USA

- *P. aeruginosa* bakteriyemisi
- Sistematik derlemeye alınan 6 çalışma ve toplam 1746 hastanın dahil edildiği meta analiz
- Kısa tedavi ≤10 gün

Ranganath N et al. J Hosp Infecti 2024; https://doi.org/10.1016/j.jhin.2024.04.007

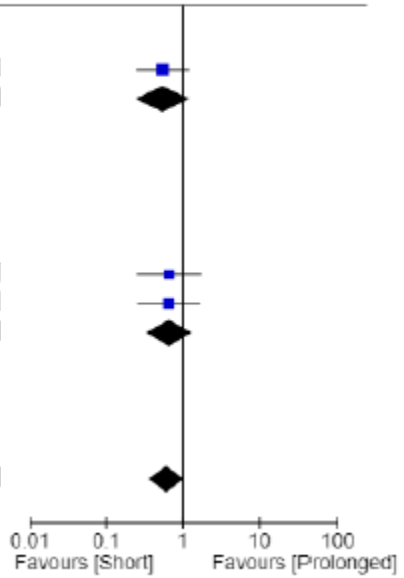
A.

Study or Subgroup	Short course therapy Events	Total	Prolonged course therapy Events	Total	Weight	Risk ratio IV, Random, 95% CI
1.1.1 30-day mortality from antibiotic completion						
Bae	6	97	18	193	24.7%	0.66 [0.27 , 1.62]
Fabre	5	69	6	180	17.2%	2.17 [0.69 , 6.89]
Subtotal (95% CI)		**166**		**373**	**41.9%**	**1.13 [0.36 , 3.60]**
Total events:	11		24			
Heterogeneity: Tau² = 0.43; Chi² = 2.55, df = 1 (P = 0.11); I² = 61%						
Test for overall effect: Z = 0.21 (P = 0.83)						
1.1.2 30-day mortality from positive blood culture						
Babich	25	273	41	384	45.7%	0.86 [0.53 , 1.38]
Douglas Rodrigues et al.	2	34	15	81	12.4%	0.32 [0.08 , 1.31]
Subtotal (95% CI)		**307**		**465**	**58.1%**	**0.66 [0.28 , 1.56]**
Total events:	27		56			
Heterogeneity: Tau² = 0.20; Chi² = 1.69, df = 1 (P = 0.19); I² = 41%						
Test for overall effect: Z = 0.95 (P = 0.34)						
Total (95% CI)		**473**		**838**	**100.0%**	**0.84 [0.48 , 1.45]**



B.

Study or Subgroup	Short course therapy Events	Total	Prolonged course therapy Events	Total	Weight	Risk ratio IV, Random, 95% CI
1.2.1 30-day recurrence/persistence of PSA BSI						
Babich	8	264	21	375	41.9%	0.54 [0.24 , 1.20]
Subtotal (95% CI)		**264**		**375**	**41.9%**	**0.54 [0.24 , 1.20]**
Total events:	8		21			
Heterogeneity: Not applicable						
Test for overall effect: Z = 1.51 (P = 0.13)						
1.2.2 30-day recurrent PSA infection at any site						
Bae	5	97	15	193	27.7%	0.66 [0.25 , 1.77]
Fabre	5	69	20	180	30.3%	0.65 [0.25 , 1.67]
Subtotal (95% CI)		**166**		**373**	**58.1%**	**0.66 [0.33 , 1.30]**
Total events:	10		35			
Heterogeneity: Tau² = 0.00; Chi² = 0.00, df = 1 (P = 0.98); I² = 0%						
Test for overall effect: Z = 1.21 (P = 0.23)						
Total (95% CI)		**430**		**748**	**100.0%**	**0.61 [0.36 , 1.02]**
Total events:	18		56			
Heterogeneity: Tau² = 0.00; Chi² = 0.13, df = 2 (P = 0.94); I² = 0%						
Test for overall effect: Z = 1.90 (P = 0.06)						
Test for subgroup differences: Chi² = 0.13, df = 1 (P = 0.72), I² = 0%						



Original article

Switch to oral antibiotics in Gram-negative bacteraemia: a randomized, open-label, clinical trial

Ali S. Omrani [1, 2, 3, *], Sulieman H. Abujarir [1, 2, †], Fatma Ben Abid [1, 2, 4, †], Shahd H. Shaar [1, †], Mesut Yilmaz [5], Adila Shaukat [1, 6], Mussad S. Alsamawi [1, 7], Mohamed S. Elgara [8], Mohamed Islam Alghazzawi [8], Khaled M. Shunnar [8], Ahmed Zaqout [1, 2], Yasser M. Aldeeb [1, 7], Wadha Alfouzan [9, 10], Muna A. Almaslamani [1, 2], SOAB Study Group[††]

[1] *Communicable Diseases Center, Hamad Medical Corporation, Doha, Qatar*
[2] *Division of Infectious Diseases, Department of Medicine, Hamad Medical Corporation, Doha, Qatar*
[3] *Qatar University College of Medicine, Doha, Qatar*
[4] *Weill Cornell Medicine-Qatar, Doha, Qatar*
[5] *Department of Infectious Diseases and Microbiology, Istanbul Medipol University, Istanbul, Turkiye*
[6] *Division of Infectious Diseases, Department of Medicine, Al Wakra Hospital, Hamad Medical Corporation, Al Wakra, Qatar*

- Monomikrobiyal Enterobakterales bakteriyemisi,
- Etken ≥1 oral betalaktam, kinolon, tmp-smx duyarlı,
- 3-5 gün IV tedavi,
- ≥ 48 saat afebril ve hemodinamik olarak stabil,
- Kaynak kontrolü sağlanmış

Omrani AS et al. Clin Microbiol Infect 2024;30:492

Original article

Switch to oral antibiotics in Gram-negative bacteraemia: a randomized, open-label, clinical trial

Ali S. Omrani [1,2,3,*], Sulieman H. Abujarir [1,2,†], Fatma Ben Abid [1,2,4,†], Shahd H. Shaar [1,†], Mesut Yilmaz [5], Adila Shaukat [1,6], Mussad S. Alsamawi [1,7], Mohamed S. Elgara [8], Mohamed Islam Alghazzawi [8], Khaled M. Shunnar [8], Ahmed Zaqout [1,2], Yasser M. Aldeeb [1,7], Wadha Alfouzan [9,10], Muna A. Almaslamani [1,2], SOAB Study Group[††]

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3) *Qatar University College of Medicine, Doha, Qatar*
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Table 3
Primary and secondary outcomes

Outcome	Population	IV Group	Oral Group	Difference (95% CI)[a]
Treatment failure within 90 d	ITT[b]	24 (28.2%)	22 (24.7%)	−3.7% (−16.6% to 9.3%)
	mITT[c]	21 (25.6%)	18 (21.7%)	−3.7% (−16.6% to 9.2%)
90-d all-cause mortality	ITT[b]	6 (7.1%)	7 (7.9%)	0.8% (−7.0% to 8.6%)
	mITT[c]	3 (3.7%)[d]	3 (3.6%)[e]	−0.04% (−5.8% to 5.7%)
Additional antimicrobial therapy	ITT[b]	13 (15.3%)	8 (9.0%)	−6.8% (−16.1% to 2.6%)
	mITT[c]	10 (12.2%)	4 (4.8%)	−7.1% (−15.5% to 1.3%)
Microbiological relapse	ITT[b]	13 (15.3%)	10 (11.2%)	−4.1% (−14.1% to 5.9%)
	mITT[c]	10 (12.2%)	6 (7.2%)	−4.8% (−14.0% to 4.3%)
Infection-related re-admission	ITT[b]	12 (14.1%)	19 (21.3%)	7.2% (−4.0% to 18.3%)
	mITT[c]	9 (11.0%)	15 (18.1%)	7.5% (−3.1% to 18.1%)

STUDY PROTOCOL

A Randomized, Open-Label, Non-inferiority Clinical Trial Assessing 7 Versus 14 Days of Antimicrobial Therapy for Severe Multidrug-Resistant Gram-Negative Bacterial Infections: The OPTIMISE Trial Protocol

Beatriz Arns · Jaqueline Driemeyer C. Horvath ·
Gabriela Soares Rech · Guilhermo Prates Sesin ·
Crepin Aziz Jose Oluwafoumi Agani · Bruna Silveira da Rosa ·

- MDR GNB'lerin etken olduğu ciddi enfeksiyonların söz konusu olduğu kritik hastalarda 7 vs 14 gün antimikrobiyal tedavi

Arnz B et al. Infect Dis Ther 2024;13:237

antibiotics

MDPI

Systematic Review

Effectiveness and Safety of Linezolid Versus Vancomycin, Teicoplanin, or Daptomycin against Methicillin-Resistant *Staphylococcus aureus* Bacteremia: A Systematic Review and Meta-Analysis

Hitoshi Kawasuji [1], Kentaro Nagaoka [1], Yasuhiro Tsuji [2], Kou Kimoto [1], Yusuke Takegoshi [1], Makito Kaneda [1], Yushi Murai [1], Haruka Karaushi [3], Kotaro Mitsutake [3] and Yoshihiro Yamamoto [1,*]

- Sistematik derleme ve meta analiz
- MRSA bakteriyemisi olan hastalarda linezolid, vankomisin, teikoplanin ve daptomisinin etkinlik ve güvenliği (n=5328)

Kawasuji H et al. Antibiotics 2023;12:697

antibiotics

MDPI

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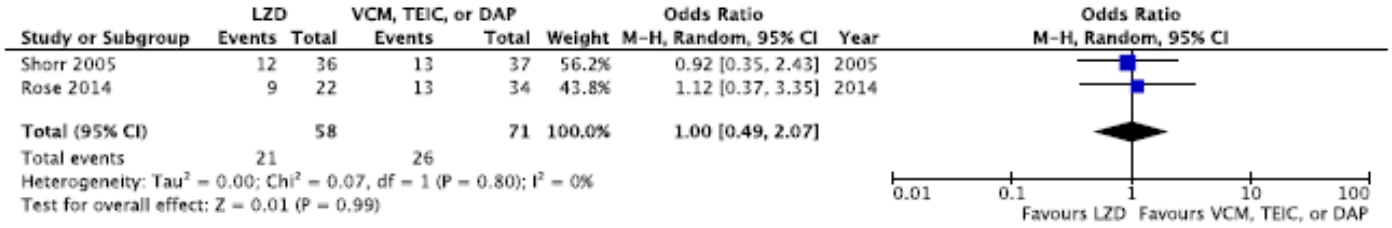
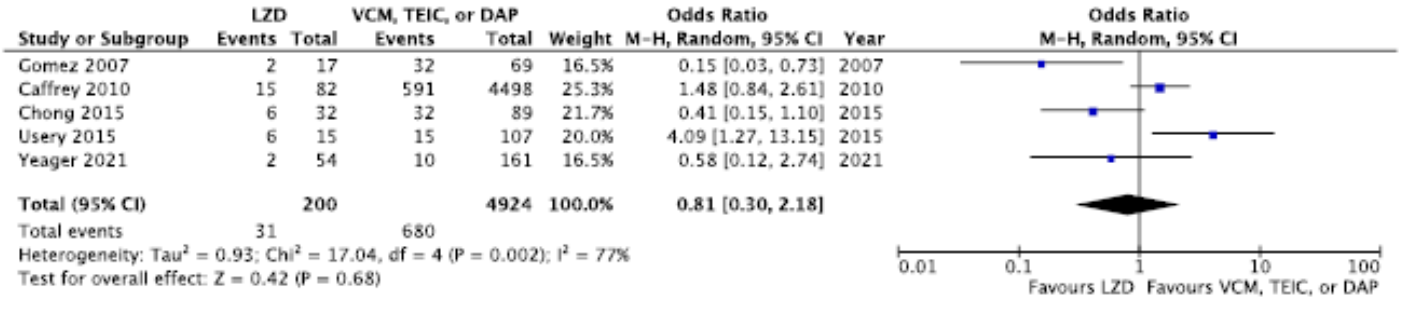
(A)



(B)



antibiotics

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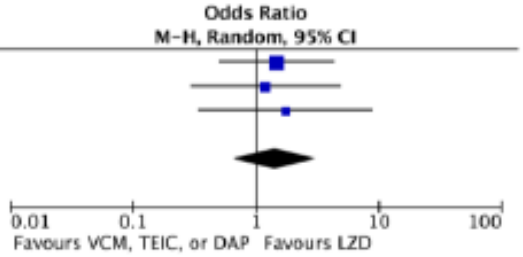
(A)

Study or Subgroup	LZD Events	LZD Total	VCM, TEIC, or DAP Events	VCM, TEIC, or DAP Total	Weight	Odds Ratio M-H, Random, 95% CI	Year
Shorr 2005	14	25	13	28	49.1%	1.47 [0.50, 4.34]	2005
Wilcox 2009	19	24	16	21	29.2%	1.19 [0.29, 4.85]	2009
Wunderink 2012	4	9	6	19	21.7%	1.73 [0.34, 8.87]	2012
Total (95% CI)		**58**		**68**	**100.0%**	**1.43 [0.67, 3.06]**	
Total events	37		35				

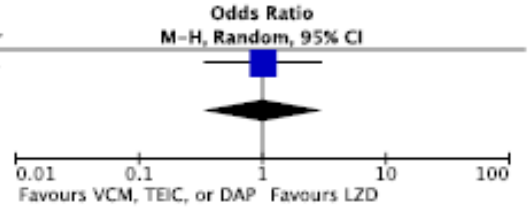
Heterogeneity: $Tau^2 = 0.00$; $Chi^2 = 0.12$, df = 2 (P = 0.94); $I^2 = 0\%$
Test for overall effect: Z = 0.92 (P = 0.36)



(B)

Study or Subgroup	LZD Events	LZD Total	VCM, TEIC, or DAP Events	VCM, TEIC, or DAP Total	Weight	Odds Ratio M-H, Random, 95% CI	Year
Usery 2015	9	15	64	107	100.0%	1.01 [0.33, 3.04]	2015
Total (95% CI)		**15**		**107**	**100.0%**	**1.01 [0.33, 3.04]**	
Total events	9		64				

Heterogeneity: Not applicable
Test for overall effect: Z = 0.01 (P = 0.99)



antibiotics

MDPI

Systematic Review

Effectiveness and Safety of Linezolid Versus Vancomycin, Teicoplanin, or Daptomycin against Methicillin-Resistant *Staphylococcus aureus* Bacteremia: A Systematic Review and Meta-Analysis

Hitoshi Kawasuji [1], Kentaro Nagaoka [1], Yasuhiro Tsuji [2], Kou Kimoto [1], Yusuke Takegoshi [1], Makito Kaneda [1], Yushi Murai [1], Haruka Karaushi [3], Kotaro Mitsutake [3] and Yoshihiro Yamamoto [1,*]

- MRSA bakteriyemisinin tedavisinde linezolid, vankomisin, teikoplanin ve daptomisin ile benzer klinik etkinliğe sahiptir.
- İlk sıra seçenek olarak önerilir.

