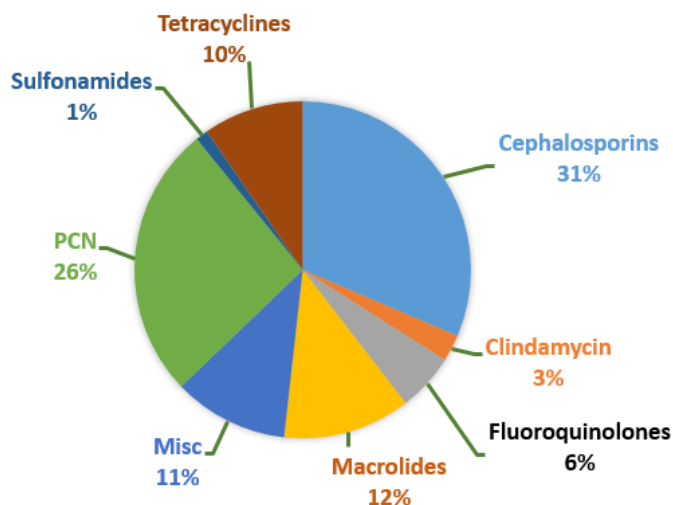


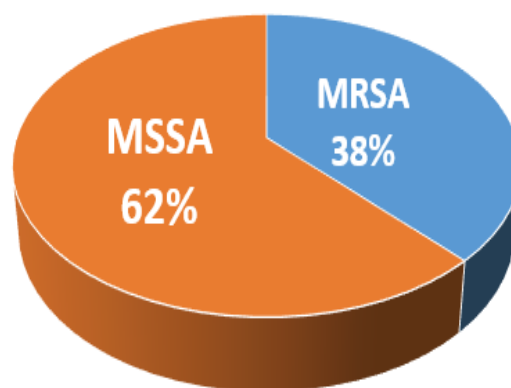
Overview:

- ◆ Data represents prescriptions issues for Antimicrobials for 01/01/2023—12/31/2023
- ◆ Susceptibility data for the most common pathogens for 01/01/2023—12/31/2023
- ◆ The data is reviewed to optimize local empiric guidelines and monitor for progression of bacterial resistance
- ◆ Some PEARLS
 - ◆ Antibiotic prescribing patterns for BMH Urgent Care/Clinics are similar when compared with baseline data for facilities of similar size in small rural locations
 - ◆ MRSA Rates relatively unchanged from 2022
 - ◆ **Fluoroquinolones should not be used as first-line** for uncomplicated urinary tract infections unless clinical guidelines and/or patient clinical status dictates otherwise
 - ◆ Culture results can be used to de-escalate therapy when clinically appropriate

Urgent Care / Clinic Antibiotic Prescribing by Class for 2023



**Eastern Idaho MRSA Rate 2023
(estimated)
MRSA Rate**



Antimicrobial Susceptibility for selected pathogens for 2023

	Cephalexin	Clindamycin	Fluoroquinolones	Doxycycline	TMP/SMX	Penicillin
MSSA	100%	84%	87%	95%	100%	14%
MRSA	0%	75% **	34%	93%	97%	0%
Streptococcus pyogenes	92%	79%	99%	52%	0%	93%

** Clindamycin exhibits inducible resistance to MRSA

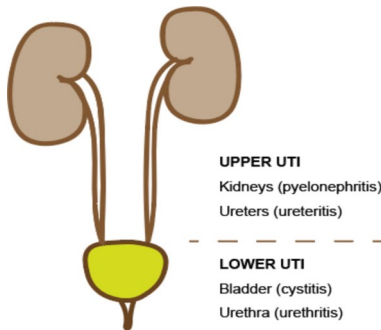
	Cephalexin	Fluoroquinolones	Nitrofurantoin	TMP/SMX
E. coli	100%	90%	98%	83%

	Cefepime	Ceftazidime	Gentamicin	Fluoroquinolones	Pip-Tazo	Meropenem
Pseudomonas	87%	89%	90%	90%	94%	92%

Common Outpatient Conditions by Pathogen

MSSA, MRSA	Abscesses, purulent cellulitis
Streptococcus pyogenes (Group A Strep)	Pharyngitis, Tonsillitis, Cellulitis
Streptococcus pneumoniae	CAP, AOM (usually viral)
E. coli	UTI
Pseudomonas aeruginosa	Nosocomial Infections (Pneumonia, UTI, etc)

