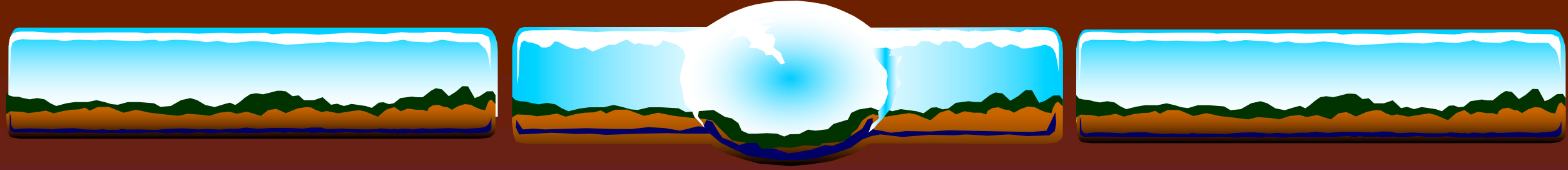


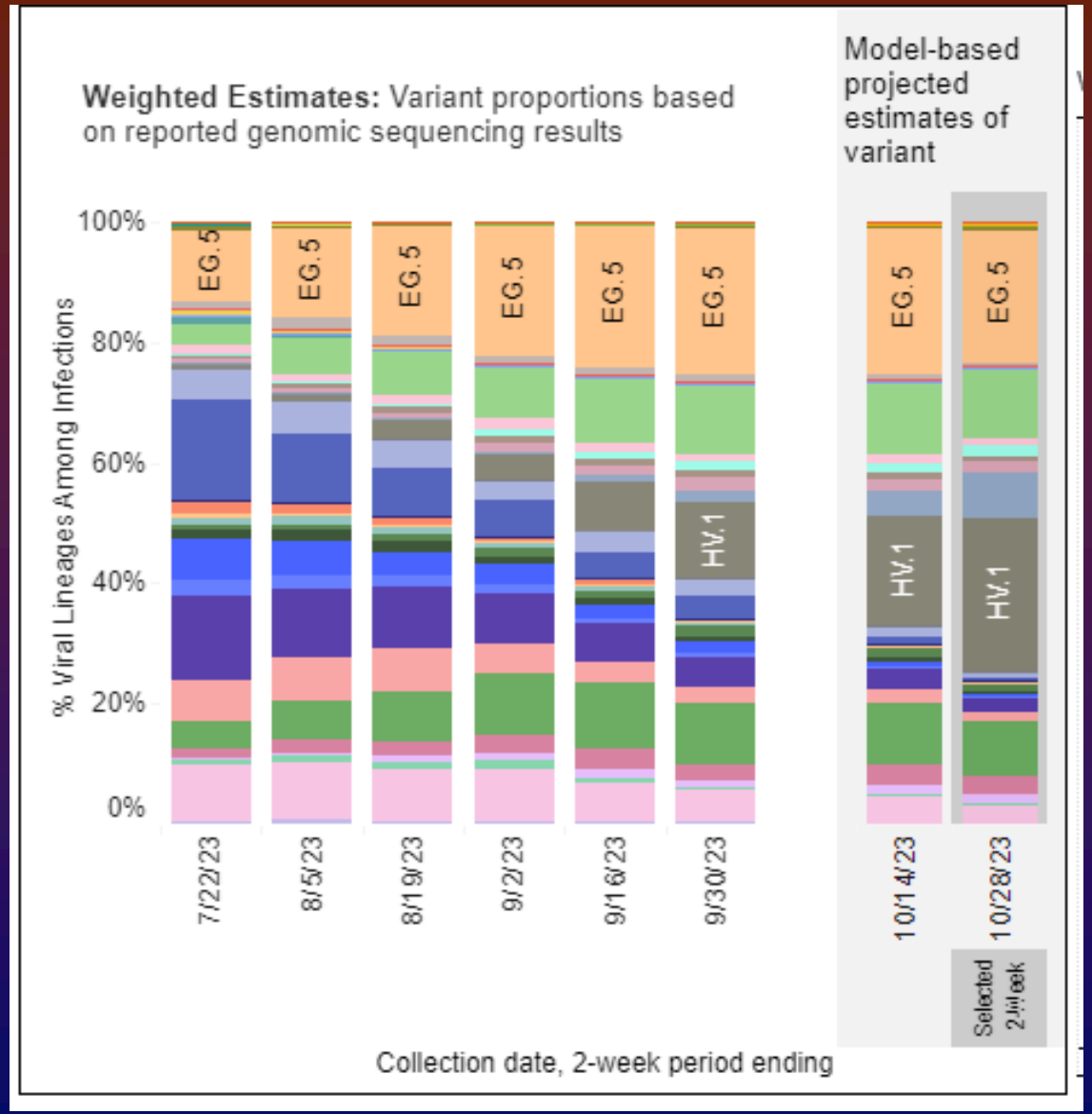
ID Clinical Update

Jonathan Vilasier Iralu, MD, MACP, FIDSA

Indian Health Service Chief Clinical Consultant
for Infectious Diseases

Virology: October 28

- EG.5 “Eris” is the latest omicron subvariant of XBB.1.9
- WHO “variant of interest”
- Current vaccines are considered adequate
- Nirmatrelvir/r should work



COVID Prevention

- Risk of stroke discussed October 25 at ACIP meeting
  - Statistical signal for ischemic stroke detected in Vaccine Safety Datalink for age > 65 years in fall 2022 for bivalent Pfizer vaccine
  - No signal in 7 other data sources (Kaiser, Medicare, TriNetX, French National Health data, British National Health System, Clalit Health (Israel)
  - Available data do not provide clear and consistent evidence of a safety problem for stroke with bivalent Mrna COVID vaccines alone or simultaneously with flu vaccines or when flu vaccine is given alone

https://www.cdc.gov/vaccines/acip/meetings/downloads/slides-2023-10-25-26/01-VaxSafety-Shimabukuro-508.pdf

