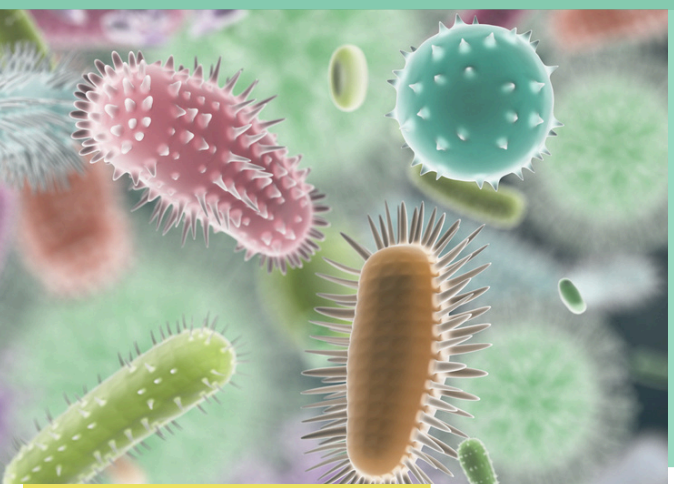
Vol. 2, Issue 9
September 2025

THE ANTIMICROBIAL ADVOCATE

NEBRASKA ASAP NEWSLETTER



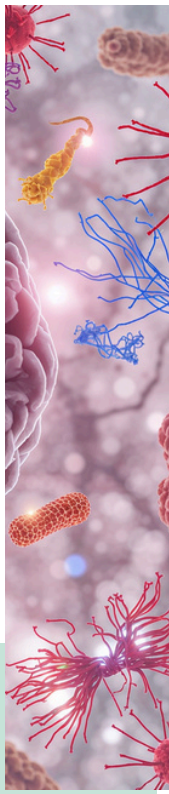
IN THIS ISSUE

ASP STAFFING RECOMMENDATIONS CALCULATOR: SHORT SURVEY

SPARC
Stewardship Personnel Required for ASPs Resource Calculator

Hospital antimicrobial stewards are invited to take part in this brief 10-minute survey that supports the development of an evidence-based hospital antimicrobial stewardship program staffing calculator. Your participation is critical for informing the development of the calculator.

Survey respondents will be notified as soon as the staffing calculator is published. Take the survey here.



For further information or any questions, please reach out to:
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OUTCOMES IN UNTREATED VS. TREATED ASB IN A VA NETWORK

ASB is a common finding in older adult males, with a prevalence of up to 19%. Due to lack of benefit from antibiotic use, the 2019 IDSA guidelines do not recommend screening for or treating ASB except in pregnant females or prior to an invasive urologic procedure. Despite these guideline recommendations, clinicians commonly prescribe antibiotics for ASB in up to 40-78% of older men.

Study Site

5 VA Midsouth Healthcare Network Outpatient Sites in 2021

Primary Question

UTI incidence at 30 days, 6 months, and 1 year in those untreated versus those treated with antibiotics

Key Findings

988 Urine Cultures Reviewed → **281** 281 or 28% were ASB

- **Treated 154 patients (55%)**
- **Untreated 127 patients (45%)**

Treated		Untreated
0.6%	UTI at 30 days **p=0.18**	3.1%
11.7%	UTI at 6 months **p=0.61**	9.6%
11.7%	UTI at 1 year **p=0.94**	11.4%

Additionally, there was no significant difference in secondary outcomes for admissions for UTI or sepsis from UTI at 30 days. Two patients in the treatment group reported an adverse drug event at 30 days.

OPPORTUNITIES FOR STEWARDSHIP

Nearly a third of all cultures were collected in the absence of urinary symptoms and more than half of patients with ASB were treated with antibiotics.

Treating ASB *did not* reduce UTI incidence, 30-day UTI or sepsis hospital admissions, but did lead to avoidable adverse events.

