VALLEY MEDICAL GROUP

Prevention & Medical Care To Help You Live Better, Longer.

Clinical Champion Update

Date: 12/09/21 *Subject: Antibiotic Stewardship*

From the CDC:

"CDC's Antibiotic Resistance Threats in the United States, 2019 (2019 AR Threats Report) includes the latest national death and infection estimates that underscore the continued threat of antibiotic resistance in the U.S.

According to the report, more than 2.8 million antibiotic-resistant infections occur in the U.S. each year, and more than 35,000 people die as a result. In addition, 223,900 cases of Clostridioides difficile occurred in 2017 and at least 12,800 people died."

To help avoid unnecessary antibiotic prescribing and the associated morbidity and mortality, here are some general reminders.

From the AAFP:

"Don't routinely prescribe antibiotics for acute mild-to-moderate sinusitis unless symptoms last for ten or more days OR symptoms worsen after initial clinical improvement. (Symptoms must include discolored nasal secretions AND facial or dental tenderness to percussion.)

Most sinusitis in the ambulatory setting is due to a viral infection that will resolve on its own. **Despite consistent recommendations to the contrary, antibiotics are prescribed in over 80% of outpatient visits for acute sinusitis.**

Sinusitis accounts for 16 million office visits and $5.8 billion in annual health care."

From the AAP:

Antibiotics should not be used for viral respiratory illnesses (sinusitis, pharyngitis, bronchitis and bronchiolitis).

Antibiotics should not be used for upper respiratory illnesses characterized by congestion, cough, or pharyngeal pain unless criteria for bacterial sinusitis or Group A streptococcal pharyngitis are met. The vast majority of these infections are caused by viruses.

Respiratory infections account for the majority of antibiotic prescriptions for children, and **it is estimated that 50% of antibiotic prescriptions for respiratory infections in children are unnecessary.** Antibiotic use for viral respiratory illnesses not only leads to higher healthcare costs and more adverse events, but also can lead to antibiotic resistance."

From the IDSA:

"Avoid prescribing antibiotics for upper respiratory infections.

The majority of acute upper respiratory infections (URIs) are viral in etiology and the use of antibiotic treatment is ineffective, inappropriate and potentially harmful. However, proven infection by Group A Streptococcal disease (Strep throat) and pertussis (whooping cough) should be treated with antibiotic therapy. Symptomatic treatment for URIs should be directed to maximize relief of the most prominent symptom(s). It is important that health care providers have a dialogue with their patients and provide education about the consequences of misusing antibiotics in viral infections, which may lead to increased costs, antimicrobial resistance and adverse effects."

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