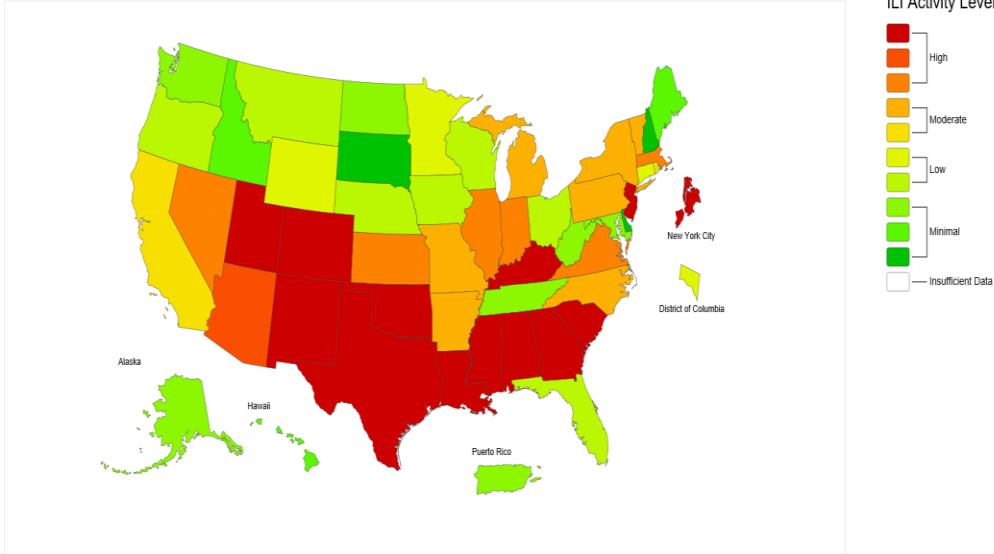


2018-19 Influenza Season Week 52 ending Dec 29, 2018



*This map uses the proportion of outpatient visits to healthcare providers for influenza-like illness to measure the ILI activity level within a state. It does not, however, measure the extent of geographic spread of flu within a state. Therefore, outbreaks occurring in a single city could cause the state to display a high activity level.
*Data collected in ILINet may disproportionately represent certain populations within a state, and therefore may not accurately depict the full picture of influenza activity for the whole state.
*Data displayed in this map are based on data collected in ILINet, whereas the State and Territorial flu activity map are based on reports from state and territorial epidemiologists. The data presented in this map is preliminary and may change as more data is received.
*Differences in the data presented by CDC and state health departments likely represent differing levels of data completeness with data presented by the state likely being the more complete.

BUG BITES

A monthly publication from the Infectious Disease (ID) department

IN THIS ISSUE -PENICILLIN, FLU, BACTERIURIA

MONTHLY INFECTIOUS DISEASE NEWSLETTER

PENICILLIN ALLERGY

Penicillin allergy is the most commonly reported drug allergy in the US, however 80-90% of individuals with 'self-reported' allergies are ABLE to tolerate penicillin drugs. It is important to question patients about these allergies to avoid exposing them to broader-spectrum antibiotics unnecessarily.

FLU UPDATE

Influenza activity is on the rise, with most subtypes being identified at H1N1 so far this season. Please see the above picture from the CDC website depicting activity nationwide. Don't forget to test your patients for influenza if they are complaining of symptoms such as fever, URI, and myalgias, as influenza activity continues throughout the winter, and usually peaks in February.

<https://www.cdc.gov/flu/weekly/index.htm>

Question of the Month

It is not recommended to treat **asymptomatic** bacteriuria, except for a few situations. What are some examples of when you **should** treat?

1. Pregnancy
2. Planned urologic intervention
3. Renal transplant recipients

THE CURBSIDERS
INTERNAL MEDICINE

134 "URINARY TRACT INFECTIONS"

Stop Overdiagnosis and Overprescribing Antibiotics for "UTI"

DON'T SAY "UTI" WITHOUT AIR QUOTES!

15-50%

of men and women in long term care have asymptomatic bacteriuria on random sampling

Finucane JAGS 2017 PMID 28542707

URINE IS NOT STERILE!

The Urinary tract has a microbiome that's undetectable by traditional agar based cultures.

Finucane JAGS 2017 PMID 28542707

ODOR ≠ "UTI"

Malodorous urine does not correlate well w/infection and should not be considered a symptom of "UTI".

Cortes-Penfield Infect Dis Clin North Am 2017 PMC 5802407

DELIRIUM ≠ "UTI"

Don't blame "UTI". Perform a complete hx & exam. Check pertinent labs & imaging. Stop any potential culprit meds. Ensure close follow up. Send cultures and start empiric antibiotics if sick.

The Curbsiders #134 Urinary Tract Infections, Delirium and Voltaire

SOURCES

The Curbsiders #134 Urinary Tract Infections, Delirium and Voltaire; Finucane JAGS 2017 PMID 28542707; Cortes-Penfield Infect Dis Clin North Am 2017 PMC 5802407

ID website for resources:

<http://www.venturafamilymed.org/rotations/infectious-disease>