Kawasuji H et al. Antibiotics 2023;12:697

Infectious Diseases Society of America Guidance on the Treatment of Extended-Spectrum β-lactamase Producing Enterobacterales (ESBL-E), Carbapenem-Resistant Enterobacterales (CRE), and *Pseudomonas aeruginosa* with Difficult-to-Treat Resistance (DTR-*P. aeruginosa*)

Pranita D. Tamma,[1] Samuel L. Aitken,[2] Robert A. Bonomo,[3] Amy J. Mathers,[4] David van Duin,[5] and Cornelius J. Clancy[6]

- IDSA sistematik derleme
- ESBL-E, CRE-E, DTR-*P. aeruginosa* ile enfekte hastalarda antibiyotik seçimi,

* DTR: TZP, sefepim, seftazidim, karbapenem, kinolon, aztreonam dirençli

Tamma PD et al. Clin Infect Dis 2021;72:1109

Clinical Infectious Diseases

IDSA GUIDELINE

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OXFORD

Infectious Diseases Society of America Guidance on the Treatment of AmpC β-Lactamase–Producing Enterobacterales, Carbapenem-Resistant *Acinetobacter baumannii*, and *Stenotrophomonas maltophilia* Infections

Pranita D. Tamma,[1] Samuel L. Aitken,[2] Robert A. Bonomo,[3] Amy J. Mathers,[4] David van Duin,[5] and Cornelius J. Clancy[6]

[1]Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA; [2]Department of Pharmacy, University of Michigan Health, Ann Arbor, Michigan, USA; [3]Medical Service, Louis Stokes Cleveland Department of Veterans Affairs Medical Center, University Hospitals Cleveland Medical Center and Departments of Medicine, Pharmacology, Molecular Biology, and Microbiology, Case Western Reserve University, Cleveland, Ohio, USA; [4]Departments of Medicine and Pathology, University of Virginia, Charlottesville, Virginia, USA; [5]Department of Medicine, University of North Carolina School of Medicine, Chapel Hill, North Carolina, USA; and [6]Department of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania, USA

- AmpC β-laktamaz üreten Enterobacterales, karbapenem dirençli Acinetobacter baumannii, Stenotrophomonas maltophilia enfeksiyonları

https://www.idsociety.org/practice-guideline/amr-guidance-2.0

Clinical Infectious Diseases

IDSA GUIDELINES

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OXFORD

Infectious Diseases Society of America 2023 Guidance on the Treatment of Antimicrobial Resistant Gram-Negative Infections

Pranita D. Tamma,[1] Samuel L. Aitken,[2] Robert A. Bonomo,[3] Amy J. Mathers,[4,5] David van Duin,[6] and Cornelius J. Clancy[7]

[1]Department of Pediatrics, Johns Hopkins University School of Medicine, Baltimore, Maryland, USA; [2]Department of Pharmacy, University of Michigan Health, Ann Arbor, Michigan, USA; [3]Medical Service and Center for Antimicrobial Resistance and Epidemiology, Louis Stokes Cleveland Veterans Affairs Medical Center, University Hospitals Cleveland Medical Center and Departments of Medicine, Pharmacology, Molecular Biology, and Microbiology, Case Western Reserve University, Cleveland, Ohio, USA; [4]Department of Medicine, University of Virginia, Charlottesville, Virginia, USA; [5]Department of Pathology, University of Virginia, Charlottesville, Virginia, USA; [6]Department of Medicine, University of North Carolina School of Medicine, Chapel Hill, North Carolina, USA; and [7]Department of Medicine, University of Pittsburgh, Pittsburgh, Pennsylvania, USA

- ESBL-Enterobacterales, AmpC β-laktamaz Enterobacterales, CRE-Enterobacterales, DTR-*P. aeruginosa,* karbapenem dirençli Acinetobacter baumannii, Stenotrophomonas maltophilia

Tamma PD et al. Clin Infect Dis 2023 Jul 18:ciad428. doi: 10.1093/cid/ciad428

Clinical Infectious Diseases

IDSA GUIDELINES

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Infectious Diseases Society of America 2023 Guidance on the Treatment of Antimicrobial Resistant Gram-Negative Infections

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- "Etken tanımlanmış, antibiyotik duyarlılık profili saptanmış"
- ABD'deki tedavi seçenekleri
- Ampirik tedavi ya da tedavi sürelerine ilişkin spesifik öneriler yoktur.

Tamma PD et al. Clin Infect Dis 2023 Jul 18:ciad428. doi: 10.1093/cid/ciad428

Carbapenem use in extended-spectrum cephalosporin-resistant Enterobacterales infections in US hospitals and influence of IDSA guidance: a retrospective cohort study

Morgan K Walker, Guoqing Diao, Sarah Warner, Ahmed Babiker, Maniraj Neupane, Jeffrey R Strich, Christina Yek, Sameer S Kadri*, for the National Institutes of Health Antimicrobial Resistance Outcomes Research Initiative (NIH–ARORI)*

- 2018-2021, 168 hastane, 30041 hasta
- ESBL (+) Enterobacterales enfeksiyonları,

Walker MK et al. Lancet Infect Dis 2024;April 25, https://doi.org/10.1016/ S1473-3099(24)00149-X

Carbapenem use in extended-spectrum cephalosporin-resistant Enterobacterales infections in US hospitals and influence of IDSA guidance: a retrospective cohort study

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- Ampirik karbapenem kullanımı %17,7
- Hedefe yönelik karbapenem kullanımı %58,3

  Septik şok olmayan hastalarda %45,6

  Septik şok olmayan üriner enf. %46,8

Walker MK et al. Lancet Infect Dis 2024;April 25, https://doi.org/10.1016/ S1473-3099(24)00149-X

Carbapenem use in extended-spectrum cephalosporin-resistant Enterobacterales infections in US hospitals and influence of IDSA guidance: a retrospective cohort study

Morgan K Walker, Guoqing Diao, Sarah Warner, Ahmed Babiker, Maniraj Neupane, Jeffrey R Strich, Christina Yek, Sameer S Kadri*, for the National Institutes of Health Antimicrobial Resistance Outcomes Research Initiative (NIH–ARORI)*

- Karbapenem tedavisine geçiş, hastalık ciddiyetinden bağımsız olarak, ESBL raporlanan gün…
- ESBL (+) Enterobacterales enfeksiyonlarında karbapenemleri koruyan alternatifler için farkındalığın artırılması gerekir…

Walker MK et al. Lancet Infect Dis 2024;April 25, https://doi.org/10.1016/ S1473-3099(24)00149-X

J Antimicrob Chemother
https://doi.org/10.1093/jac/dkae135

Journal of Antimicrobial Chemotherapy

Impact of removing ESBL status labelling from culture reports on the use of carbapenems for non-bacteraemic patients diagnosed with ESBL-positive urinary tract infections

Lourdes R. Menendez Alvarado [1]*, Alice Margulis Landayan[1], Kelsey N. Williams[1], Corey M. Frederick[1], Zhenwei Zhang[2] and Timothy P. Gauthier[1]

[1]Pharmacy Department, Baptist Health South Florida, 1500 San Remo Ave, Miami, FL 33146, USA; [2]Center for Advanced Analytics, Baptist Health South Florida, 1500 San Remo Ave, Miami, FL 33146, USA

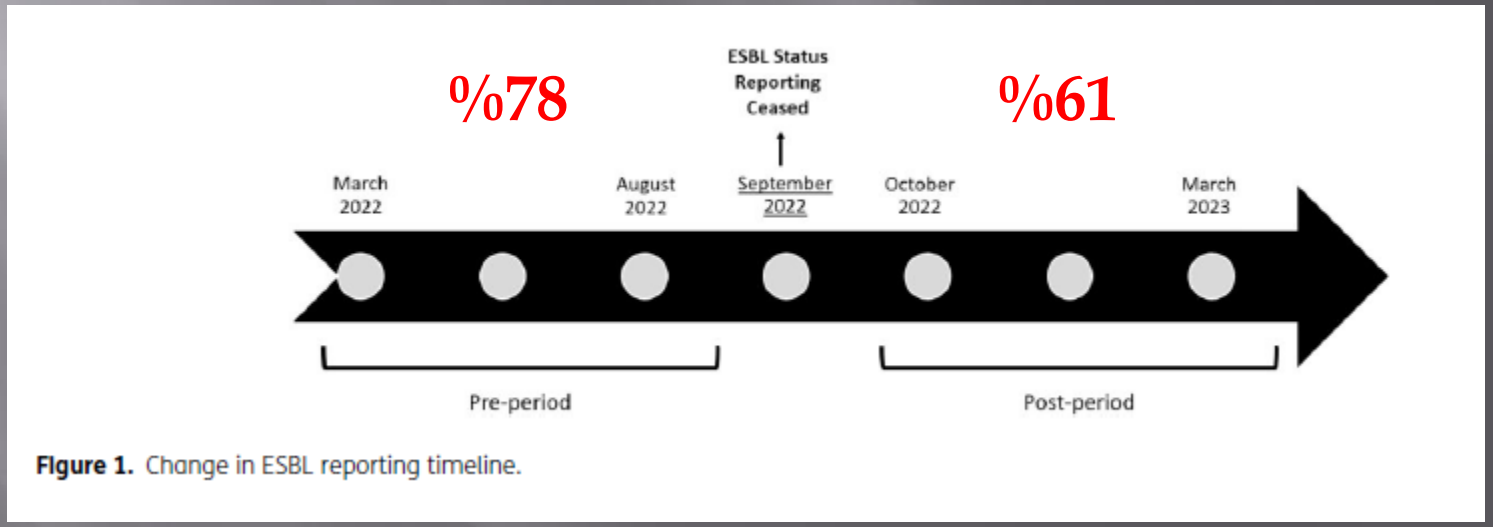

Figure 1. Change in ESBL reporting timeline.

Alvarado LRM et al. J Antimicrob Chemother 2024; April 18, https://doi.org/10.1093/jac/dkae135

J Antimicrob Chemother
https://doi.org/10.1093/jac/dkae135

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[1]Pharmacy Department, Baptist Health South Florida, 1500 San Remo Ave, Miami, FL 33146, USA; [2]Center for Advanced Analytics, Baptist Health South Florida, 1500 San Remo Ave, Miami, FL 33146, USA

- Laboratuvar sonuçlarından "ESBL" durumuna dair bildirimin kaldırılması, klinik sonuçlar değişmeksizin, üriner enfeksiyonların tedavisinde karbapenem kullanımını %78'den %61'e indirdi (p<0,01)

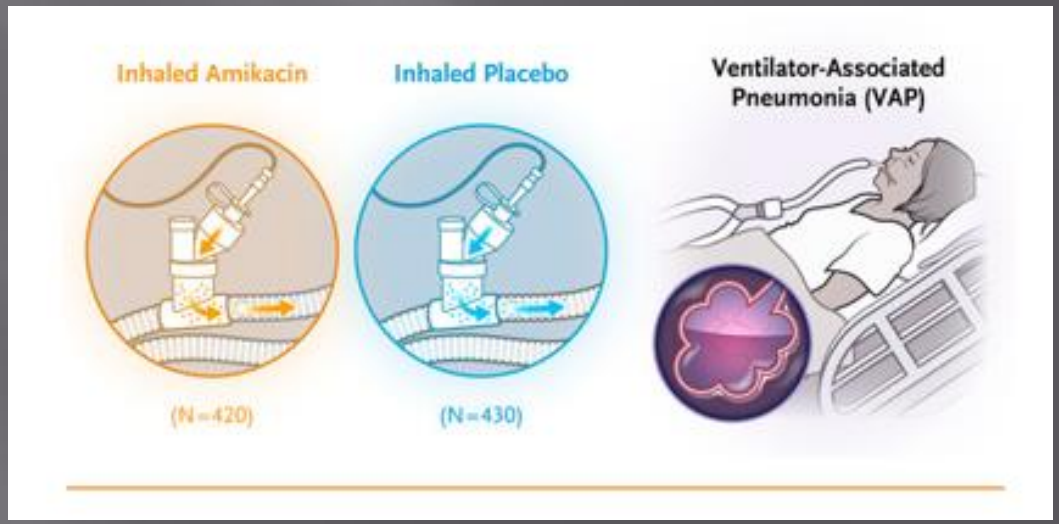
Alvarado LRM et al. J Antimicrob Chemother 2024; April 18, https://doi.org/10.1093/jac/dkae135

ORIGINAL ARTICLE

Inhaled Amikacin to Prevent Ventilator-Associated Pneumonia

Authors: Stephan Ehrmann, M.D., Ph.D., François Barbier, M.D., Ph.D., Julien Demiselle, M.D., Jean-Pierre Quenot, M.D., Ph.D., Jean-Etienne Herbrecht, M.D., Damien Roux, M.D., Ph.D., Jean-Claude Lacherade, M.D., +28, for the Reva and CRICS-TRIGGERSEP F-CRIN Research Networks* Author Info & Affiliations

- >72 saat mekanik ventilasyonda kalan hastalarda 3 gün, 20 mg/kg/gün amikasin inhalasyonu
- 28. günde VİP



