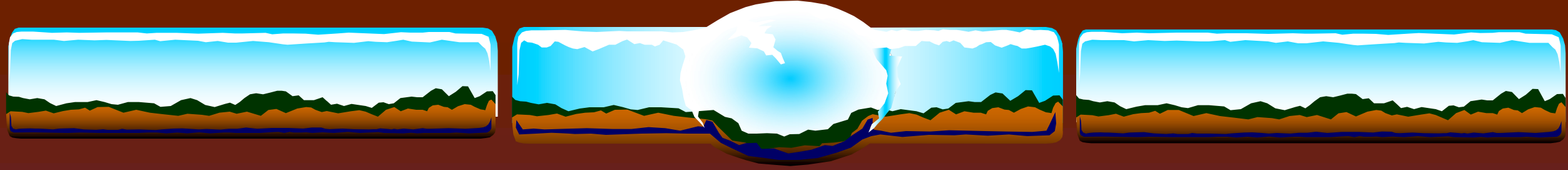

ID Clinical Update

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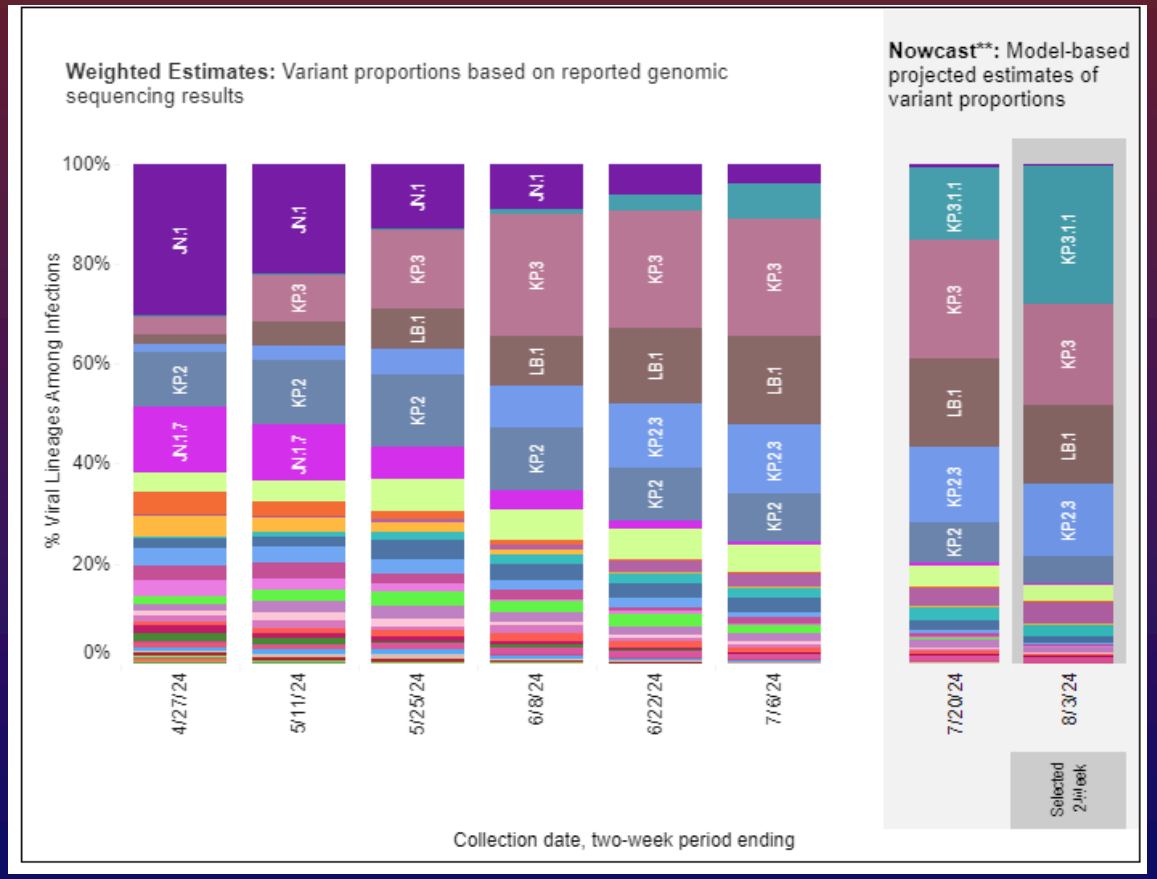
COVID-19 Virology:

- KP.3.1.1 is the dominant variant descended from JN.1
- FLiRT variants: KP.2, KP.3, LB.1
- KP.2 (KP.3 is similar) has a higher reproduction number 1.22 X than JN.1 and higher viral fitness
- Current vaccines should cover KP.3 variants but not as effectively as JN.1
- Paxlovid is expected to be effective for KP.3



https://www.idsociety.org/covid-19-real-time-learning-network/diagnostics/covid-19-variant-update/#/+/0/publishedDate_na_dt/desc/

