

Nebraska ASAP
Newsletter

THE ANTIMICROBIAL ADVOCATE

Vol 2 Issue 11 - November 2025

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Feedback Survey

As The Antimicrobial Advocate nears the two year mark, we'd love to hear your thoughts on our newsletter!

Take a moment to fill out this quick 2-minute survey to provide us with feedback.

[Click Here to take the Survey now!](#)





Celebrating Antibiotic Awareness Week 2025



Nebraska ASAP would like to thank all of our partners for highlighting the importance of appropriate antibiotic use during US Antibiotic Awareness Week 2025!

Many local health departments, hospitals, and other organizations shared social media posts, radio spots, and patient education to help raise awareness.

November 18-24 was also declared Nebraska Antibiotic Awareness Week and the Bob Kerry Pedestrian Bridge was lit up purple.

Fighting antimicrobial resistance takes all of us!



STATE OF NEBRASKA



Proclamation

WHEREAS,

The Centers for Disease Control and Prevention has declared the week of November 18–24, 2025, as U.S. Antibiotic Awareness Week to promote the responsible use of antibiotics in communities, healthcare facilities, animal health, and agriculture, in collaboration with state-based program; and

WHEREAS,

The Nebraska Department of Health and Human Services Healthcare-Associated Infections and Antimicrobial Resistance Program is dedicated to reducing antibiotic resistance, a serious and growing threat to public health; and

WHEREAS,

The misuse and overuse of antibiotics contribute to the development of antibiotic resistance and increase the risk of complications such as *Clostridioides difficile* infections; and

WHEREAS,

The observance of U.S. Antibiotic Awareness Week encourages patients to be "antibiotics aware" and supports prescribers, pharmacists, veterinarians, and other healthcare professionals in using antibiotics wisely.

NOW, THEREFORE,

I, Jim Pillen, Governor of the State of Nebraska, DO HEREBY PROCLAIM the Week of November 18-24, 2025, as

ANTIBIOTIC AWARENESS WEEK

in Nebraska, and I do hereby urge all citizens to take due note of this observance.

IN WITNESS WHEREOF, I have hereunto set my hand and cause the Great Seal of the State of Nebraska to be affixed this Sixth Day of November, in the year of our Lord Two Thousand Twenty-Five.



Attest:

Secretary of State

Governor

New Resource for LTC Antibiotic Stewardship!

Be sure to check out
the new LTC
Antibiotic
Stewardship Toolkit
on the Nebraska ASAP
website.

This free pdf
download contains
over 60 pages of
helpful resources.
Additionally,
educational videos
are available for the
case scenarios on
pages 5-13.

[Download the
Toolkit Here!](#)



LONG-TERM CARE ANTIBIOTIC STEWARDSHIP TOOLKIT

NEBRASKA ANTIMICROBIAL STEWARDSHIP ASSESSMENT AND PROMOTION PROGRAM



This toolkit contains
something for everyone
working on the LTC
antibiotic stewardship team,
including infection
preventionists, frontline
staff, facility leadership, and
consultant pharmacists.



New Impact Study:

Non- β -lactam surgical prophylaxis was linked to nearly 2-fold higher odds of surgical site infection.

348,885 adult surgical patients across 175 hospitals
Compared β -lactam vs non- β -lactam surgical prophylaxis

β -lactam: 342,936 patients (98%) → **SSI 2.8% (P < .001)**
Non- β -lactam: 5,949 patients (2%) → **SSI 6.1%**
Adjusted OR for SSI: 1.78 (95% CI, 1.59–1.99)

Ciprofloxacin: aOR 1.57
Vancomycin: aOR 1.38
Clindamycin: aOR 2.12

Note: Patients receiving clindamycin had the highest SSI odds!

[Full Article Link Here](#)

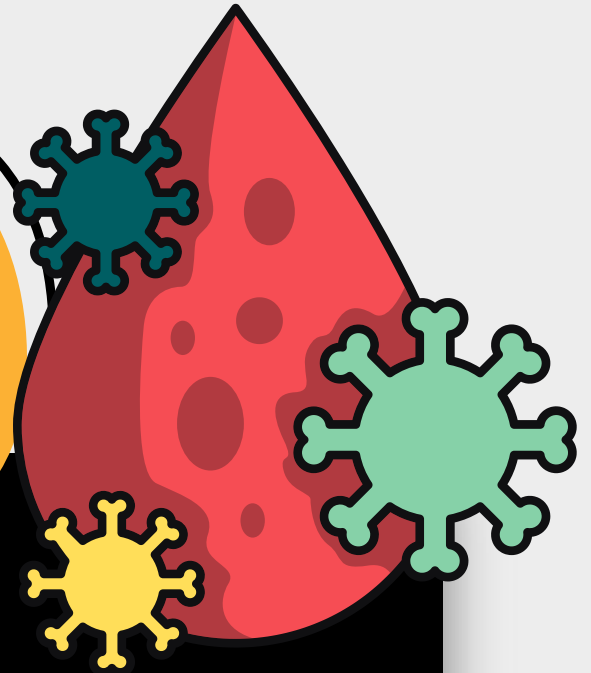
Antibiotic Stewardship Teams can:

Prioritize β -lactam antibiotics (cefazolin) whenever appropriate

Strengthen allergy-delabeling workflows by incorporating the PEN-FAST tool

Embed prophylaxis choice review in pre-operative stewardship checks, flagging any non- β -lactam use for extra scrutiny

HIV Post Exposure Prophylaxis in Healthcare Settings: Guideline Update



Update Highlights

- New antiretroviral drug regimens for PEP
- Shortened duration of follow-up HIV testing
- Elimination of routine laboratory tests for antiretroviral drug toxicity
- Considerations for PEP for HCP with exposures to source patients with undetectable viral loads

[Full Guideline Link Here](#)

Drug Regimen Updates

- Preferred PEP regimens now use second-generation integrase inhibitors (bictegravir or dolutegravir) with two NRTIs, replacing raltegravir-based options due to improved tolerability, once-daily dosing, and higher resistance barriers.
- Single-tablet PEP is now an option (e.g., bictegravir/FTC/TAF), simplifying adherence and improving completion rates.
- Boosted darunavir-based regimens remain alternatives, used mainly when INSTI-based therapy is unsuitable.
- Nevirapine remains contraindicated, and long-acting injectable cabotegravir/rilpivirine is **not recommended** for PEP because of prolonged drug levels and delayed seroconversion detection.
- Lab monitoring for drug toxicity is not required during 28-day PEP unless baseline abnormalities or symptoms are present.
- Renal and hepatic dosing guidance is clarified, with TAF-based INSTI regimens preferred in mild-moderate renal dysfunction.