Ehrmann S et al. N Engl J Med 2023;389:2052

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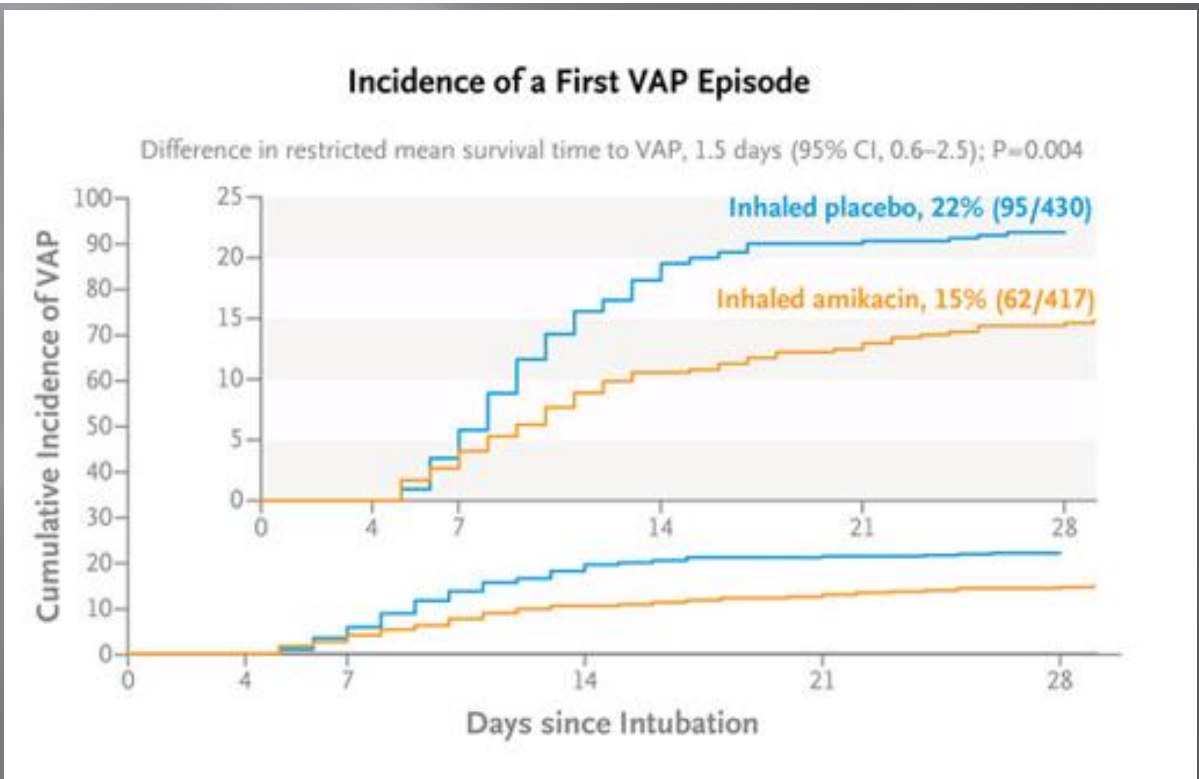


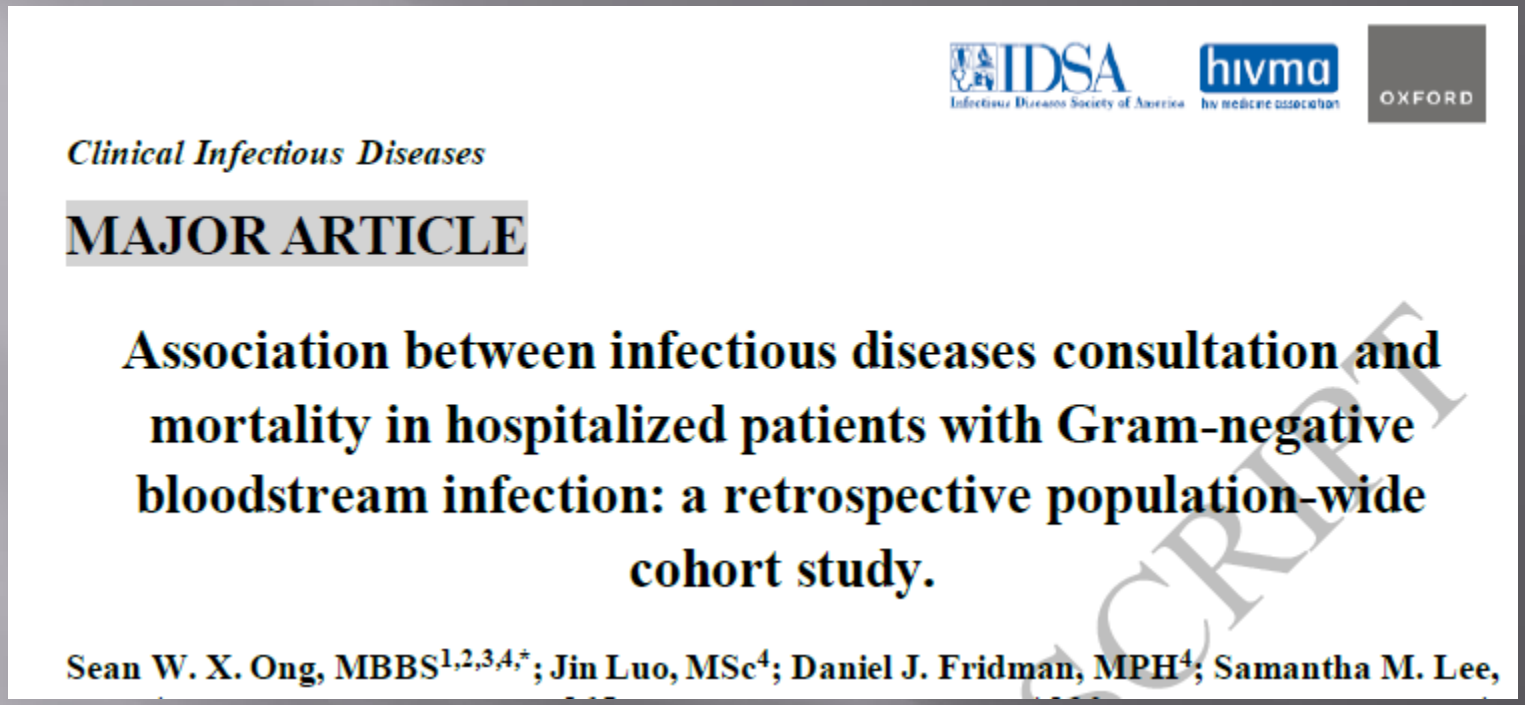
Ehrmann S et al. N Engl J Med 2023;389:2052

REVIEW ARTICLE

Prophylactic Antibiotics Delivered Via the Respiratory Tract to Reduce Ventilator-Associated Pneumonia: A Systematic Review, Network Meta-Analysis, and Trial Sequential Analysis of Randomized Controlled Trials

- 7 RCT, n=1445
- >48 saat mekanik ventilasyonda kalan hastalarda respiratuvar yolla verilen profilaktik antibiyotikler, VİP riskini azaltır. (RR 0,69)
  - Aminoglikozidler (RR 0,67)
  - Nebulizasyon (RR 0,64)

Li J et al. Crit Care 2024; 10.1097/CCM.0000000000006



Clinical Infectious Diseases

MAJOR ARTICLE

Association between infectious diseases consultation and mortality in hospitalized patients with Gram-negative bloodstream infection: a retrospective population-wide cohort study.

Sean W. X. Ong, MBBS[1,2,3,4,*]; Jin Luo, MSc[4]; Daniel J. Fridman, MPH[4]; Samantha M. Lee,

- 53 hastane, 30159 gram negatif bakteriyemi
- Enfeksiyon hastalıkları konsültasyonu yapılan hastalarda 30 günlük mortalite daha düşük

  hastane enfeksiyonu, direnç, non-enterobacterales, üriner sistem dışı enfeksiyonlar

Ong SWX et al. Clin Infect Dis 2024
10.1093/cid/ciae282

Centers for Disease Control and Prevention
MMWR
Morbidity and Mortality Weekly Report
Recommendations and Reports / Vol. 70 / No. 4
July 23, 2021

Sexually Transmitted Infections Treatment Guidelines, 2021

Workowski KA et al. MMWR Recomm Rep 2021;70:1

CDC Sexually Transmitted Infections Treatment Guidelines (2021)

pyrls

More clinical pearls at pyrls.com

*Summary of Recommended Therapies in Adult Patients**

*Does not address special populations such as pregnant patients, pediatric patients, or patients with HIV

Acute Epididymitis

Ceftriaxone 500 mg IM x 1 dose, *plus*
Doxycycline 100 mg PO BID x 10 days
(for likely chlamydial/gonococcal infection)

Bacterial Vaginosis

Metronidazole 500 mg PO BID x 7 days

Cervicitis

Doxycycline 100 mg PO BID x 7 days
(empiric therapy for high-risk patients)

Chancroid

Azithromycin 1000 mg PO x 1 dose
or
Ceftriaxone 250 mg IM x 1 dose

Chlamydia

Doxycycline 100 mg PO BID x 7 days

Genital Herpes

Valacyclovir 1000 mg PO BID
for 7 - 10 days
(initial episode)

Granuloma Inguinale

Azithromycin 1000 mg PO weekly
(or 500 mg daily) for > 3 weeks
(until all lesions have healed)

HPV Anogenital Warts

Imiquimod 5% cream:
Apply at bedtime 3 nights per week
for < 16 weeks

Lymphogranuloma Venereum

Doxycycline 100 mg PO BID x 21 days

Mycoplasma Genitalium

Doxycycline 100 mg PO BID x 7 days then,
Moxifloxacin 400 mg PO QD x 7 days
(empiric therapy for when resistance testing not available)

Pediculosis Pubis

Permethrin 1% cream rinse:
Apply to affected area and wash off
after 10 minutes

Pelvic Inflammatory Disease

Ceftriaxone 500 mg IM x 1 dose, *plus*
Doxycycline 100mg PO BID x 14 days, *plus*
Metronidazole 500 mg PO BID x 14 days
(outpatient therapy)

Proctitis

Ceftriaxone 500 mg IM x 1 dose
plus
Doxycycline 100 mg PO BID x 7 days

Scabies

Permethrin 5% cream:
Apply to all areas of body from neck
down and wash off after 8-14 hrs

Syphilis

Benzathine penicillin G (Bicillin L-A®)
2.4 million units IM x 1 dose
(primary & secondary stages)

Trichomoniasis

Females: Metronidazole 500 mg
PO BID x 7 days
Males: Metronidazole 2 g PO x 1 dose

Uncomplicated Gonorrhea

Ceftriaxone 500 mg IM x 1 dose

If chlamydia infection cannot be ruled out add doxycycline 100 mg PO BID x 7 days

Uncomplicated Vulvovaginal Candidiasis

OTC: Miconazole 1200 mg
vaginal suppository x 1 dose or
Rx: Fluconazole 150 mg PO x 1 dose

Urethritis

Doxycycline 100 mg PO BID x 7 days
(non-gonococcal)

Reference:
Workowski, K. A., Bachmann, L. H., Chan, P. A., Johnston, C. M., Muzny, C. A., Park, I., Reno, H., Zenilman, J. M., & Bolan, G. A. (2021). Sexually transmitted infections treatment guidelines, 2021. MMWR. Recommendations and Reports: Morbidity and Mortality Weekly Report. Recommendations and Reports, 70(4), 1-187.

Open Forum Infectious Diseases

MAJOR ARTICLE

Syphilis Treatment: Systematic Review and Meta-Analysis Investigating Nonpenicillin Therapeutic Strategies

Gustavo Yano Callado,[1] Maria Celidonio Gutfreund,[1] Isabele Pardo,[1] Mariana Kim Hsieh,[1] Vivian Lin,[1] Mindy Marie Sampson,[2] Guillermo Rodriguez Nava,[2] Tássia Aporta Marins,[3] Rodrigo Octávio Deliberato,[4,5] Marinês Dalla Valle Martino,[1] Marisa Holubar,[2] Jorge L. Salinas,[2] and Alexandre R. Marra[1,6]

[1]Faculdade Israelita de Ciências da Saúde Albert Einstein, Hospital Israelita Albert Einstein, São Paulo, São Paulo, Brazil, [2]Division of Infectious Diseases & Geographic Medicine, Stanford University, Stanford, California, USA, [3]Faculdade de Medicina, Centro Universitário de Adamantina, Adamantina, São Paulo, Brazil, [4]Department of Biomedical Informatics, University of Cincinnati College of Medicine, Cincinnati, Ohio, USA, [5]Biomedical Informatics Division, Cincinnati Children's Hospital Medical Center, Cincinnati, Ohio, USA, and [6]Department of Internal Medicine, University of Iowa Carver College of Medicine, Iowa City, Iowa, USA

- 27 çalışma, 6710 hasta
- Non nörolojik sfilisin yönetimi

Callado GY et al. Open Forum Infect Dis 2024, March 13
https://doi.org/10.1093/ofid/ofae142

Open Forum Infectious Diseases

MAJOR ARTICLE

Syphilis Treatment: Systematic Review and Meta-Analysis Investigating Nonpenicillin Therapeutic Strategies

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Syphilis Treatment: Systematic Review and Meta-Analysis Investigating Non-Penicillin Therapeutic Strategies

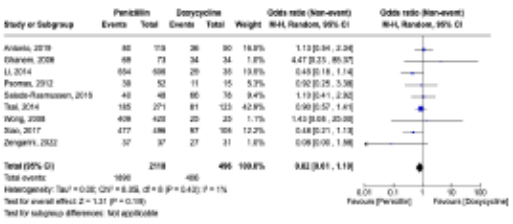
Open Forum Infectious Diseases

Systematic literature review and meta-analysis

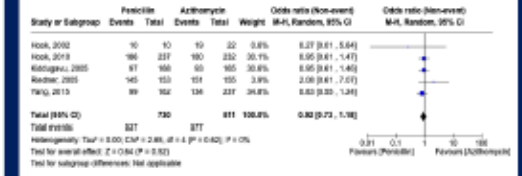
27 studies evaluating alternative drug strategies for non-neurological syphilis instead of penicillin

Alternative drug approaches, including **ceftriaxone**, **azithromycin**, and **doxycycline** monotherapies, demonstrate **equivalent serological cure rates** to benzathine penicillin G (BPG) in **non-neurological** syphilis, even among HIV-positive patients

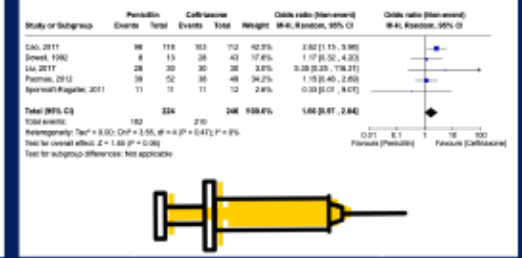
BPG vs. Doxycycline:



BPG vs. Azithromycin:



BPG vs. Ceftriaxone:



Callado, Gutfreund, Pardo, Hsieh, Lin, Sampson, Nava, Marins, Deliberato, Martino, Holubar, Salinas, Marra. *OFID*. Feb 2024