Mpox Update

- WHO reports 14,000 cases (511 deaths) in DRC in 2024 so far with spread to Burundi, Kenya, Rwanda and Uganda (50 cases)
- Three clades
  - Clade 1 has circulated in DRC for years with severe disease (10% die)
  - Clade 2 caused the global outbreak in 2022 with milder disease
  - Clade 1b is now in eastern DRC and causes more severe disease with genital involvement

- https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing---7-august-2024

Mpox Jynneos vaccine

- CDC Indications
  - Pre-exposure vaccine for lab workers Aged 18 and older at risk of mpox during an outbreak
  - Age ≥18 MSM, bisexual, transgender, non binary who in last 6 months
    - New STI (1 or more)
    - > 1 sex partner
    - Sex at commercial sex venue or large public event where mpox is transmitting
    - Partners of the above or anticipate experiencing the above
  - Post exposure prophylaxis within 4 days (but up to 14)

https://www.cdc.gov/poxvirus/mpox/interim-considerations/overview.html#recommendations

Lenacapavir is 100% effective HIV PrEP!

- Twice- yearly Lenacapavir or daily F/TAF for HIV prevention in cisgender women Bekker et al, NEJM, 7/24/2024
  - 5338 HIV negative cis-women received Lenacapavir, F/TAF or F/TDF every 26 weeks South Africa and Uganda
  - Zero patients in the Lenacapavir arm became HIV infected
  - 2.02 per 100 PY on F/TAF and 1.69 per 100PY on F/TDF caught HIV
  - There was low adherence in the oral PrEP groups

https://www.nejm.org/doi/full/10.1056/NEJMoa2407001

BACTEC blood culture supply
Johns Hopkins guidance

- Don’t get blood cultures for low yield situations:
  - Fever without signs of infection
  - Isolated leukocytosis
  - Repeat blood cultures for fever/WBC when second set <72 hrs is negative
  - Repeat blood cultures for organisms other than Staph aureus, Staph lugdenensis or candida unless there is an endovascular device
  - Repeat cultures to rule out contamination (immunocompetent/no prosthetic)
  - Community acquired pneumonia or cellulitis not requiring ICU care

https://www.int-med.uiowa.edu/Research/EIN/JHU_BCStewardship.pdf

BACTEC blood culture supply issues

- Don’t get blood cultures for low yield situations (continued):
  - Post op fever within 48 hours of surgery
  - Lower UTI
  - Surveilance blood cultures without suspicion of bacteremia

- Blood culture use monitoring is part of good I/T/U ID stewardship.

https://www.int-med.uiowa.edu/Research/EIN/JHU_BCStewardship.pdf

IDSA Guideline Updates

- Complicated Intra-abdominal Infections in adults, children and pregnant people (abscess or peritonitis beyond perforation site)
  - APACHE II score is the preferred score for CIAI within 24 hours
  - CT Scan is the preferred test for appendicitis in adults, ultrasound is preferred for children and US or MRI for pregnant persons
  - Ultrasound is the preferred test for cholecystitis/cholangitis
  - CT scan is the test of choice for acute diverticulitis

https://www.idsociety.org/practice-guideline/intra-abdominal-infections/#Recommendation:Intra-AbdominalFluidCulturesforKnownorSuspectedIntra-abdominalInfection%C2%A0AdultsandChildren

ID Guideline Updates

- CT scan is the test of choice for intra-abdominal abscess
  - U/S for children
  - U/S or MRI for pregnant persons
- Obtain blood cultures for suspected intra-abdominal infection if :

Fever and hypotension, tachypnea, and/or delirium

Or

Concern for antibiotic-resistant organisms

https://www.idsociety.org/practice-guideline/intra-abdominal-infections/#Recommendation:Intra-AbdominalFluidCulturesforKnownorSuspectedIntra-abdominalInfection%C2%A0AdultsandChildren

IDSA Guideline Updates

- Intra-abdominal cultures are recommended for intra-abdominal infections
  - Inoculate the fluid into blood culture bottles
- Cultures are not required for uncomplicated appendicitis unless immunocompromised

Other notable guidelines…

- Anal PAP smear for HIV-infected persons
  - All HIV positive results should have a digital rectal exam (DRE)
  - If age < 35, do DRE and anoscopy if symptomatic
  - If age ≥ 35 and MSM or transgender, do cytology +/- HPV test
  - If age > 45, do cytology +/- HPV test
  - Do the DRE last
  - Only do anal cytology test if high resolution anoscopy and treatments are available