



BUG BITES

A monthly publication from the Infectious Disease (ID) department

MONTHLY INFECTIOUS DISEASE NEWSLETTER

IN THIS ISSUE –VACCINE, RAPID S.AUREUS, ANTIBIOGRAM, ESBL

VACCINES DO NOT CAUSE AUTISM

Many have publicly questioned whether Measles, Mumps, Rubella (MMR) vaccine has the potential to cause autism. The *Annals of Internal Medicine* recently published a powerful study with >600,000 participants. Results strongly support that MMR vaccination does not increase the risk for autism, does not trigger autism in susceptible children, and is not associated with clustering of autism cases after vaccination. Please see full article for details.

Hviid A, Hansen JV, et al. Measles, Mumps, Rubella Vaccination and Autism: A Nationwide Cohort Study. *Ann Intern Med*.doi: 10.7326/M18-2101

RAPID STAPH. AUREUS DETECTION

We now have the ability to rapidly test for *Staph. aureus* when a patient has a positive blood culture for GPC (gram positive cocci). Using PCR, we can now identify MSSA or MRSA quickly (usually within a few hours). This has led to earlier diagnosis, avoidance of unnecessary Vancomycin use, and higher quality patient care. We are very excited about this new tool and have already noticed immense benefit since the launch date.

2018 ANTIBIOGRAM

The 2018 antibiograms will be available soon! As before, there are separate antibiograms for inpatient/ED at VCMC & SPH. New this year is our outpatient antibiogram that will help the clinics out tremendously! For questions, please contact our ID/Antimicrobial stewardship team.

Question of the Month

Does everyone with ESBL (extended spectrum beta lactam) organism isolated from urine culture need treatment with a carbapenem antibiotic?

No! First, it is important to ask if the patient has signs/symptoms of infection vs. asymptomatic bacteremia. If evidence of infection and there is cystitis/lower tract infection AND patient is not that sick, one can potentially treat with other susceptible antibiotics. If however there are concerns for pyelonephritis and/or bacteremia, IV carbapenem is typically the drug of choice.

The most important step is to determine if patient is symptomatic from an infection. We have a high rate of multidrug resistance partly due to collecting too many unnecessary urine studies and treating too many cases of asymptomatic bacteremia.

Did you know?

Microbiology is available on Tiger Text! If you have questions or need more specific details on a culture, we recommend tiger texting 'Microbiology' with the patients MRN. This is a valuable resource that is often underused.

ID website for resources:

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

*Photos from Anza Borrego Super Bloom March 2019