@OFIDJournal

March 13

https://doi.org/10.1093/ofid/ofae142

Clinical Infectious Diseases

STATE OF THE ART REVIEW

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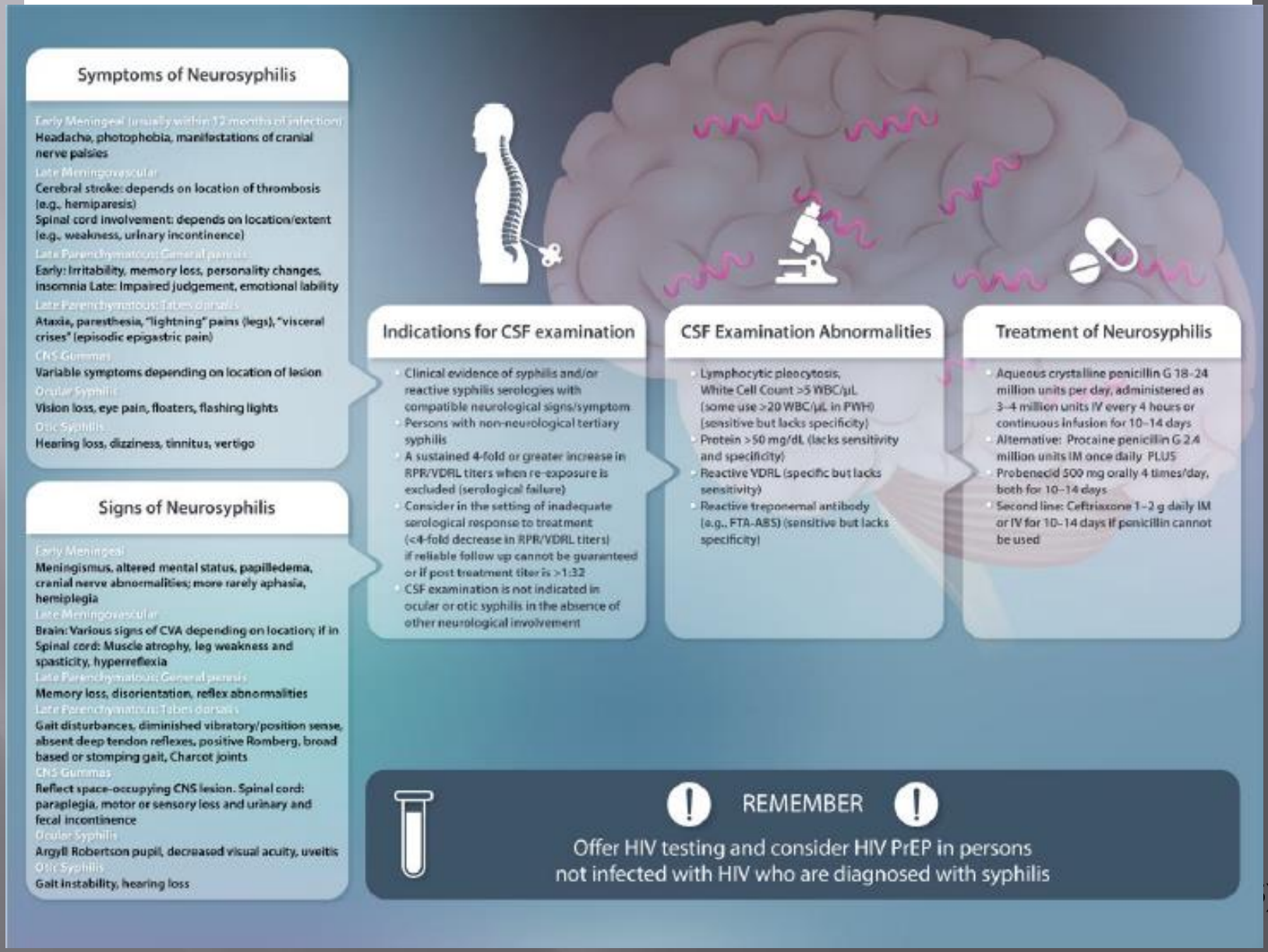
OXFORD



):e57-68.

AMERICAN SOCIETY FOR MICROBIOLOGY | Antimicrobial Agents and Chemotherapy

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| Clinical Microbiology | Full-Length Text

Could ceftriaxone be a viable alternative to penicillin for the treatment of ocular syphilis?

Xin Gu,[1] Haikong Lu,[1] Yilan Yang,[1] Lin Zhu,[1] Mei Shi,[1] Zhifang Guan,[1] Liyan Ni,[1] Ruirui Peng,[1] Wei Zhao,[1] Juan Wu,[1] Tengfei Qi,[1] Pingyu Zhou[1]

- Oküler sfilisin tedavisinde

  Seftriakson 2 gr gün/14 gün

  Kristalize pen G 6x4 MU /14 gün

- Benzer teröpatik etkinlik…

Gu X et al. Antimicrob Agents Chemother 2024 May 6:e0008024. doi: 10.1128/aac.00080-24

Open Forum Infectious Diseases

REVIEW ARTICLE

IDSA Infectious Diseases Society of America | hivma hiv medicine association | OXFORD

At Long Last: Short, All-Oral Regimens for Multidrug-Resistant Tuberculosis in the United States

Pranay Sinha,[1] Karen R. Jacobson,[1] C. Robert HorsburghJr.,[1,2,3,4] and Carlos Acuña-Villaorduña[1]

[1]Section of Infectious Diseases, Department of Medicine, Boston University Chobanian & Avedisian School of Medicine, Boston, Massachusetts, USA, [2]Department of Epidemiology, Boston University School of Public Health, Boston, Massachusetts, USA, [3]Department of Biostatistics, Boston University School of Public Health, Boston, Massachusetts, USA, and [4]Department of Global Health, Boston University School of Public Health, Boston, Massachusetts, USA

Table 1. Definitions of Multidrug Resistance

Condition	Definition
Drug-susceptible TB	*Mycobacterium tuberculosis* isolate susceptible to isoniazid and rifampin
Isoniazid monoresistance	*M tuberculosis* isolate resistant to isoniazid but not to rifampin
Rifampin monoresistance	*M tuberculosis* isolate resistant to rifampin but not to isoniazid
Multidrug-resistant TB	*M tuberculosis* isolate resistant to both isoniazid and rifampin
Pre-extensively drug-resistant TB	MDR plus resistance to fluoroquinolones (levofloxacin or moxifloxacin)
Extensively drug-resistant TB	MDR plus resistance to fluoroquinolones (levofloxacin and moxifloxacin) AND resistance to either bedaquiline or linezolid

Sinha P et al. doi.org/10.1093/ofid/ofad177

Open Forum Infectious Diseases

REVIEW ARTICLE

IDSA Infectious Diseases Society of America | hivma hiv medicine association | OXFORD

At Long Last: Short, All-Oral Regimens for Multidrug-Resistant Tuberculosis in the United States

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[1]Section of Infectious Diseases, Department of Medicine, Boston University Chobanian & Avedisian School of Medicine, Boston, Massachusetts, USA, [2]Department of Epidemiology, Boston University School of Public Health, Boston, Massachusetts, USA, [3]Department of Biostatistics, Boston University School of Public Health, Boston, Massachusetts, USA, and [4]Department of Global Health, Boston University School of Public Health, Boston, Massachusetts, USA

Drug susceptibility testing

- Whole genome sequencing to test for drug susceptibility
- Broth microdilution or MGIT testing for bedaquiline, linezolid, and pretomanid
- Test susceptibility to a fourth agent like clofazimine

Empiric drug regimen

- Bedaquiline 400 mg daily for 2 weeks THEN 200 mg three times weekly
- Pretomanid 200 mg daily
- Linezolid 600 mg daily
- Moxifloxacin 400 mg daily

Safety monitoring

- Electrocardiogram, complete blood count, and liver enzyme testing at baseline and during therapy.
- Monthly clinic visits to assess for peripheral neuropathy

Treatment duration

- Standard duration is 6 months
- Prolong to 9 months if
  - Bedaquiline or linezolid MIC ≥ 1 μg/mL
  - Sputum smear ≥ 3+ AND/OR culture growth following > 8 weeks of therapy

Sinha P et al. doi.org/10.1093/ofid/ofad177

Bedaquiline-pretomanid-moxifloxacin-pyrazinamide for drug-sensitive and drug-resistant pulmonary tuberculosis treatment: a phase 2c, open-label, multicentre, partially randomised controlled trial

Muge Cevik, Lindsay C Thompson, Caryn Upton, Valéria Cavalcanti Rolla, Mookho Malahleha, Blandina Mmbaga, Nosipho Ngubane, Zamzurina Abu Bakar, Mohammed Rassool, Ebrahim Variava, Rodney Dawson, Suzanne Staples, Umesh Lalloo, Cheryl Louw, Francesca Conradie, Marika Eristavi, Anastasia Samoilova, Sergey N Skornyakov, Niyanda Elias Ntinginya, Frederick Haraka, George Praygod, Harriett Mayanja-Kizza, Janice Caoili, Vincent Balanag, Margareth Pretti Dalcolmo, Timothy McHugh, Robert Hunt, Priya Solanki, Anna Bateson, Angela M Crook, Stella Fabiane, Juliano Timm, Eugene Sun, Melvin Spigelman, Derek J Sloan, Stephen H Gillespie, on behalf of SimpliciTB Consortium

- Bedaquiline, pretomanid, moxifloxasin, pirazinamid (BPaMZ) 4 ay (n=150)
- İsoniazid, rifampisin, pirazinamid, etambutol (HRZE) 6 ay (n=153)

Cevik M et al. Lancet Infect Dis 2024 May 17
doi: 10.1016/S1473-3099(24)00223-8

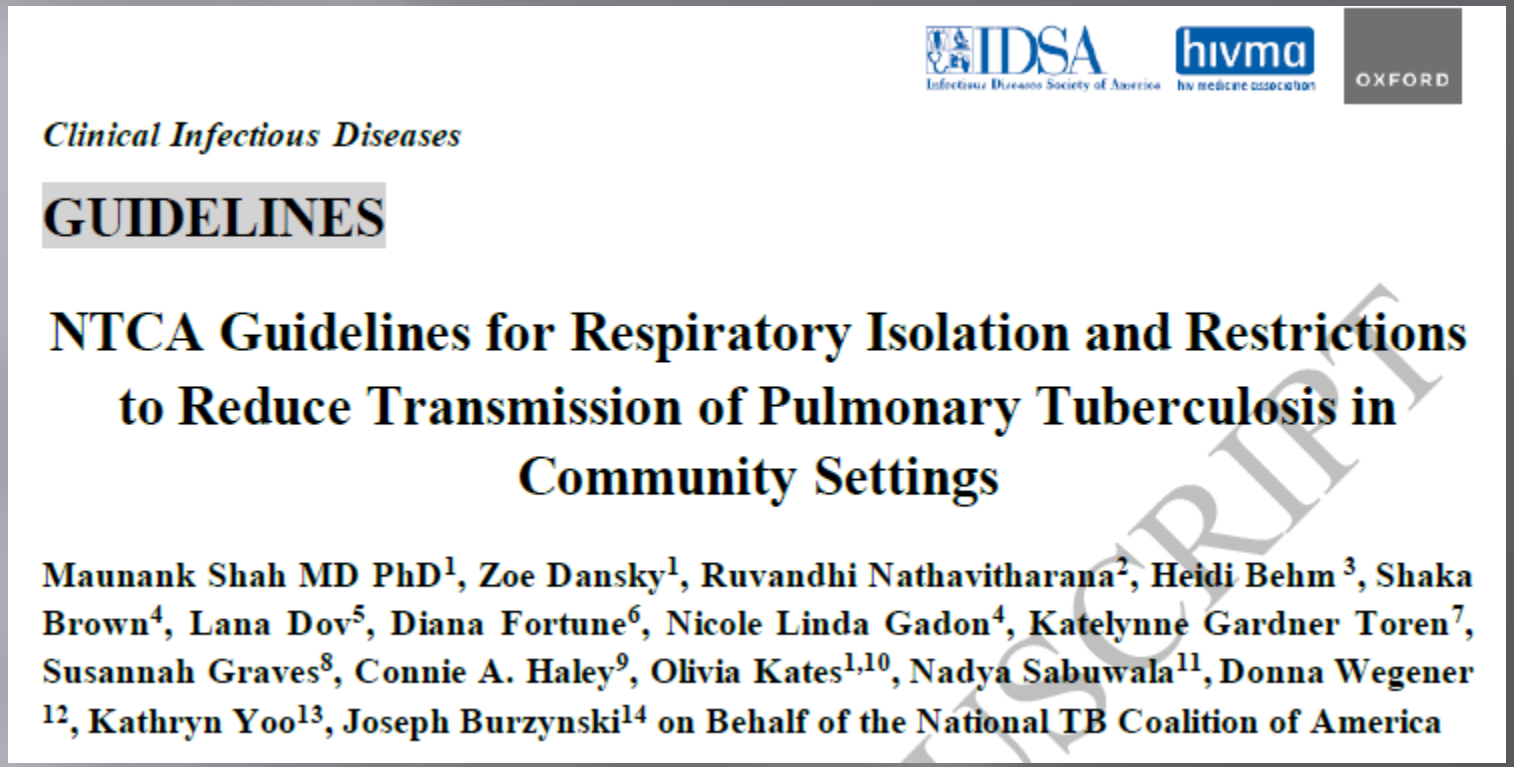
Bedaquiline-pretomanid-moxifloxacin-pyrazinamide for drug-sensitive and drug-resistant pulmonary tuberculosis treatment: a phase 2c, open-label, multicentre, partially randomised controlled trial

Muge Cevik, Lindsay C Thompson, Caryn Upton, Valéria Cavalcanti Rolla, Mookho Malahleha, Blandina Mmbaga, Nosipho Ngubane, Zamzurina Abu Bakar, Mohammed Rassool, Ebrahim Variava, Rodney Dawson, Suzanne Staples, Umesh Lalloo, Cheryl Louw, Francesca Conradie, Marika Eristavi, Anastasia Samoilova, Sergey N Skornyakov, Niyanda Elias Ntinginya, Frederick Haraka, George Praygod, Harriett Mayanja-Kizza, Janice Caoili, Vincent Balanag, Margareth Pretti Dalcolmo, Timothy McHugh, Robert Hunt, Priya Solanki, Anna Bateson, Angela M Crook, Stella Fabiane, Juliano Timm, Eugene Sun, Melvin Spigelman, Derek J Sloan, Stephen H Gillespie, on behalf of SimpliciTB Consortium