COVID Treatment Updates: November 2

- Nirmatrelvir/ritonavir transitioned to commercially available on November 1
  - There will be a time period of overlap between the old EUA and the new commercial product
  - Pfizer priced the drug at $1,390 per treatment course

COVID Treatment Updates October 10

- New alternate immunosuppressive drugs for hospitalized patients on supplemental O2 not requiring MV or ECMO
  - Abatacept and Infliximab now listed as alternates
  - Baracitinib or tocilizumab are still preferred
    - Either preferred if on conventional O2 with rapidly increased requirement
    - Baracitinib preferred if on HFNC or NIV, tocilizumab is the preferred alternate

https://www.covid19treatmentguidelines.nih.gov/management/clinical-management-of-adults/hospitalized-adults--therapeutic-management/

COVID Treatment Updates October 10

- Tofacitinib and Sarilumab can be used in combination if none of the above immunomodulators are available or feasible.

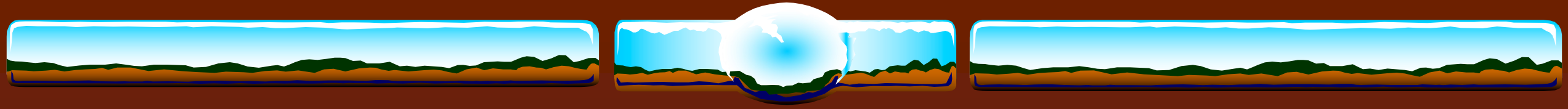
COVID Treatment Updates October 10

- Metformin
  - Insufficient evidence to recommend it for non hospitalized patient
    - COVID-OUT study showed hospitalization and death benefit at day 28, TOGETHER study did not
  - NIH Recommends against use in hospitalized patients

https://www.covid19treatmentguidelines.nih.gov/therapies/miscellaneous-drugs/metformin/

COVID Treatment Updates October 10

- Anticoagulation
  - Persons on anticoagulants or antiplatelet drugs should continue them
  - Check drug interactions with these if using Paxlovid



COVID Treatment Updates October 10

- VTE Prophylaxis: LMWH or Unfractionated heparin preferred
  - Low flow O2, not in ICU: Therapeutic heparin
    - Contraindicated for PLT <50, Hgb <8, dual antiplatelet Rx, bleed < 30 days ago, or increased bleeding risk
    - Treat 14 days or until transferred from ICU or discharged home
    - ATTACC/ACTIV-4a/REMAP-CAP, FREEDOM, RAPID, and HEP-COVID trials
  - ICU patient including high flow O2: Prophylactic dose heparin
    - Switch to prophylactic dose at time of ICU transfer
    - Intermediate dose heparin is no longer recommended in ICU (INSPIRATION trial)

https://www.covid19treatmentguidelines.nih.gov/therapies/antithrombotic-therapy/

New Diabetic foot infection guideline: IWGDF/IDSA

- Collect wound culture if DFI is suspected (curettage or biopsy)
- Probe to bone test, plain films and ESR, CRP, PCT are first line tests
- MRI is indicated if the above do not confirm osteomyelitis diagnosis
- Duration of Rx: *(IV to oral switch Ok if the oral drug is bioavailable)*
  - 1-2 weeks for mild soft tissue infection, 2-4 weeks for severe
  - 3 weeks for positive margin culture/path after amputation
  - 6 weeks for osteomyelitis if no resection/amputation done

https://www.idsociety.org/practice-guideline/diabetic-foot-infections/#null

Antibiotic Myths for the ID Clinician
McCCreary et al., Clin Inf Dis Oct 15, 2023

- Cefazolin should be avoided for CNS System Infections
  - Brain levels are higher with cefazolin than nafcilin
- Linezolid must be avoided in patients receiving SSRIs
  - Serotonin Syndrome Risk not significantly higher with SSRIs
  - Monitor closely
- No dose adjustment is needed for linezolid in patients with renal Dz
  - 300 mg IVq12h might be a better dose if eGFR < 60 (not in FDA insert)

Antibiotic Myths for the ID Clinician

- Clindamycin is first-line for prevention of surgical site infections in patients with PCN allergies
  - Dual allergy seen in only 0.7%, Clinda resistance is growing for GAS/GBS
  - Cefazolin is first line prophylaxis
- TMP-Sulfa does not have in vitro activity against *Strep pyogenes*
  - Thymidine in old agar recipes let Gp A Strep grow through TMP/Sulfa yielding a false positive resistance (modern agar has no thymidine)

Antibiotic Myths for the ID Clinician

- Oral fosfomycin is an excellent drug for uncomplicated cystitis
  - Nitrofurantoin is better in one head to head study. Only OK for *E coli*
- Rifampin and Gentamicin are essential for treatment of Staph Prosthetic valve endocarditis
  - Metanalysis of 4 studies showed no benefit
- Doxycycline is contraindicated in pregnancy and pediatrics < 8yo
  - Based on tetracycline data. AAP approves doxy for ≤ 21 days

https://doi.org/10.1093/cid/ciad357

Indian Country syphilis

- Use this portal: https://www.ihs.gov/NPTC/strategic-initiatives/
- Priorities for November 2023:
  - Screen in ED and Urgent care: substance use, trauma, STI, pregnancy
  - Use penicillin for every stage when supplies permit
  - Field PCN is the standard of care for difficult to treat patients
  - Refer every syphilis patient for HIV PrEP
  - Offer Doxy PEP to MSM, bisexual, and transgender women with an STI within the last year