Antibiotic Stewardship in Antibiotic Guidelines

*Points to Consider*

HICPAC Work Group

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Input from: Arjun Srinivasan, Lauri Hicks

Support from: Erin Stone

July 2016
Antibiotic Stewardship Work Group

• Background
  • Antibiotic Stewardship discussion at the November HICPAC meetings led to a HICPAC Work Group to develop points to consider regarding antibiotic stewardship for antibiotic guidelines.
  • Work Group members:
    • Jan Patterson, Charlie Huskins, Lynn Jannsen, Michael Tapper
    • CDC SME input from: Arjun Srinivasan, Lauri Hicks
    • Support from: Erin Stone
  • The group met by teleconference and also by email.
  • Document draft and editing and finalization was largely done by email.
  • Work Group incorporated input from March HICPAC Meeting into final document
Antibiotic Stewardship Statement for Antibiotic Guidelines

• Introduction
  • Problem of antimicrobial resistance
  • Importance of antibiotic stewardship
  • Guidelines are helpful for defining antibiotic use
    • Have not routinely incorporated antibiotic stewardship principles

HICPAC Antibiotic Stewardship Workgroup, July 2016
Points for consideration in guideline development

Principles of Testing

1. Cultures with susceptibility testing and rapid diagnostic tests, when indicated, should be sent promptly to identify specific infections and facilitate use of narrow-spectrum antibiotics when possible.

2. Diagnostic tests should be used wisely to avoid unnecessary antibiotic therapy. Cultures done without appropriate indication can cause unintended consequences. For instance, a urine culture, rapid strep test, or C. difficile testing should not be performed unless the patient has signs and symptoms of infection and meets criteria for testing.

HICPAC Antibiotic Stewardship Workgroup, July 2016
Points for consideration in guideline development

Principles of Treatment

1. While prompt, broad-spectrum antibiotics are needed for serious infections, including sepsis, the likelihood of an infection requiring antibiotics should be reconsidered after cultures and diagnostic tests are available. De-escalation of the antibiotic regimen and/or culture-directed therapy once a pathogen is identified should be used.

2. Use of the most narrow-spectrum agent can assist in preserving the activity of broader-spectrum agents for resistant organisms when needed.

3. If there are situations where the risk of prescribing an antibiotic may exceed the benefit, potential adverse events should be noted in the guideline so that providers may opt not to prescribe an antibiotic, or to choose a recommended agent that has a lower potential for adverse events.

Reference


HICPAC Antibiotic Stewardship Workgroup, July 2016
Additional Resources


• Dellit, TH, Owens, RC, McGowan, JE, et al.; Infectious Diseases Society of America and the Society for Healthcare Epidemiology of America Guidelines for Developing an Institutional Program to Enhance Antimicrobial Stewardship”; Clinical Infectious Diseases; 2007; 44:159-77


• Society for Healthcare Epidemiology of America, Infectious Diseases Society of America and Pediatric Infectious Diseases Society; “Policy Statement on Antimicrobial Stewardship by the Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), and the Pediatric Infectious Diseases Society (PIDS)” Infection Control and Hospital Epidemiology; 33(4 - Special Topic Issue: Antimicrobial Stewardship (April 2012): 322-327


• Spellberg B, Srinivasn A, Chambers HF, “New Societal Approaches to Empowering Antibiotic Stewardship”; JAMA. 2016 Feb 25; E1-E2. [Epub ahead of print]


Additional Resources Under Development


- The Joint Commission; “Proposed Standard for Antimicrobial Stewardship in AHC, CAH, HAP NCC, and OBS” Proprietary. Tuesday, 17 November 2015.
Questions

• Will HICPAC Liaison Organizations ensure these principles are incorporated into guidelines moving forward?
  • If not why?

• Will HICPAC Liaison Organizations help promote these principles?
  • If not why?

• Will HICPAC Liaison Organizations assist in identifying the most critical societies and disseminate the finalized document to them?