- 8. hafta balgam kültürü negatifliği
- BPaMZ %84 vs. HRZE %47 (p<0,0001)

- Hepatik advers olaylar nedeniyle BPaMZ daha fazla kesilmek zorunda kalmış

Cevik M et al. Lancet Infect Dis 2024 May 17
doi: 10.1016/S1473-3099(24)00223-8



Clinical Infectious Diseases

GUIDELINES

NTCA Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings

Maunank Shah MD PhD[1], Zoe Dansky[1], Ruvandhi Nathavitharana[2], Heidi Behm [3], Shaka Brown[4], Lana Dov[5], Diana Fortune[6], Nicole Linda Gadon[4], Katelynne Gardner Toren[7], Susannah Graves[8], Connie A. Haley[9], Olivia Kates[1,10], Nadya Sabuwala[11], Donna Wegener [12], Kathryn Yoo[13], Joseph Burzynski[14] on Behalf of the National TB Coalition of America

- Amerika Ulusal Tüberküloz Koalisyonu
- Toplumda tbc bulaşının önlenmesi için solunum izolasyonu ve kısıtlamalar için kılavuz

Shah M et al. Clin Infect Dis 2024;
doi: 10.1093/cid/ciae199

Clinical Infectious Diseases

GUIDELINES

NTCA Guidelines for Respiratory Isolation and Restrictions to Reduce Transmission of Pulmonary Tuberculosis in Community Settings

Maunank Shah MD PhD[1], Zoe Dansky[1], Ruvandhi Nathavitharana[2], Heidi Behm [3], Shaka Brown[4], Lana Dov[5], Diana Fortune[6], Nicole Linda Gadon[4], Katelynne Gardner Toren[7], Susannah Graves[8], Connie A. Haley[9], Olivia Kates[1,10], Nadya Sabuwala[11], Donna Wegener

Recommendation 3: Determining Infectiousness and transmission risk *(Figure 1)*	3.1 Prior to effective[1] ATT initiation, PWTB with higher respiratory bacterial burden (i.e., sputum smear and/or NAAT positivity, cavitation on chest imaging) may be considered as relatively more infectious than those with lower bacterial burden, with individual variability.
	3.2 PWTB on less than five days of effective ATT should be considered relatively more infectious than those on longer durations of effective[1] therapy.
	3.3 PWTB on effective[1] ATT for at least five days should be considered non-infectious or as low likelihood of infectiousness, regardless of sputum bacteriologic status during ongoing ATT (i.e., smear-microscopy or culture status), with certain exceptions [2].
	3.4 Overall risk of transmission to others should consider both a PWTB's

fect Dis 2024;
e199

SYNOPSIS

Crimean Congo-Hemorrhagic Fever Virus for Clinicians—Virology,

SYNOPSIS

Crimean-Congo Hemorrhagic Fever Virus for Clinicians—

SYNOPSIS

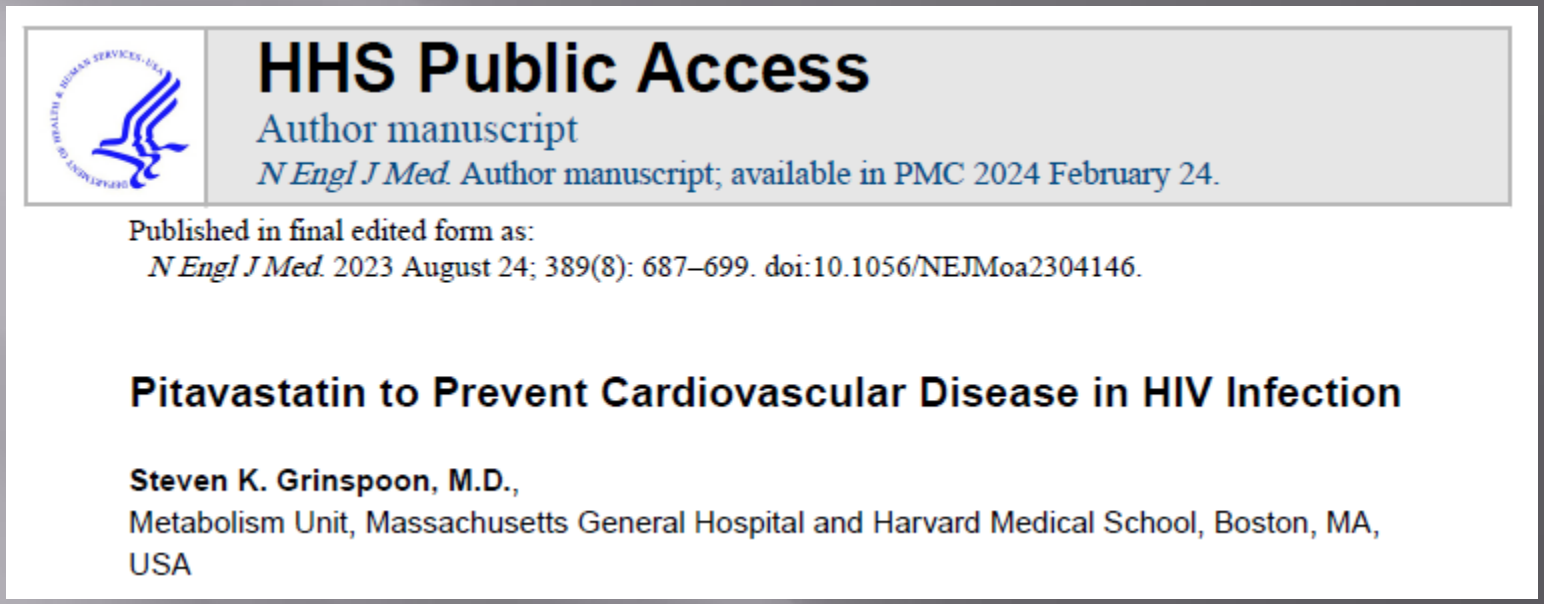
Crimean-Congo Hemorrhagic Fever Virus for Clinicians—Diagnosis, Clinical Management, and Therapeutics

Maria G. Frank, Gretchen Weaver, Vanessa Raabe;[1] State of the Clinical Science Working Group of the National Emerging Pathogens Training and Education Center's Special Pathogens Research Network[2]

Frank MG et al. Emerg Infect Dis 2024;30:847

Frank MG et al. Emerg Infect Dis 2024;30:854

Frank MG et al. Emerg Infect Dis 2024;30:864



Published in final edited form as:
N Engl J Med. 2023 August 24; 389(8): 687–699. doi:10.1056/NEJMoa2304146.

Pitavastatin to Prevent Cardiovascular Disease in HIV Infection

Steven K. Grinspoon, M.D.,
Metabolism Unit, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA

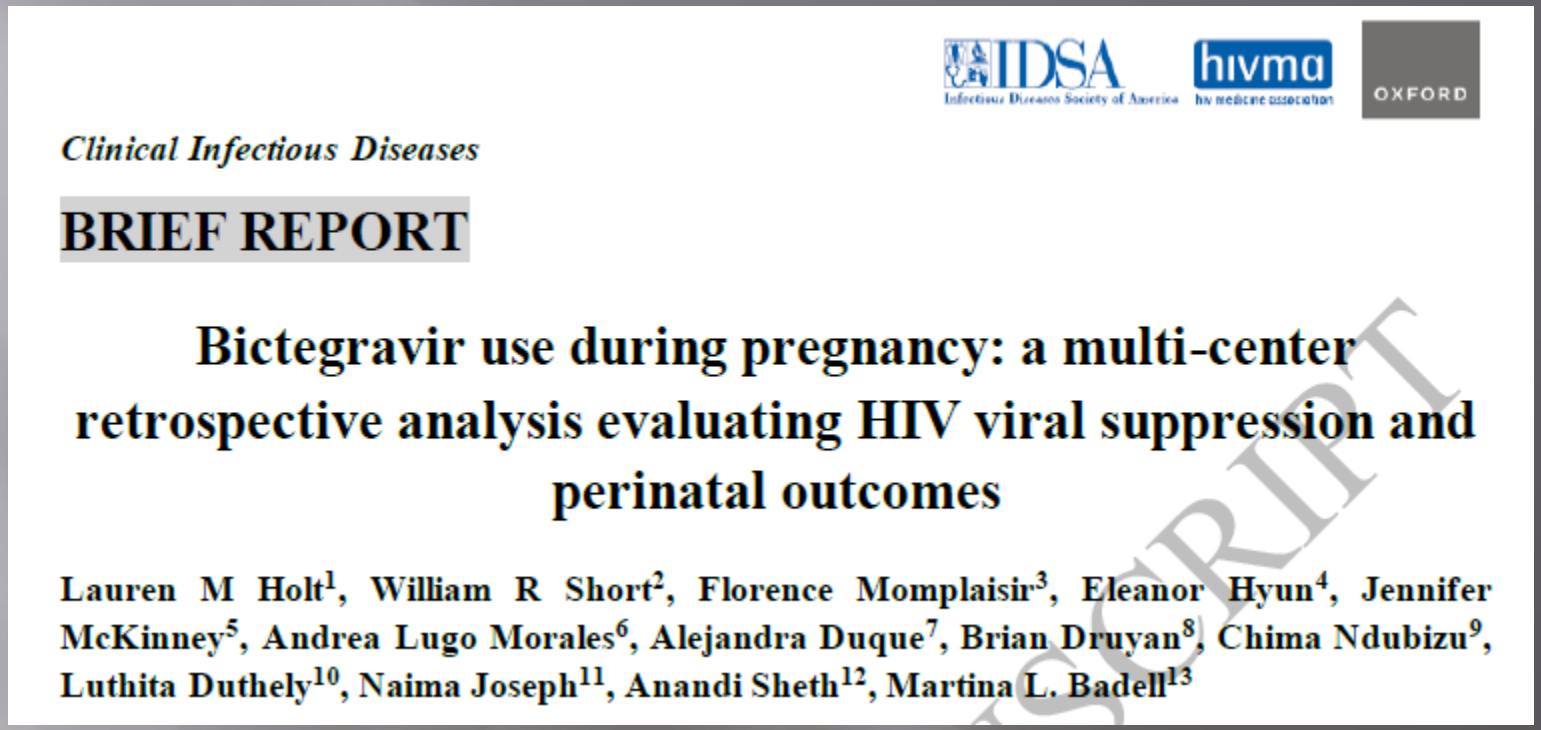
- Faz 3, n=7769
- Pitavastatin 4 mg vs plasebo
- Major advers kardiovasküler olay ,

  Pitavastatin grubu 4,81/1000

  Plasebo grubu 7,32/1000

  (HR, 0;65; 95% CI 0,48 – 0,90; P = 0.002).

Grinspoon SK et al. N Engl J Med 2023;389:687



Clinical Infectious Diseases

BRIEF REPORT

Bictegravir use during pregnancy: a multi-center retrospective analysis evaluating HIV viral suppression and perinatal outcomes

Lauren M Holt[1], William R Short[2], Florence Momplaisir[3], Eleanor Hyun[4], Jennifer McKinney[5], Andrea Lugo Morales[6], Alejandra Duque[7], Brian Druyan[8], Chima Ndubizu[9], Luthita Duthely[10], Naima Joseph[11], Anandi Sheth[12], Martina L. Badell[13]

- Bictegravirin gebelikte kullanıldığı en büyük kohort (n=147)

Holt LM et al. Clin Infect Dis 2024
doi: 10.1093/cid/ciae218

April 26, 2024

FDA Approves Biktarvy® Label Update With Data for Pregnant Adults With HIV

– Additional Data in Pregnant Adults Who Are Virologically Suppressed Reinforce Safety and Tolerability Profile of Biktarvy in Broad Range of People With HIV –

Clinical Infectious Diseases

MAJOR ARTICLE

Long-Acting Cabotegravir and Rilpivirine Dosed Every 2 Months in Adults With Human Immunodeficiency Virus 1 Type 1 Infection: 152-Week Results From ATLAS-2M, a Randomized, Open-Label, Phase 3b, Noninferiority Study

Edgar T. Overton,[1,a] Gary Richmond,[2] Giuliano Rizzardini,[3,4] Anders Thalme,[5] Pierre-Marie Girard,[6] Alexander Wong,[7] Norma Porteiro,[8] Susan Swindells,[9] Jacques Reynes,[10,11] Sebastian Noe,[12] Conn Harrington,[13] Carlos Martín Español,[14] Carolina Acuipil,[15] Asma Aksar,[16] Yuanyuan Wang,[17] Susan L. Ford,[18] Herta Crauwels,[19] Veerle van Eygen,[20] Rodica Van Solingen-Ristea,[21] Christine L. Latham,[22] Shanker Thiagarajah,[23] Ronald D'Amico,[15] Kimberly Y. Smith,[15] Kati Vandermeulen,[24] and William R. Spreen[15]

- Antiretroviral Therapy Long- Acting Suppression (ATLAS)-2M, 152. hafta
- n=1045
- CAB+RPV LA (Q8W, n=522; Q4W, n=523)

