Smittevernåret 2025-2026-hvilke 5 artikler bør vi lese?

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SYKEHUSET TELEMARK

5 artikler

1. Antimikrobiell resistens (AMR)

2. Vaksinering mot RS-virus

3. Antibiotika

4. Antibiotika

5. Forbedret infeksjonskontroll for *Clostridoides difficile,* VRE *og Enterobacterales* ESBL

1.Bruk av urinstix og urindyrkning

Infection Control & Hospital Epidemiology (2026), **47**, 697–702
doi:10.1017/ice.2026.10430

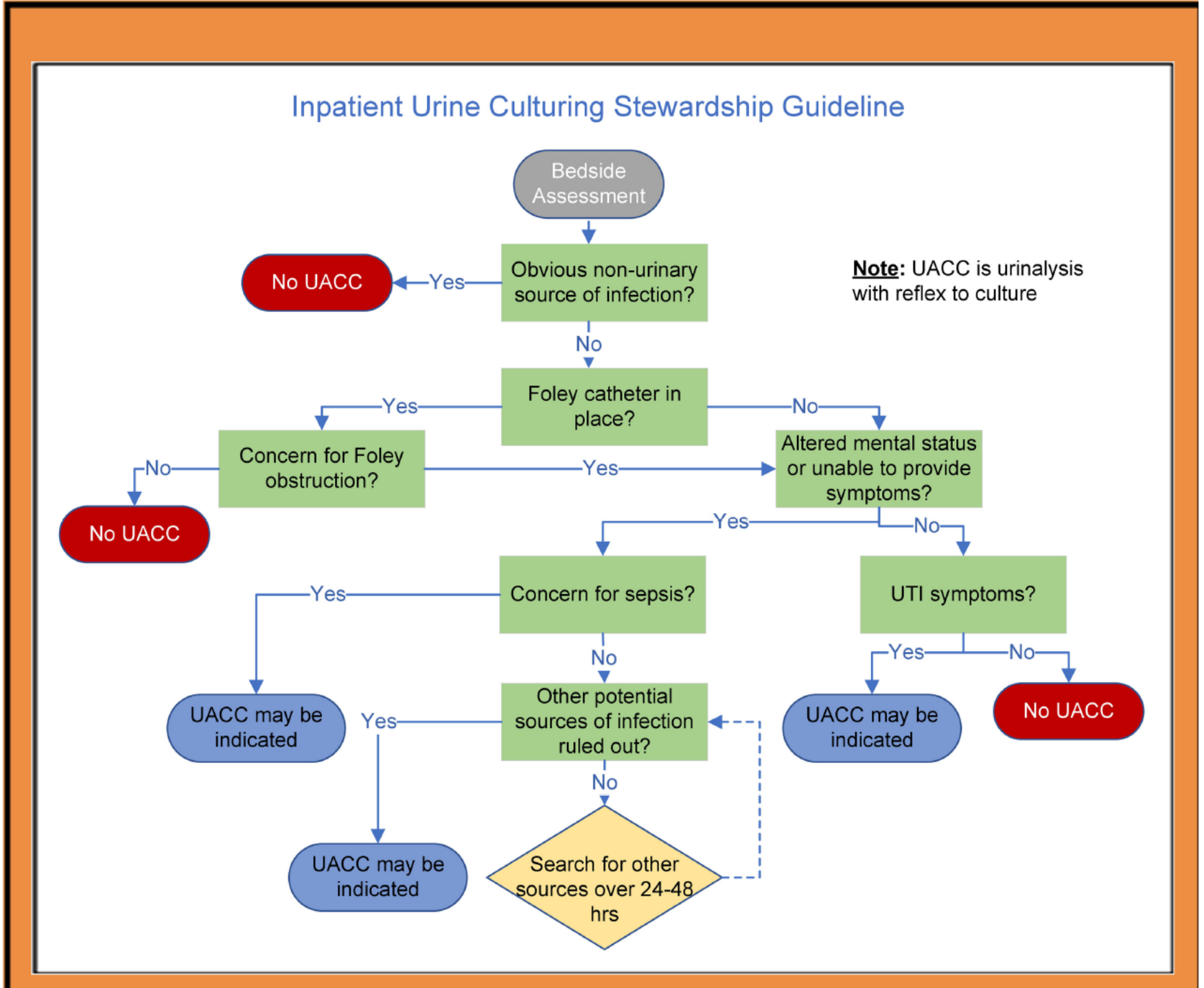
SHEA

Original Article

Improving urine testing stewardship with a technology-leveraged urine testing guideline‡

Christian J. Ostrowski BS[1], Mandy C. Swann MPH[2], Anthony Baffoe-Bonnie MD[1,2] and Jacob R. Gillen MD[1,2]

[1]Virginia Tech Carilion School of Medicine, Roanoke, VA, USA and [2]Carilion Clinic Roanoke Memorial Hospital, Roanoke, VA, USA