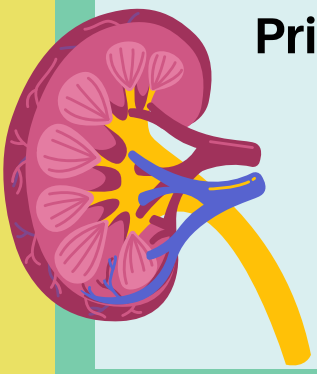
Davis K, Kaucher A, Scheerenberger H, et al. Outcomes in patients with untreated versus treated asymptomatic bacteriuria within five Veterans Affairs facilities. Infection Control & Hospital Epidemiology. Published online 2025:1-3. doi:10.1017/ice.2025.10255

EFFECTIVENESS AND SAFETY OF ANTIBIOTICS IN KIDNEY TRANSPLANT RECIPIENTS WITH ASB

Open Forum Infectious Diseases

MAJOR ARTICLE

Up to **51%** of kidney transplant recipients experience bacteriuria in the first 3 years after kidney transplantation. Despite the absence of solid evidence, ASB is systematically screened for and treated with antibiotics in many hospitals, with the presumption that eradication of ASB can reduce the risk of acute pyelonephritis and symptomatic UTI; however, it remains unclear whether antibiotic treatment of ASB improves patient and graft outcomes.



Primary Question

Should ASB in kidney transplant recipients be treated with antibiotics?

Systematic Review + Meta-Analysis

Included 478 patients from 4 randomized trials

Main Outcomes

Antibiotic therapy, compared with no therapy, nonsignificantly increased the risk of acute pyelonephritis by 19% and that of symptomatic urinary tract infection by 18%.

The risks of all-cause mortality, graft loss, graft rejection, hospital admission due to symptomatic UTI, symptomatic UTI caused by a multidrug-resistant organism, *Clostridioides difficile* diarrhea, and serious adverse events **did not differ significantly between groups**, nor did the change in serum creatinine level from baseline to the end of the study (mean difference, 0.40 mg/dL).

Conclusion

Current evidence does not support routine screening and treatment of posttransplant bacteriuria. More evidence is needed during the first 2 months after transplant due to severe immunocompromise & presence of ureteral catheters.

Article Link

URINALYSIS TO URINE CULTURE REFLEX PROTOCOL RESULTS IN HIGH ASB TREATMENT

Despite IDSA guideline recommendations against ASB treatment in most adults, between **45% and 83%** of patients receive inappropriate antimicrobial treatment, often due to an emphasis on laboratory results rather than symptoms. The objective of this study was to assess the frequency and specific criteria driving urine culture reflex orders, incidence of ASB, and ASB treatment rate to identify associations between urine diagnostics and UTI symptoms.

Study Institution Reflex Criteria:

UA positive for ≥1 criteria

- Pyuria [>10 WBC/HPF]
- "Moderate" or "large" leukocyte esterase or nitrites

36.7% → **51.1%** → **12.2%**

1 Criteria Met | **2 Criteria Met** | **All 3 Criteria Met**

How often did UAs reflex to UC?

3,072 → **926** **30%**

Total UA orders | Reflexed to urine culture

How often were UC reflex orders positive?

43.8%
128/292

What percentage of positive UC were ASB?

69.5%
89/128

How many ASB cases received antibiotics?

80.9%
75/89

How were antibiotics prescribed?

53.8% → **6 DAYS**

3rd Generation Cephalosporins | **Median Antibiotic Duration**

Key Takeaways

- High volumes of UA to UC reflex orders with predominantly negative results contribute to unnecessarily **high laboratory workload** and use of resources as well as **increased antibiotic use**
- ASB treatment remains frequent, despite guideline recommendations against it

Article Link

US ANTIBIOTIC AWARENESS WEEK
NOVEMBER 18-24, 2025

Each year, more than 300 organizations (including healthcare facilities, federal agencies, health departments, professional societies, corporations, and patient and family representatives) join CDC to participate in U.S. Antibiotic Awareness Week.

We invite you to join us at Nebraska ASAP in observing USAAW 2025!

Begin planning your facility's activities now! Resources can be found at the link.

U.S. Antibiotic Awareness Week Toolkit Link