Overton ET et al. Clin Infect Dis 2023;76:1646

IMMUNE REGULATION

The circadian immune system

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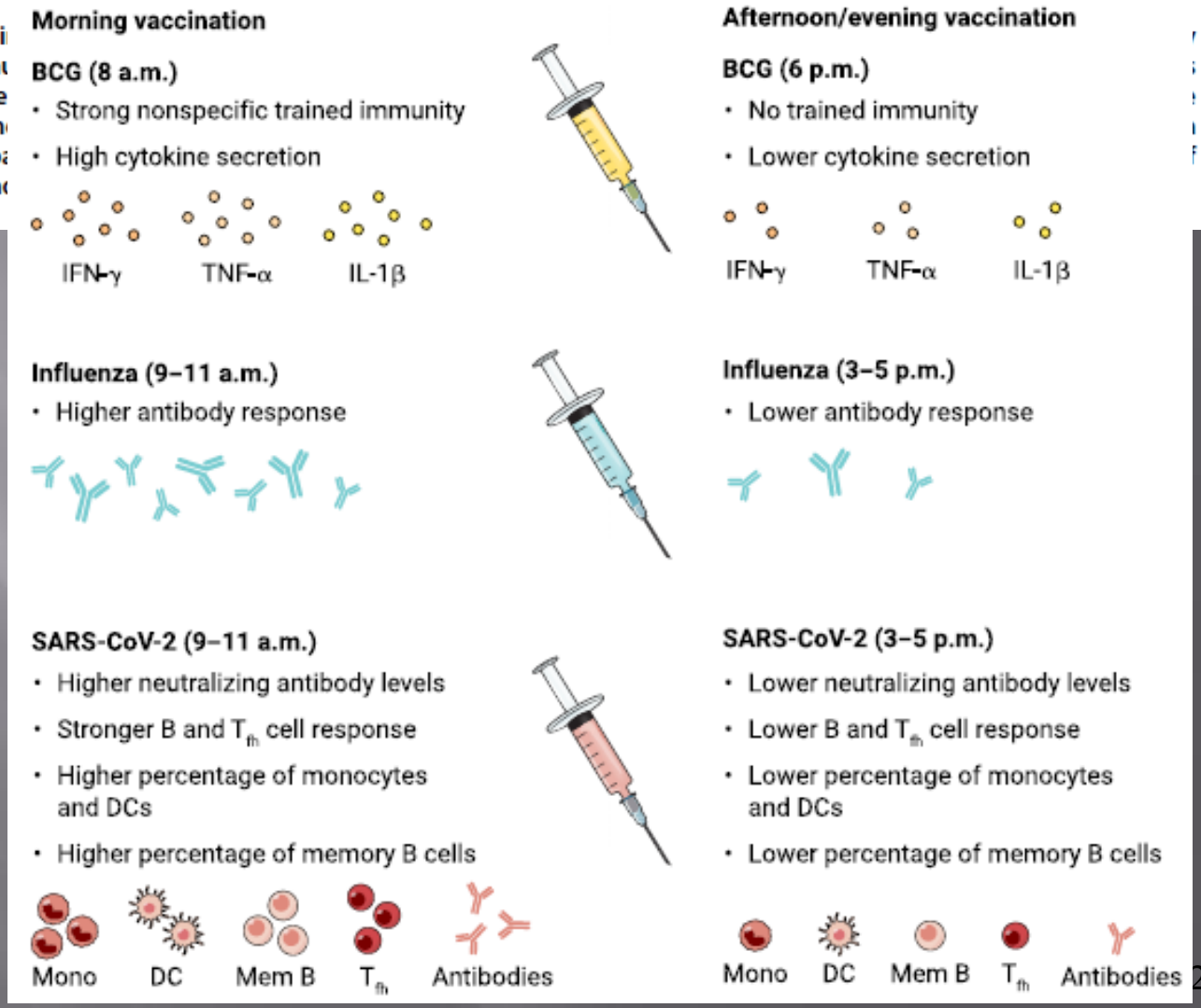
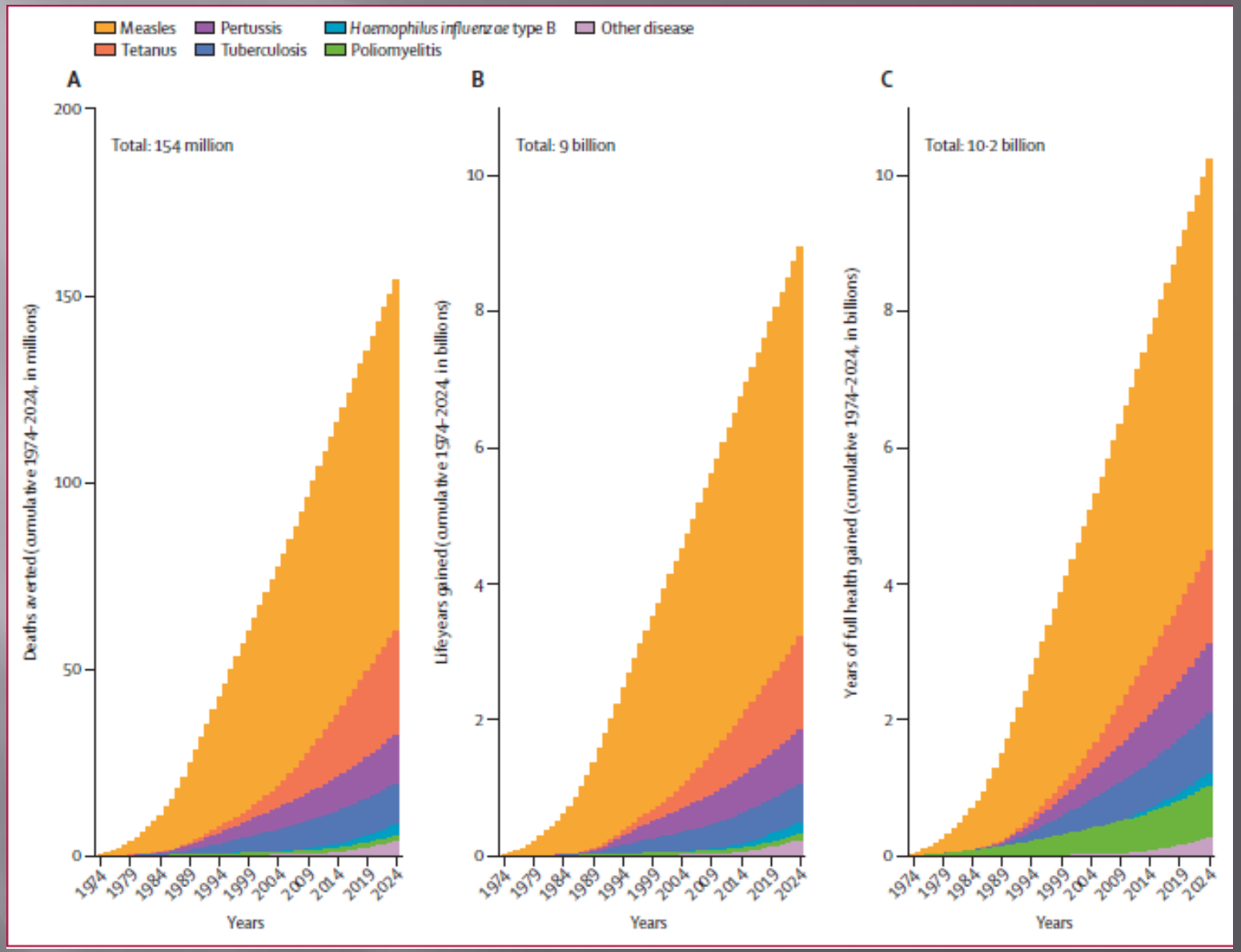


2022;7:eabm2465

- DSÖ Genişlemiş Bağışıklama Programı, 1974

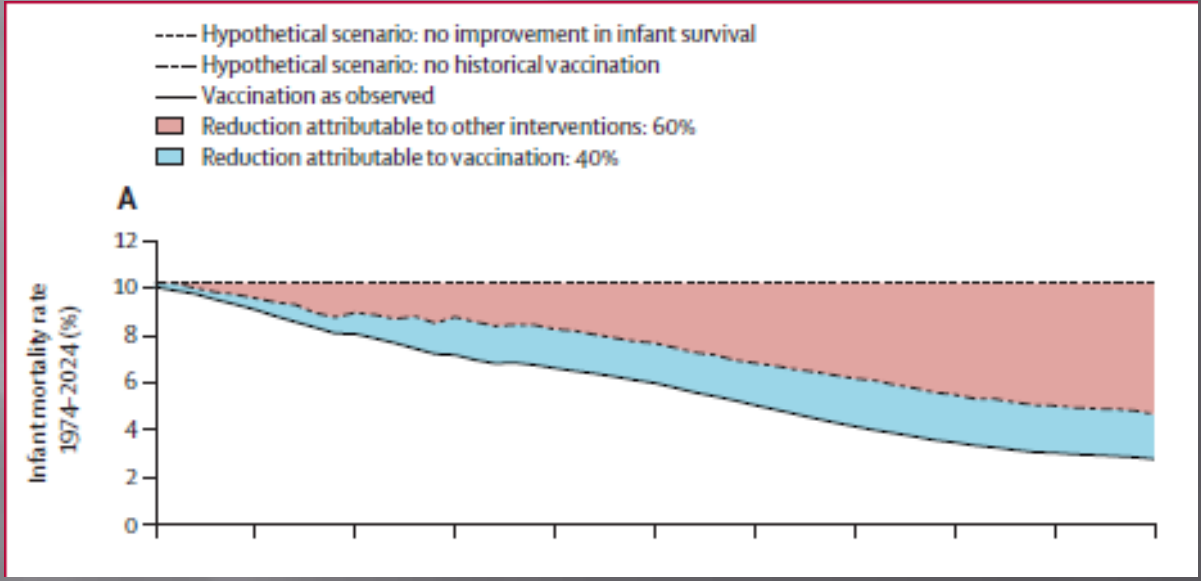
Shattock AJ et al. Lancet 2024. May 2. 10.1016/S0140-6736(24)00850-X



Shattock AJ et al. Lancet 2024. May 2.
10.1016/S0140-6736(24)00850-X

Contribution of vaccination to improved survival and health: modelling 50 years of the Expanded Programme on Immunization

Andrew J Shattock, Helen C Johnson, So Yoon Sim, Austin Carter, Philipp Lambach, Raymond C W Hutubessy, Kimberly M Thompson, Kamran Badizadegan, Brian Lambert, Matthew J Ferrari, Mark Jit, Han Fu, Sheetal P Silal, Rachel A Hounsell, Richard G White, Jonathan F Mosser, Katy A M Gaythorpe, Caroline L Trotter, Ann Lindstrand, Katherine L O'Brien, Naor Bar-Zeev



Shattock AJ et al. Lancet 2024. May 2. 10.1016/S0140-6736(24)00850-X

ASCO Special Articles

Vaccination of Adults With Cancer: ASCO Guideline

Mini Kamboj, MD[1]; Kari Bohlke, ScD[2]; Deana M. Baptiste, PhD, MPH[3]; Kieron Dunleavy, MD[4]; Abbey Fueger, BA, BSN, RN[5]; Lee Jones, MBA[6]; Amar H. Kelkar, MD, MPH[7]; Lisa Y. Law, MD[8]; Kristine B. LeFebvre, DNP, RN, NPD-BC, AOCN[9]; Per Ljungman, MD, PhD[10]; Eric D. Miller, MD, PhD[11]; Larissa A. Meyer, MD, MPH[12]; Heather N. Moore, CPP, PharmD[13]; Heloisa P. Soares, MD, PhD[14]; Randy A. Taplitz, MD[15]; Edom S. Woldetsadik, MD[16]; and Elise C. Kohn, MD[17]

DOI https://doi.org/10.1200/JCO.24.00032

TABLE 3. Recommendations for Other Vaccines That May be Indicated for Adults With Cancer and Coexisting Health Conditions

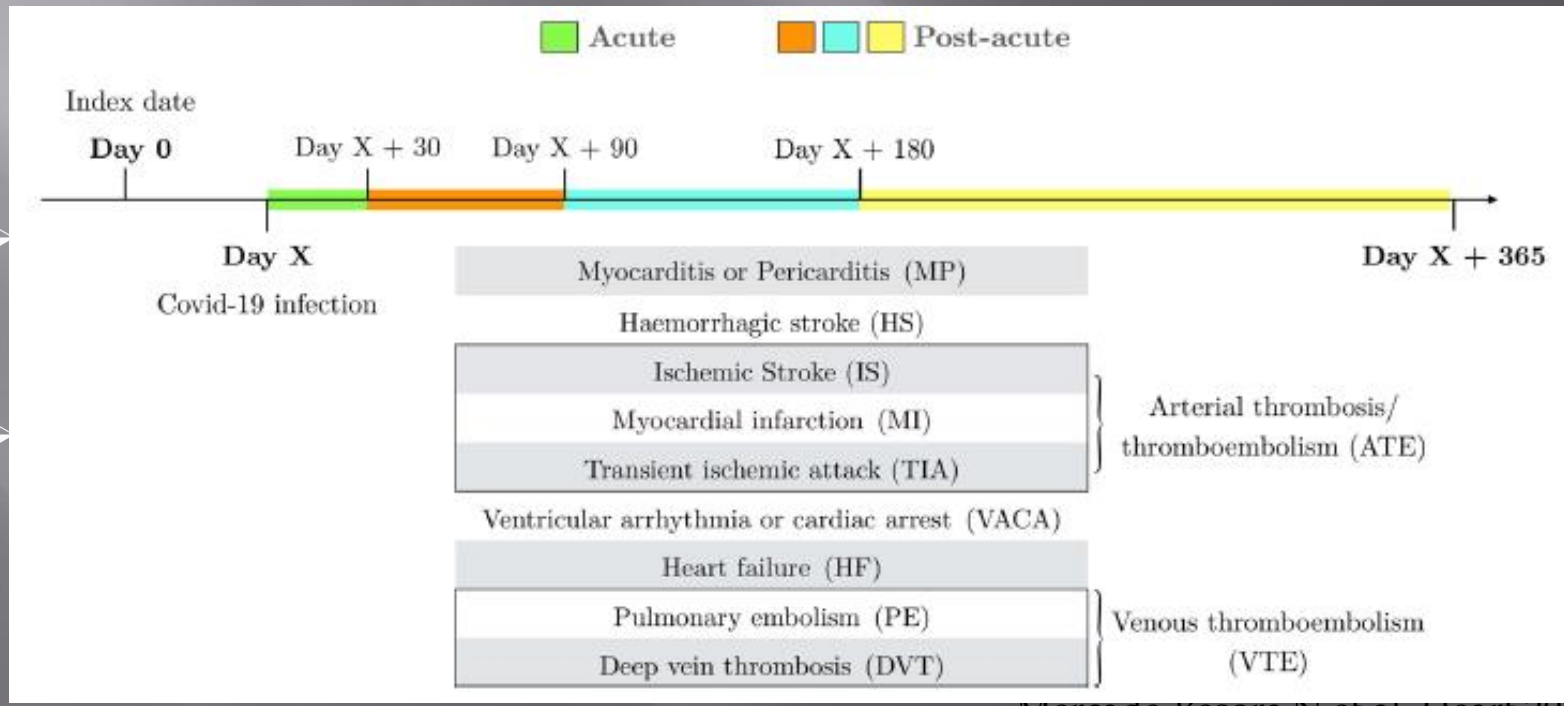
Vaccine	Type	Other Risk Factor	Recommendation
Haemophilus influenzae type b vaccination (Hib)	Nonlive	Anatomic asplenia	For elective splenectomy: one dose at least 14 days before splenectomy (preferred)
		Functional asplenia	One dose if previously did not receive Hib
Hepatitis A vaccination	Nonlive	Chronic liver disease, HIV, MSM, homelessness, injection or noninjection drug use, occupational exposure, travel	Two-dose series HepA or three-dose series HepA-HepB
Meningococcal vaccination[a]	Men ACWY (nonlive)	Anatomic or functional asplenia, complement component deficiency, complement inhibitor (eg, eculizumab, ravulizumab), Travel, Occupational, Military recruits, Residential living for college students	Two-dose series MenACWY-D Frequency: 8 weeks apart Revaccinate every 5 years if risk remains
	Men B (nonlive)	Anatomic or functional asplenia (including sickle cell disease), persistent complement component deficiency, complement inhibitor (eg, eculizumab, ravulizumab) use, occupational (microbiologists), pregnancy, MSM outbreak setting	Two-dose primary series MenB-4C at least 1 month apart Or three-dose primary series MenB-FHbp at 0, 1-2, 6 months Revaccinate every 2-3 years if risk remains
IPV	Nonlive	Travel Community risk (eg, wastewater detection of vDPV)	Single booster
MMR	Live	No evidence of immunity: HIV (CD4 >200 for 6 months), HCP, outbreak setting, travel	Contraindicated with cancer treatment and other immunocompromising conditions
Varicella	Live	Postexposure	Contraindicated with cancer treatment and other immunocompromising conditions
MVA (Monkeypox)	Live (replication-deficient)	Postexposure, Occupational exposure (laboratory worker), high risk	Safe to administer in persons with HIV or those on immunosuppressive therapies
Monkeypox and smallpox (ACAM2000)	Live		Contraindicated with cancer treatment and other immunocompromising conditions