UACC=urinalysis with reflex to culture

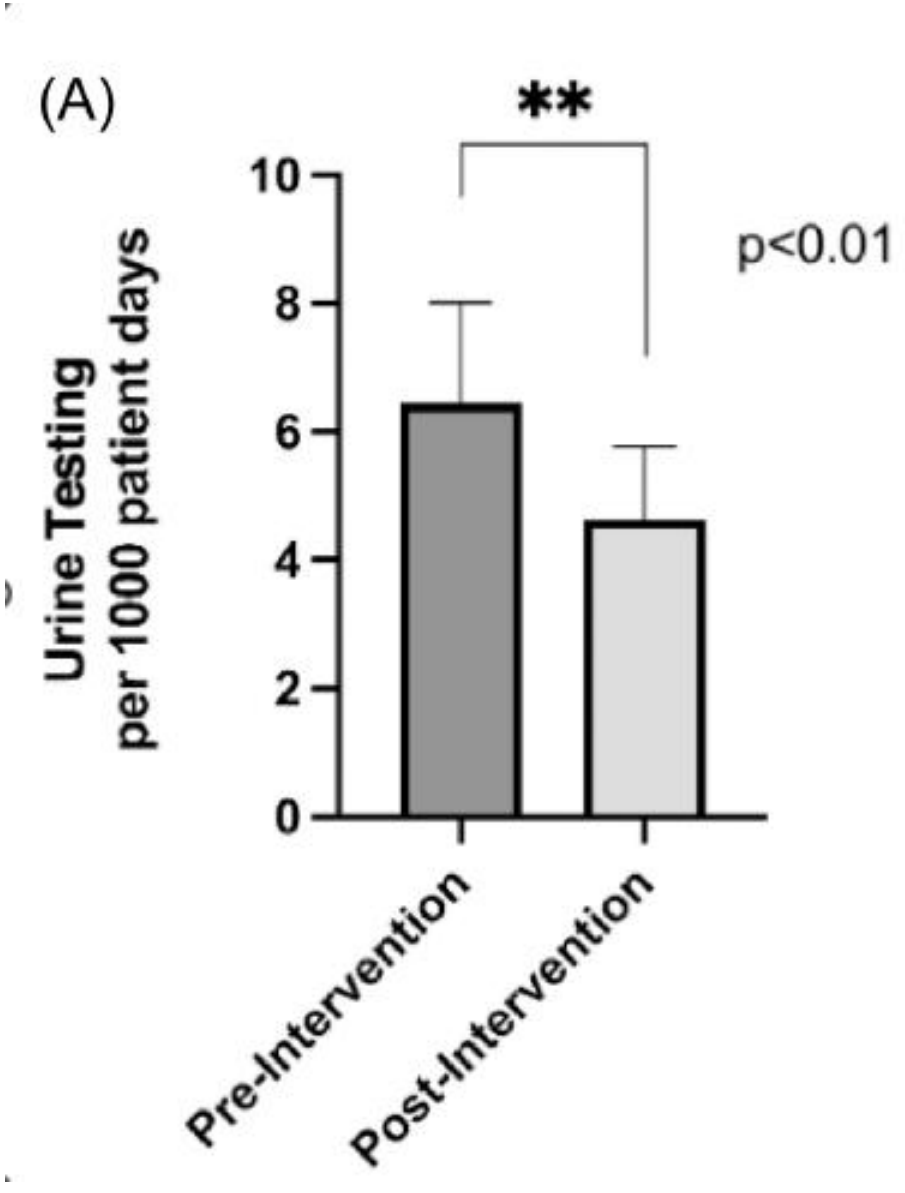
Bruk av urin stix og urindyrkning

NOT Reasons to send urine culture:

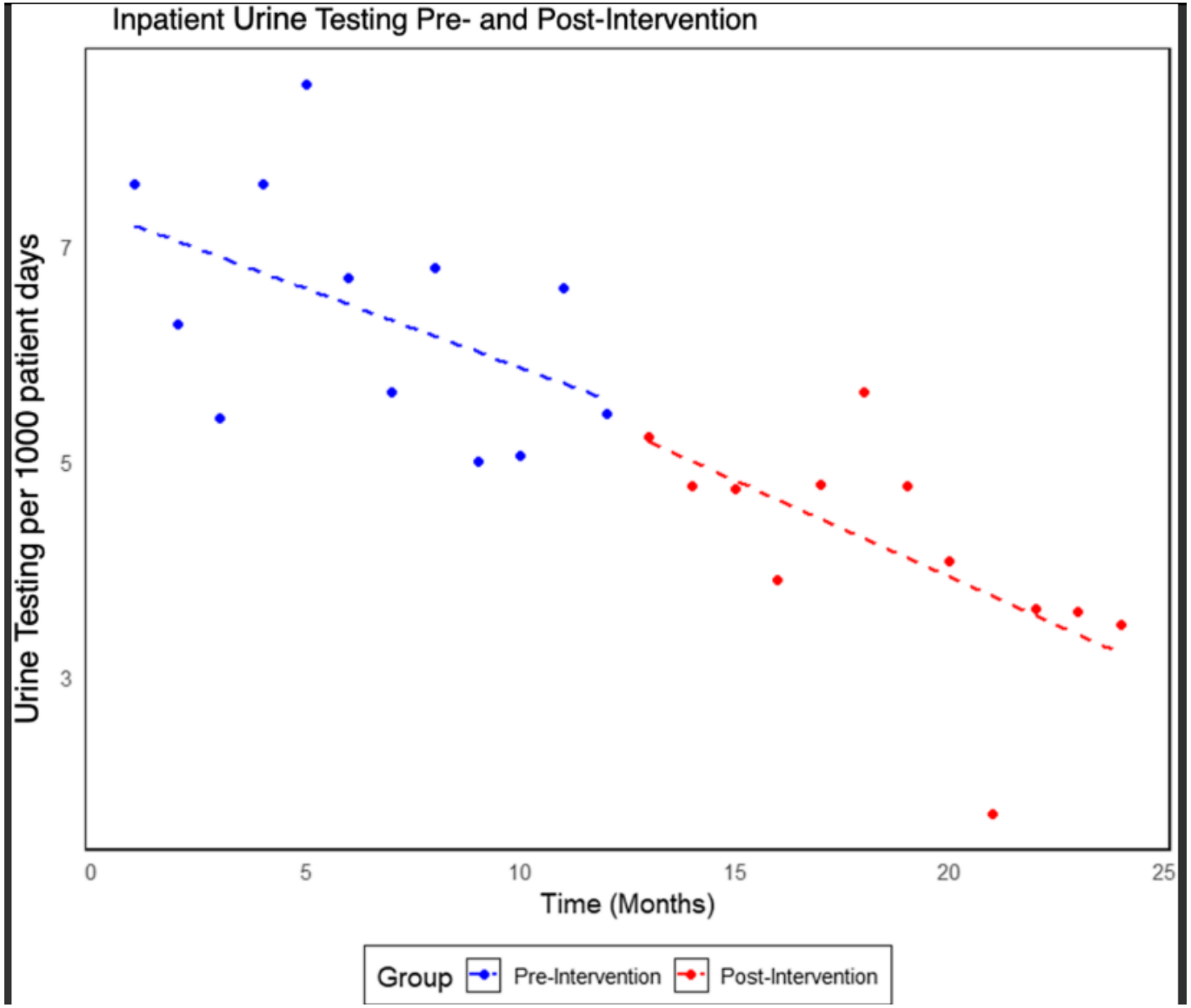
- Change in urine color
- Sediment
-Turbidity
- Foul odor
- Isolated WBC on urinalysis
- Presence of long-term catheter

