



## MONTHLY INFECTIOUS DISEASE NEWSLETTER

### LAB WEEK

The last week of April was Medical Laboratory Professionals Week (MLPW or Lab Week). This is an annual event to increase awareness & importance of laboratory professionals and their role in clinical diagnostics and medicine. The hospital would not function without them! See above photo of some of our outstanding Microbiology staff (celebrating with crazy hat day!)

### MEASLES OUTBREAK & NEED FOR VACCINATION

The measles outbreak has hit a record high this year in terms of number of cases nationwide, with over **839** confirmed cases since 1/1/19. The best way to avoid infection is to ensure you are properly vaccinated. Children get 2 doses of the combination measles, mumps, rubella (MMR) vaccine starting at age 1. Previously 1 dose was recommended, but the 2 dose schedule began in 1989. Those born between 1957 (year of presumed natural immunity) and 1989 may not be immune. Given concern for waning immunity in this dangerous antivaxx climate, you can get your titers checked, or better yet just get another MMR vaccine to ensure you are protected. See our newly released measles checklist for details on managing suspected measles cases.

### 2018 ANTI BIOGRAM

The 2018 antibiogram is now available! It was emailed out, and should also be available on every desktop soon. It provides antimicrobial patterns for both inpatient/ED at VCMC & SPH, and new this year includes a separate outpatient clinic antibiogram. We hope this can guide management of infections in the less critically ill patients.

# BUG BITES

A monthly publication from the Infectious Disease (ID) department

IN THIS ISSUE – LAB WEEK, MEASLES, ANTI BIOGRAM

## Question of the Month

Did you know that the Infectious Disease Society of America (IDSA) has released new guidelines for asymptomatic bacteriuria? This is an exciting new guideline that can help to reduce unnecessary use of antibiotics. Please note that clinicians should not obtain urine cultures unless patients have symptoms consistent with an infection, such as burning during urination, frequent urination or abdominal pain, or flank pain. We hope to create a CPG for VCMC/SPH in the near future.

<https://www.idsociety.org/globalassets/idsa/practice-guidelines/2019-asymptomatic-bacteriuria.pdf>

## Did you know?

HIV STAT is a rapid way to diagnose HIV. It is less sensitive than the newer HIV 1/2 Ag/Ab test at detecting acute HIV, but is resulted in just a few hours. HIV 1/2 Ag/Ab blood test takes 1-3 days to result. We recommend ordering HIV STAT in patients where immediate HIV detection would seriously change a workup/diagnosis, such as in a new brain mass.

ID website for resources:

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