

The Antimicrobial Advocate

Nebraska ASAP Newsletter

Educational Opportunities



[Registration Link](#)

Impacts of **Antimicrobial Resistance** on Cancer Care

Tuesday, April 9, 2024 | 10-11:30 a.m. EDT



NHSN

NATIONAL HEALTHCARE SAFETY NETWORK

Antibiotic Use and Resistance Module
Office Hours with CDC
Wednesday, May 8: 2-3 pm CST
[Registration Link](#)

Breakpoints

The SIDP Podcast

The Society of Infectious Diseases
Pharmacists Podcast
New Episodes available!
[SIDP - Breakpoints Podcast](#)



2024 ANTIMICROBIAL STEWARDSHIP SUMMIT
Smart Antibiotic Choices, Stronger Future

[Click Here to Register Today!](#)

May 31, 2024 – LaVista, NE

Health Alert Network

The Health Alert Network (HAN) is a nationwide system for distributing important information about public health events. Nebraska Department of Health and Human Services uses the HAN for sharing timely information.

Recent Health Alerts

CDC HAN: [Increase in Invasive Serotype Y Meningococcal Disease in the US](#)

NDHHS HAN: [Candida auris in Nebraska](#)

CDC HAN: [Increase in Global and Domestic Measles Cases and Outbreaks](#)

 [Subscribe here \(email or text\) for HAN updates](#)

ASP Assessment Support

Need help ensuring your facility is meeting antimicrobial stewardship program regulations? Nebraska ASAP provides free, non-regulatory ID pharmacist and physician assistance to all settings with implementing and sustaining the CDC Core Elements of Antibiotic Stewardship.

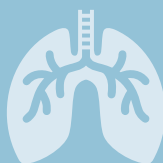
Complete the survey that corresponds to your facility type to schedule a free one-hour assessment!

[Antimicrobial Stewardship Assessments - ASAP](#)
(nebraskamed.com)

Rapid Relief:

Shorter Antibiotic Therapy in AECOPD

Two-day vs. seven-day course of levofloxacin in acute COPD exacerbation: a randomized controlled trial



310 patients
Admitted to ED
with AECOPD then
discharged or
admitted



- Levofloxacin 500 mg x 2 days + 5 days placebo
- OR
- Levofloxacin 500 mg x 7 days
- All received 40mg prednisone x 5 days

No difference in any studied outcome!

Cure 79% (2d) vs. 74% (7d) OR 1.3; 95% CI 0.78–2.2	Need for additional antibiotics 3.2% (2d) vs. 1.9% (7d) OR 0.59; 95% CI 0.13–2.5
One-year re-exacerbation 34% (2d) vs. 29% (7d) OR 0.71; 95% CI 0.42–1.19	ICU admission 5.1% (2d) vs. 3.2% (7d) OR 0.55; 95% CI 0.17–1.8
	One-year mortality 5% (2d) vs. 7% (7d) OR 0.51; 95% CI 0.54–3.59

Messous S, et al. Ther Adv Respir Dis. 2022

Conclusions:

Levofloxacin is not the first-line antibiotic for AECOPD, but if it is needed, 2 days is adequate for stable outpatients.

- If available, procalcitonin levels can help appropriate antibiotic prescribing.
[Procalcitonin \(PCT\) Guidance | UNMC](#)

Authors' statement: "a shorter course may be as effective as a longer one because antibiotics are largely ineffective for AECOPD."

Remaining Questions:

- Do we need levofloxacin 750mg, or is 500 mg adequate?
- What about duration of other antibiotics recommended by the GOLD guidelines?

Putting in context of 2024 GOLD Guidelines

Global Initiative for Chronic Obstructive Lung Disease

2024 REPORT

When should antibiotics be considered in AECOPD?

- 3 cardinal symptoms: ↑ in dyspnea, sputum volume, sputum purulence
 - 2 cardinal symptoms, if ↑ purulence of sputum is one
 - Invasive or noninvasive mechanical ventilation
- Stewards can advocate for prescribers to document these symptoms in progress notes*
- Recommended duration of ≤5 days of antibiotics for outpatient treatment of COPD exacerbations
 - Antibiotic selection should be based on local resistance
 - Amoxicillin/clavulanate, azithromycin, or doxycycline. **Last line = fluoroquinolones**
 - Oral antibiotics are preferred over intravenous unless the patient is unable to take oral medications

[2024 GOLD Report - Global Initiative for Chronic Obstructive Lung Disease](#)