

Example 8.1 Children's Hospital & Research Center Oakland Newsletter



BUGS AND DRUGS

Antimicrobial Stewardship Program Newsletter

MAY 2014

Page **77-BUGS** for antibiotic pre-approval, ASP consult or therapeutic drug monitoring

Tip of the month:
Cephalexin alone is sufficient for nonpurulent cellulitis

- Skin infections with purulent drainage/abscess are usually caused by *Staph aureus* (often MRSA), but the microbiology of nonpurulent cellulitis has been less clear, leading some to treat with 2 antibiotics.
- Now a double-blind, randomized-controlled trial involving children and adults has demonstrated that **cephalexin combined with trimethoprim-sulfamethoxazole is no better than cephalexin alone in patients with nonpurulent, uncomplicated cellulitis without abscess.**

Cephalexin Plus TMP/SMX vs. Cephalexin Alone for treatment of nonpurulent cellulitis	
Clinical cure rate	No significant difference ($P=0.66$)
Progression to abscess	No significant difference ($P=1$)

- These results support the Infectious Disease Society of America recommendation that cephalexin alone is reasonable for most cases of uncomplicated cellulitis (MRSA coverage is usually not necessary). In contrast, for purulent cellulitis/abscess, single drug therapy targeting *Staph aureus* (including MRSA) is appropriate.

Pallin DJ et al. *CID* 2013;56(12): 1754-62.
 Chambers H. *CID* 2013;56:1763-4.

CDC Antibiotic Resistance Threats

Estimated minimum number of illnesses and deaths caused annually by antibiotic resistance*:

At least **2,049,442** illnesses,
23,000 deaths

*bacteria and fungus included in this report

Urgent Threats:
Clostridium difficile



Carbapenem-resistant Enterobacteriaceae
 Drug-resistant *Neisseria gonorrhoeae*

Serious Threats:

- Multidrug-resistant *Acinetobacter*
- Drug-resistant *Campylobacter*
- Drug resistant *Salmonella/Shigella*
- ESBL, VRE, MRSA
- Drug resistant *S. pneumoniae*
- Multidrug-resistant *Pseudomonas*

Concerning Threats:

- Vancomycin-resistant *Staphylococcus aureus*
- Clindamycin-resistant Group B *Streptococcus*

For more info about this example contact Brian Lee, MD at blee@mail.cho.org