OPEN ACCESS

Original research

The role of COVID-19 vaccines in preventing post-COVID-19 thromboembolic and cardiovascular complications

Núria Mercadé-Besora,[1,2,3] Xintong Li,[1] Raivo Kolde,[4] Nhung TH Trinh,[5] Maria T Sanchez-Santos,[1] Wai Yi Man,[1] Elena Roel,[3] Carlen Reyes,[3] Antonella Delmestri ,[1] Hedvig M E Nordeng,[6,7] Anneli Uusküla ,[8] Talita Duarte-Salles ,[3,9] Clara Prats,[2] Daniel Prieto-Alhambra ,[1,9] Annika M Jödicke ,[1] Martí Català[1]



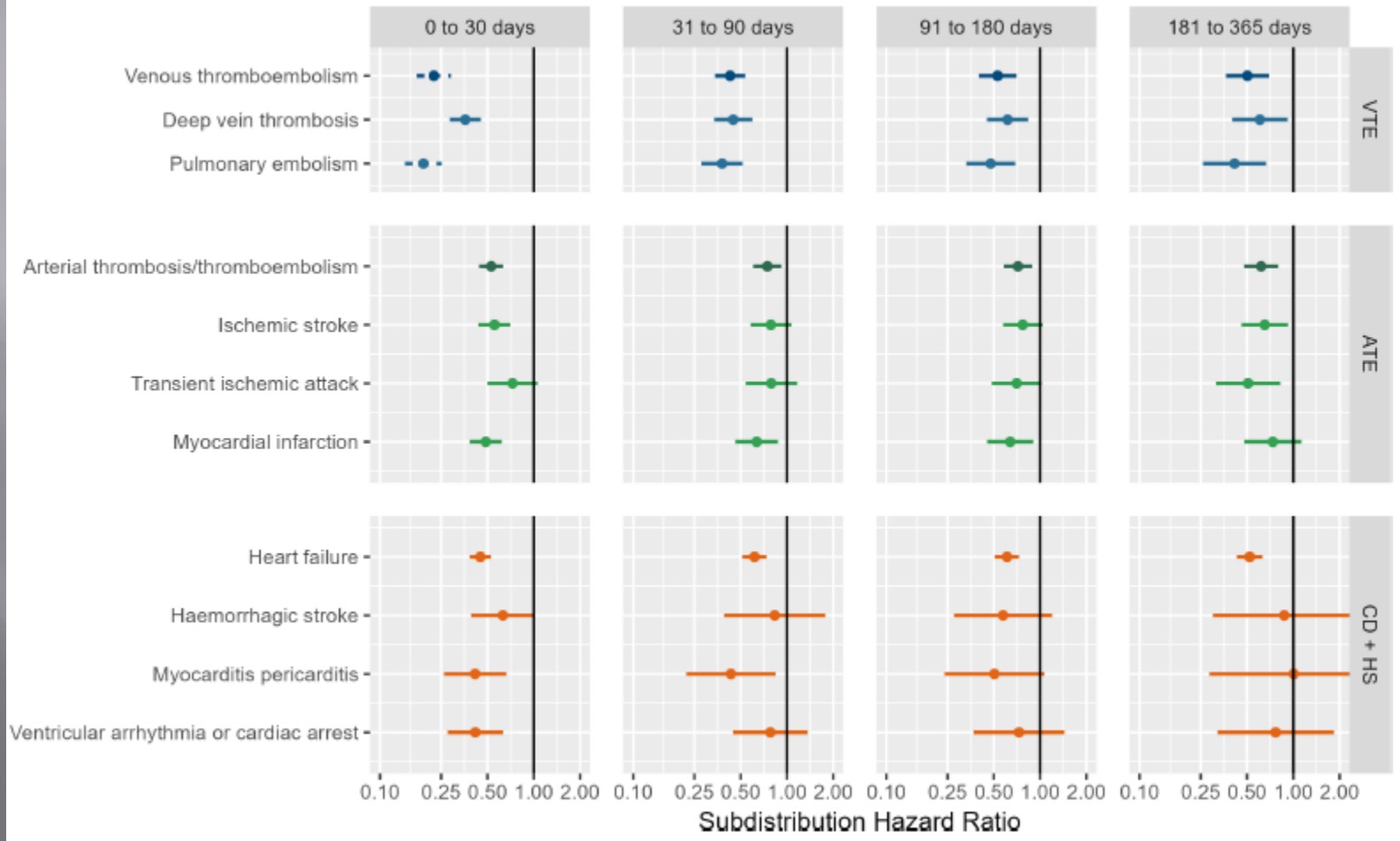
Mercadé-Besora N et al. Heart 2024;110:635

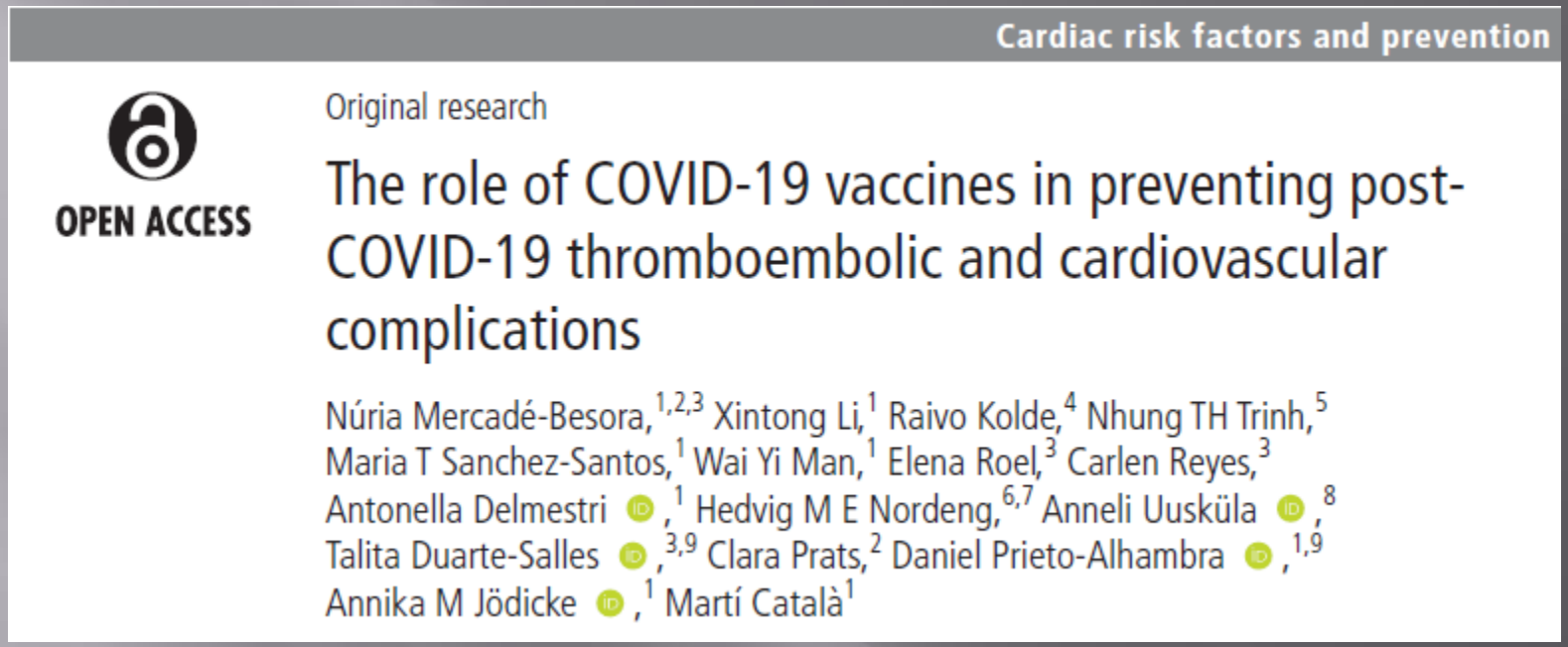
OPEN ACCESS

Original research

The role of COVID-19 vaccines in preventing post-COVID-19 thromboembolic and cardiovascular complications

Núria Mercadé-Besora [1,2,3] Xintong Li [1] Raivo Kolde [4] Nhung TH Trinh [5]





- Covid-19 aşıları, covid sonrası gelişebilen kardiyak ve tromboembolik olay riskini düşürmüştür.

Mercade-Besora N et al. Heart 2024;110:635

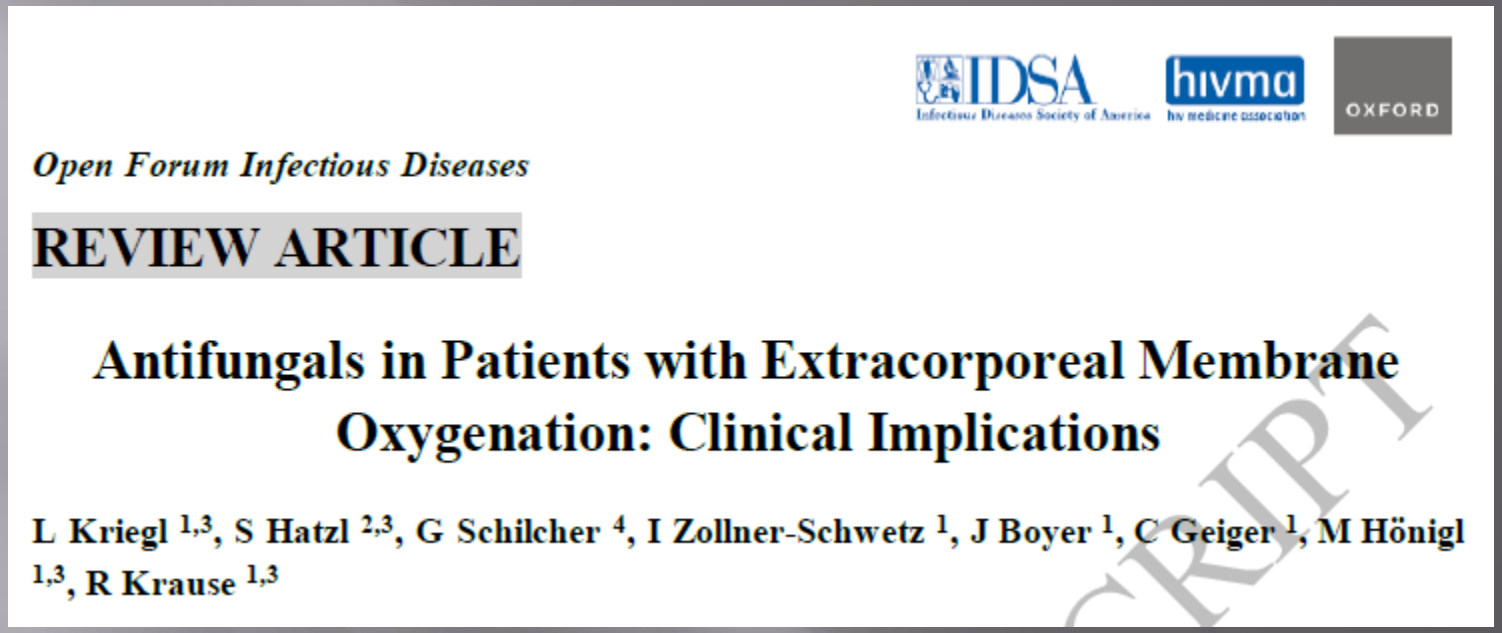
RESEARCH Open Access

Incidence, risk factors and outcomes of nosocomial infection in adult patients supported by extracorporeal membrane oxygenation: a systematic review and meta-analysis

Ali Ait Hssain[1,2,3], Amir Vahedian-Azimi[4*], Abdulsalam Saif Ibrahim[1,2], Ibrahim Fawzy Hassan[1,2], Elie Azoulay[5] and Michael Darmon[5]

- 30 çalışma, n=4733
- SHİE insidansı %26
- SHİE gelişmesi hastane mortalitesi riskini %37 artırıyor

Hssain AA et al. Crit Care 2024;28:158



Open Forum Infectious Diseases

REVIEW ARTICLE

Antifungals in Patients with Extracorporeal Membrane Oxygenation: Clinical Implications

L Kriegl [1,3], S Hatzl [2,3], G Schilcher [4], I Zollner-Schwetz [1], J Boyer [1], C Geiger [1], M Hönigl [1,3], R Krause [1,3]

- ECMO ile izlenen hastada IFD gelişmesi halinde mortalite %82
- ECMO devreleri nedeniyle ekinokandinler ve LAmB düzeyleri değişir

Kriegl L et al. doi:10.1093/ofid/ofae270

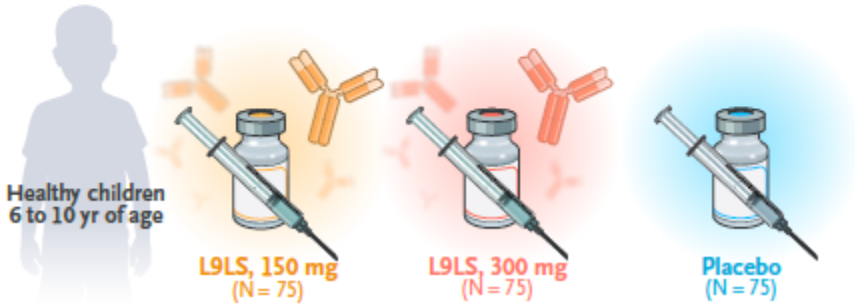
RESEARCH SUMMARY

Subcutaneous Administration of a Monoclonal Antibody to Prevent Malaria

Kayentao K et al. DOI: 10.1056/NEJMoa2312775

CLINICAL PROBLEM

Plasmodium falciparum causes >600,000 malaria deaths annually, mostly among children in Africa. Whether the human IgG1 monoclonal antibody L9LS, administered subcutaneously, can protect children from *P. falciparum* infection in a region where the organism is endemic is unclear.