Table 1 – UTI Symptoms
Suprapubic Tenderness
Urinary Urgency
Urinary Frequency
Dysuria
Costovertebral Angle Pain or Tenderness
Pain of Testes or Prostate

Resultater

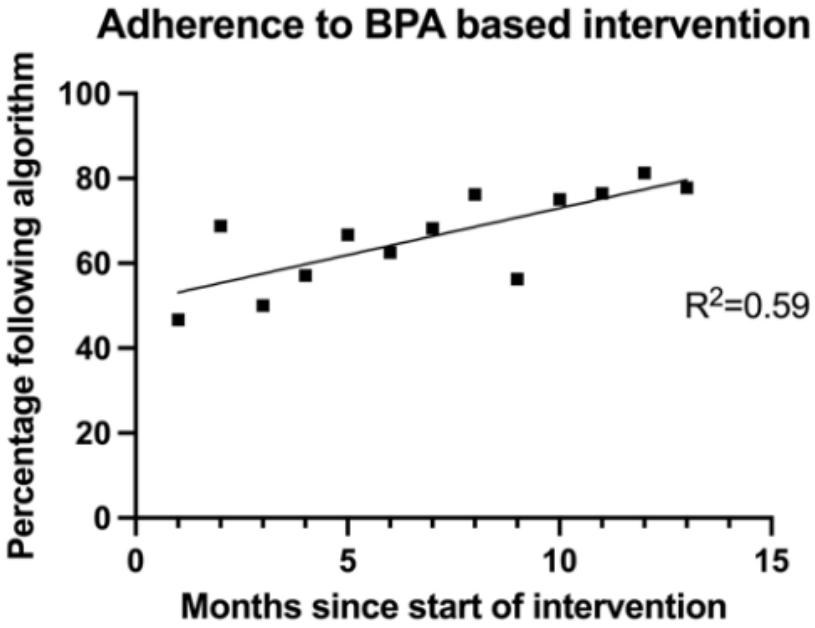

(A)
**
p<0.01
Urine Testing
per 1000 patient days
10
8
6
4
2
0
Pre-Intervention
Post-Intervention

Resultater


Inpatient Urine Testing Pre- and Post-Intervention
Urine Testing per 1000 patient days
7
5
3
0
5
10
15
20
25
Time (Months)
Group
Pre-Intervention
Post-Intervention

Resultater

- Ingen uheldige konsekvenser (bakteriemi)
- Det var allerede nedgående trend for intervensjonen ble satt i gang



