



BUG BITES

A monthly
publication from
the Infectious
Disease
department

MONTHLY INFECTIOUS DISEASE NEWSLETTER

IN THIS ISSUE - STD, C.DIFF, HARDWARE, OSTEO

STD's ON THE RISE

Sexually transmitted diseases are on the rise in CA. The California Department of Public Health reported more than 300,000 cases of chlamydia, gonorrhea, and early syphilis in 2017; 45% increase from 5 years ago. In 2017, there were 30 stillbirths due to congenital syphilis in California. This is the highest number reported since 1995. If you need help finding sexual partners for treatment, call public health at 805-981-5201.

C. DIFF GUIDELINES

New *Clostridium difficile* guidelines were published in 2018. An important update is that Vancomycin PO should be the first line treatment for those with a first episode and Metronidazole is no longer recommended. The 2nd episode should be treated with a long Vancomycin taper instead of repeating Vancomycin 10-14 days. We have just created a clinical practice guideline for VCMC/SPH that should be available soon. Only test if 3 x watery stools in 24 hrs and no test for cure needed.

LINES/CATHETERS

Hospitalized patients should be assessed **DAILY** for the need for foley catheters, peripheral IV's and central lines. Identifying & removing these when not necessary can significantly reduce the risk of hospital associated complications and infections.

Question of the Month

What is an important question to ask patients with potential infections?

Does he/she have any hardware or foreign material in place such as prosthetic heart valve, AV graft, pacemaker, or prosthetic joint?

If you are calling ID about a potential infection, hopefully you will have answers to the above question in advance.

Did you know?

The first thing to do when you suspect acute osteomyelitis is refer for an operative bone biopsy to obtain culture. **HOLD antibiotics** unless septic. After operative debridement, do you stop antibiotics due to presumed surgical cure or do you give 6 weeks of IV antibiotics? The decision is multifactorial and based on the following:

1. Overall clinical picture/virulence of organism
2. Extent of damage on MRI as compared to operative intervention
3. Margins on pathology
4. Reliability of patient for wound care/diabetes control
5. Blood flow status
6. Appearance of wound on admit and post op healing