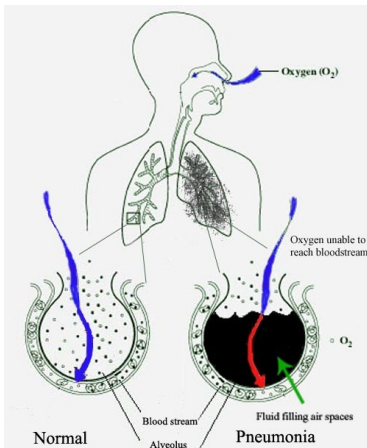
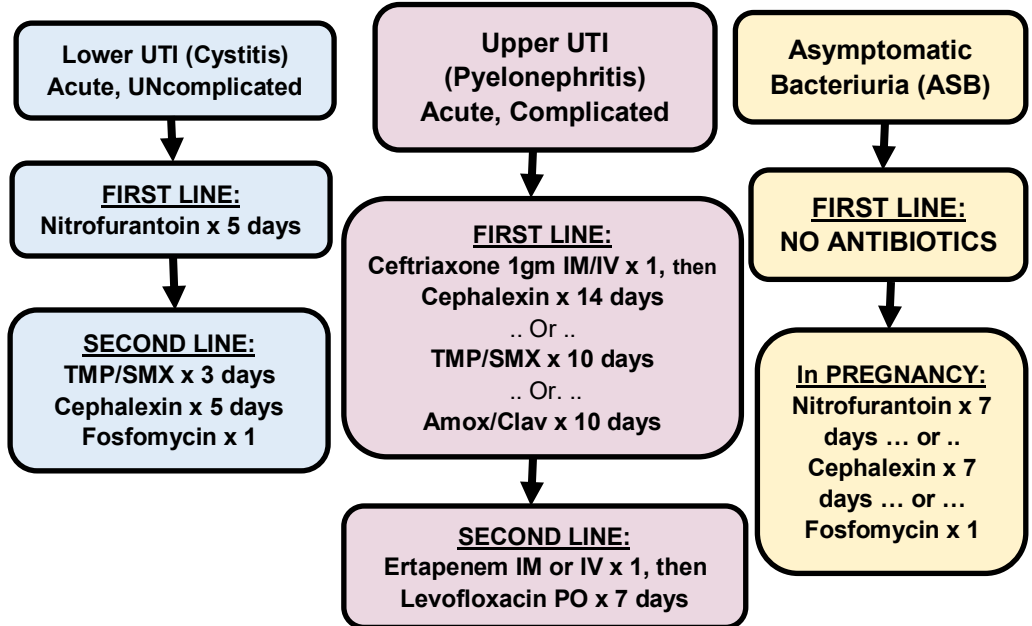
Bingham Healthcare Urgent Care / Clinic Outpatient Empiric Antibiotic Guidelines (based upon 2023 Antimicrobial Susceptibility Data)



UTI PEARLS

- **Asymptomatic Bacteriuria—NO Antibiotics unless pregnant.** Tx for 7 days recommended.
 - Avoid SMX/TMP near term due to risk of kernicterus
 - Avoid Nitrofurantoin in last trimester or during labor due to risk of hemolytic anemia
- **E. coli resistance** to TMP/SMX and Fluoroquinolones increasing. ESBL producers often susceptible to Fosfomycin and ertapenem
- IF tx failure on 3-day course, perform cultures and treat for 2 wks

Urinary Tract Infection—Empiric Antibiotic Selection Outpatient (Clinics, Urgent Care, etc)



Pneumonia (CAP) - PEARLS

- Assess for Co-morbidities to guide empiric therapy
- Outpatient Treatment Strategies are for adults with NO risk factors for MRSA or Pseudomonas
- 5-days of therapy is sufficient for most patients (Azith 500mg daily x 3 days is equiv to at least 5 days Tx)
- Pts should be afebrile ≥ 48 hrs and clinically stable before stopping Tx
- Macrolide resistance to *S. pneumoniae* is increasing— macrolide exposure in past 6 months is a risk factor

Pneumonia, Community-Acquired —Empiric Antibiotic Selection Outpatient (Clinics, Urgent Care, etc)