- RCT, faz 2 çalışma
- Monoklonal antikor L9LS
- 225 çocuk (6-10 yaş), 24 hafta takip

Kayentao K et al. N Engl J Med 2024;390:1549

RESEARCH SUMMARY

Subcutaneous Administration of a Monoclonal Antibody to Prevent Malaria

Kayentao K et al. DOI: 10.1056/NEJMoa2312775

CLINICAL PROBLEM

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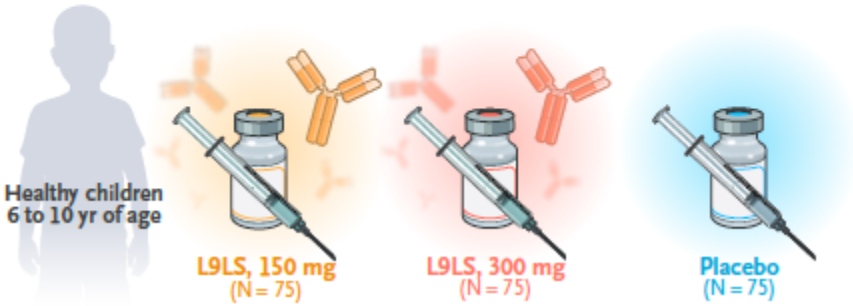

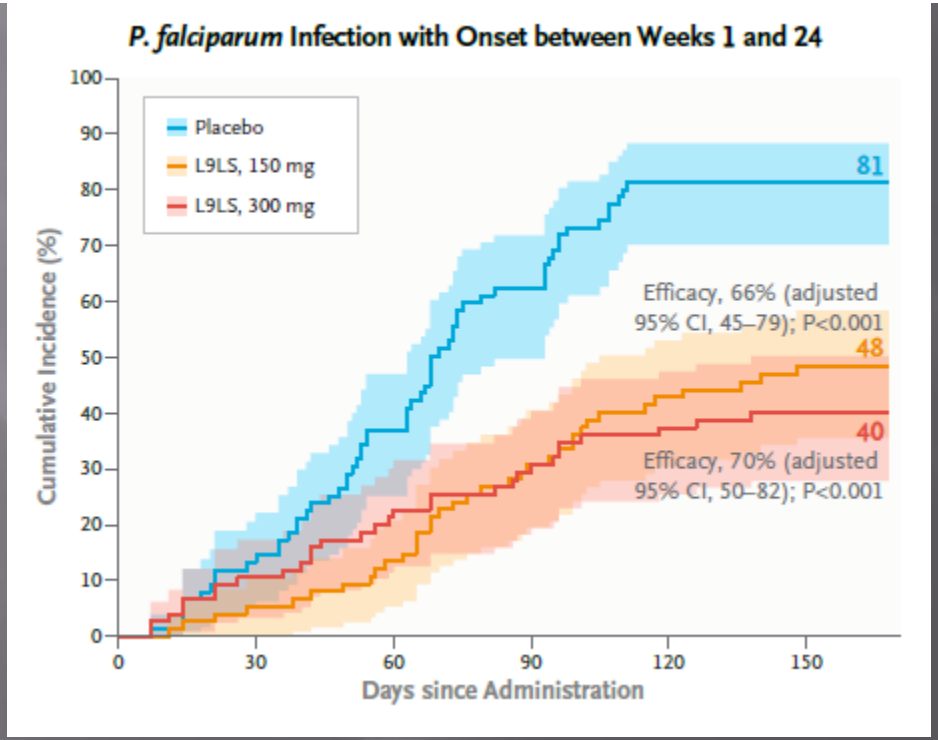

N Engl J Med 2024;390:1549

Impact of climate change and natural disasters on fungal infections

Danila Seidel, Sebastian Wurster*, Jeffrey D Jenks*, Hatim Sati, Jean-Pierre Gangneux, Matthias Egger, Ana Alastruey-Izquierdo, Nathan P Ford, Anuradha Chowdhary, Rosanne Sprute, Oliver Cornely, George R Thompson III, Martin Hoenigl†, Dimitrios P Kontoyiannis†*

The effects of climate change and natural disasters on fungal pathogens and the risks for fungal diseases remain incompletely understood. In this literature review, we examined how fungi are adapting to an increase in the Earth's temperature and are becoming more thermotolerant, which is enhancing fungal fitness and virulence. Climate change is creating conditions conducive to the emergence of new fungal pathogens and is priming fungi to adapt to previously inhospitable environments, such as polluted habitats and urban areas, leading to the geographical spread of some fungi to traditionally non-endemic areas. Climate change is also contributing to increases in the frequency and severity of natural disasters, which can trigger outbreaks of fungal diseases and increase the spread of fungal pathogens. The populations mostly affected are the socially vulnerable. More awareness, research, funding, and policies on the part of key stakeholders are needed to mitigate the effects of climate change and disaster-related fungal diseases.

Seidel D et al. Lancet Microbe 2024
doi.org/10.1016/S2666-5247(24)00039-9

Rezafungin versus caspofungin for treatment of candidaemia and invasive candidiasis (ReSTORE): a multicentre, double-blind, double-dummy, randomised phase 3 trial

George R Thompson III, Alex Soriano, Oliver A Cornely, Bart Jan Kullberg, Marin Kollef, Jose Vazquez, Patrick M Honore, Matteo Bassetti, John Pullman, Methee Chayakulkeeree, Ivan Poromanski, Cecilia Dignani, Anita F Das, Taylor Sandison, Peter G Pappas, on behalf of the ReSTORE trial investigators

- Rezafungin, yeni nesil ekinokandin
- Rezafungin 400 mg yükleme, 200 mg/hafta
- Caspofungin 70 mg yükleme, 50 mg/gün
- n=199

Thompson GR et al. Lancet 2023;401:49

Rezafungin versus caspofungin for treatment of candidaemia and invasive candidiasis (ReSTORE): a multicentre, double-blind, double-dummy, randomised phase 3 trial

George R Thompson III, Alex Soriano, Oliver A Cornely, Bart Jan Kullberg, Marin Kollef, Jose Vazquez, Patrick M Honore, Matteo Bassetti, John Pullman, Methee Chayakulkeeree, Ivan Poromanski, Cecilia Dignani, Anita F Das, Taylor Sandison, Peter G Pappas, on behalf of the ReSTORE trial investigators

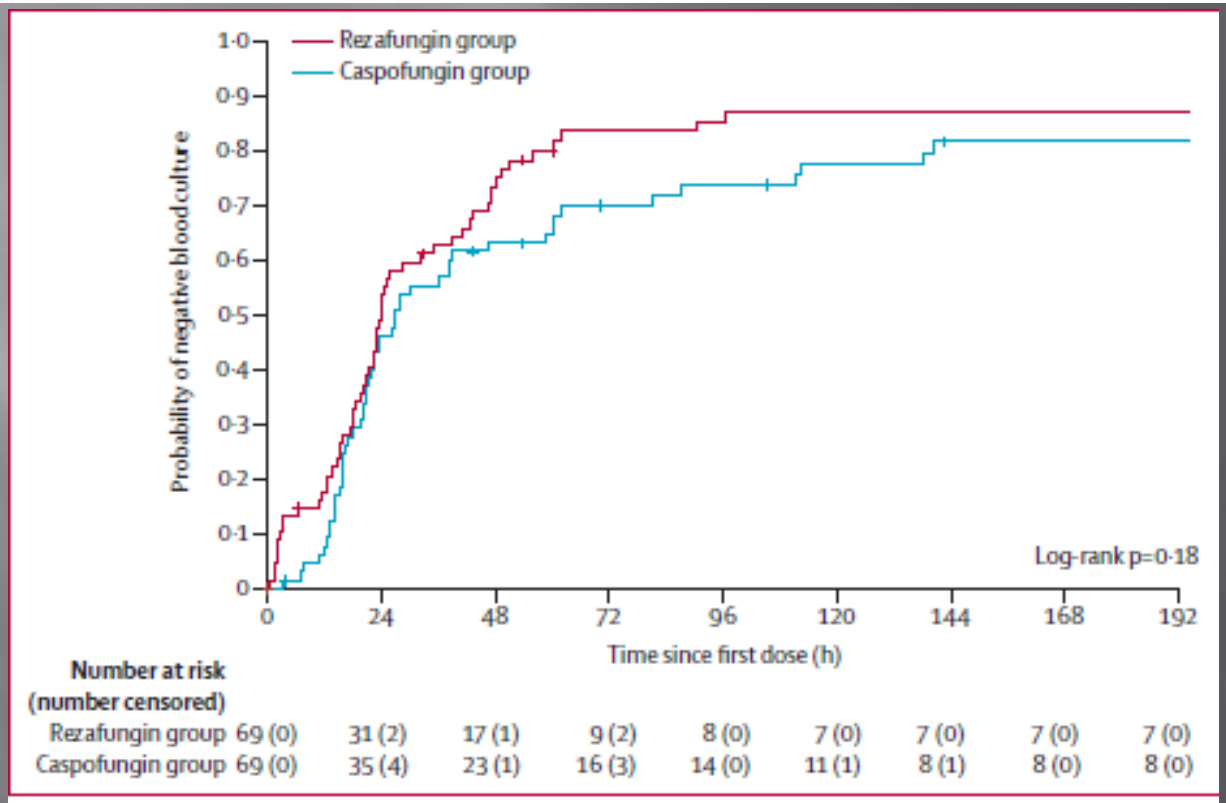

Figure 2: Time to negative blood culture after treatment with rezafungin versus caspofungin in the modified intention-to-treat population

t al. Lancet 2023;401:49

Clinical Infectious Diseases

MAJOR ARTICLE

Oral Lipid Nanocrystal Amphotericin B for Cryptococcal Meningitis: A Randomized Clinical Trial

David R. Boulware,[1,a] Mucunguzi Atukunda,[2,a] Enock Kagimu,[2] Abdu K. Musubire,[2] Andrew Akampurira,[2] Lillian Tugume,[2] Kenneth Ssebambulidde,[2,3] John Kasibante,[2] Laura Nsangi,[2] Timothy Mugabi,[2] Jane Gakuru,[2] Sarah Kimuda,[2] Derrick Kasozi,[2] Suzan Namombwe,[2] Isaac Turyasingura,[2] Morris K. Rutakingirwa,[2] Edward Mpoza,[2] Enos Kigozi,[4] Conrad Muzoora,[4] Jayne Ellis,[2] Caleb P. Skipper,[1] Theresa Matkovits,[5] Peter R. Williamson,[3] Darlisha A. Williams,[1] Ann Fieberg,[6] Kathy H. Hullsiek,[6] Mahsa Abassi,[1] Biyue Dai,[6] and David B. Meya[1,2]

[1]Department of Medicine, University of Minnesota, Minneapolis, Minnesota, USA; [2]Infectious Diseases Institute, Makerere University, Kampala, Uganda; [3]Laboratory of Clinical Immunology and Microbiology, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland, USA; [4]Department of Medicine, Mbarara University of Science and Technology, Mbarara, Uganda; [5]Matinas Biopharma Nanotechnologies, Bedminster, New Jersey, USA; and [6]Division of Biostatistics, School of Public Health, University of Minnesota, Minneapolis, Minnesota, USA

- Oral lipid nanokristal (LNC) amfoterisin B (MAT2203)
- RCT LNC amfoterisin + flusitozin (n=40)
  2 IV + LNC amfoterisin + flusitozin (n=40)
  IV amfoterisin + flusitozin (n=41)

Boulware DR et al. Clin Infect Dis 2023;77:1659

Clinical Infectious Diseases

MAJOR ARTICLE

Oral Lipid Nanocrystal Amphotericin B for Cryptococcal Meningitis: A Randomized Clinical Trial

David R. Boulware,[1,a] Mucunguzi Atukunda,[2,a] Enock Kagimu,[2] Abdu K. Musubire,[2] Andrew Akampurira,[2] Lillian Tugume,[2] Kenneth Ssebambulidde,[2,3] John Kasibante,[2] Laura Nsangi,[2] Timothy Mugabi,[2] Jane Gakuru,[2] Sarah Kimuda,[2] Derrick Kasozi,[2] Suzan Namombwe,[2] Isaac Turyasingura,[2] Morris K. Rutakingirwa,[2] Edward Mpoza,[2] Enos Kigozi,[4] Conrad Muzoora,[4] Jayne Ellis,[2] Caleb P. Skipper,[1] Theresa Matkovits,[5] Peter R. Williamson,[3] Darlisha A. Williams,[1] Ann Fieberg,[6] Kathy H. Hullsiek,[6] Mahsa Abassi,[1] Biyue Dai,[6] and David B. Meya[1,2]

[1]Department of Medicine, University of Minnesota, Minneapolis, Minnesota, USA; [2]Infectious Diseases Institute, Makerere University, Kampala, Uganda; [3]Laboratory of Clinical Immunology and Microbiology, National Institute of Allergy and Infectious Diseases, National Institutes of Health, Bethesda, Maryland, USA; [4]Department of Medicine, Mbarara University of Science and Technology, Mbarara, Uganda; [5]Matinas Biopharma Nanotechnologies, Bedminster, New Jersey, USA; and [6]Division of Biostatistics, School of Public Health, University of Minnesota, Minneapolis, Minnesota, USA

- 18. hafta sağkalım

  LNC amfoterisin + flusitozin %85

2 IV+LNC amfoterisin + flusitozin %90

  IV amfoterisin + flusitozin %85

Boulware DR et al. Clin Infect Dis 2023;77:1659