2. Vaksinering mot RS-virus infeksjon

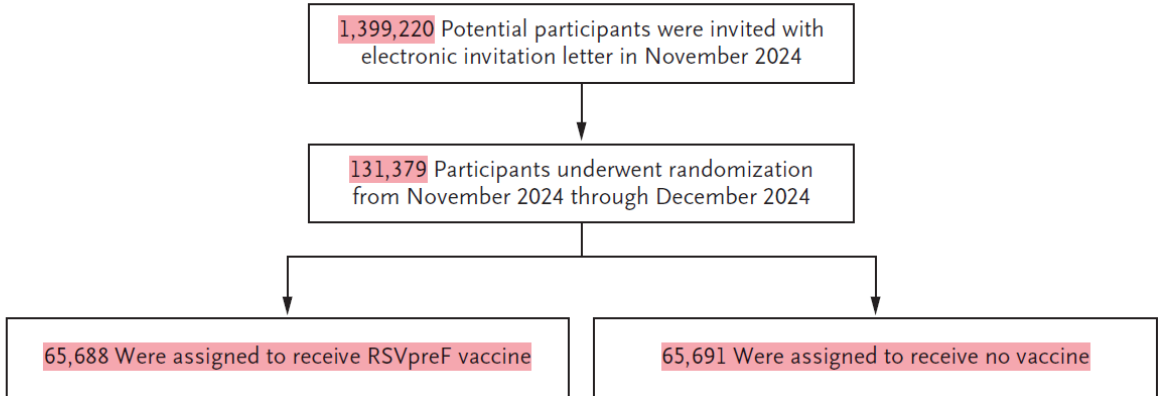
The NEW ENGLAND JOURNAL of MEDICINE

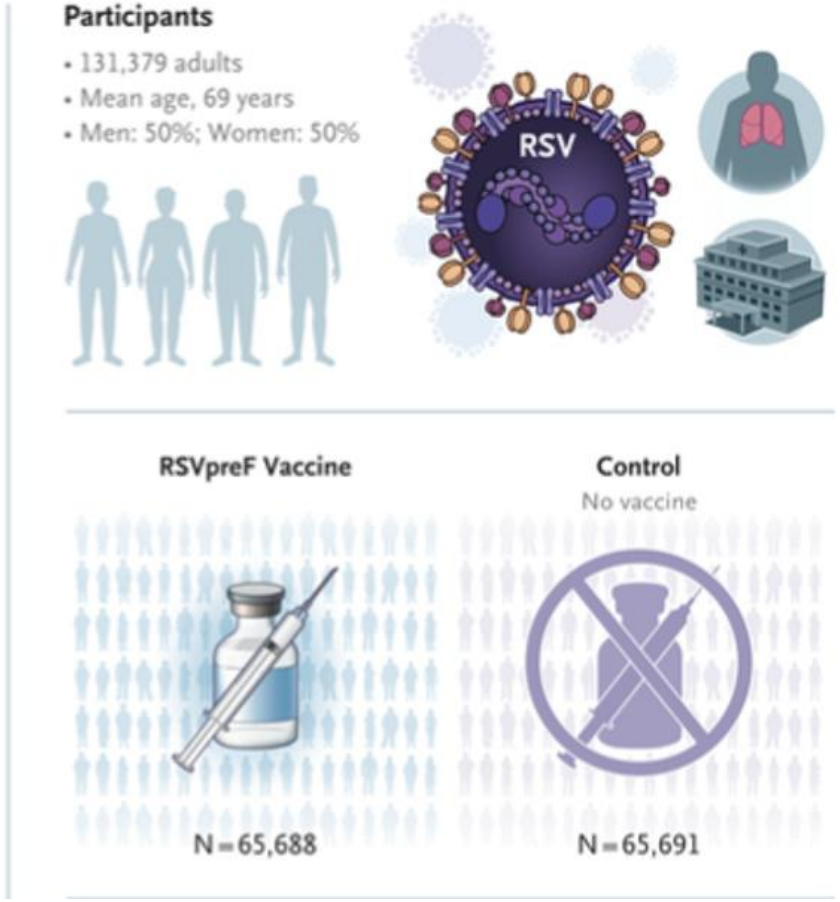
ORIGINAL ARTICLE

RSV Prefusion F Vaccine for Prevention of Hospitalization in Older Adults

M.C.H. Lassen,[1,2] N.D. Johansen,[1,2] S.H. Christensen,[1,2] N. Aliabadi,[3] K.G. Skaarup,[1,2] D. Modin,[1,2] B.L. Claggett,[4] C.S. Larsen,[5,6] L. Larsen,[7] L. Wiese,[8] M. Dalager-Pedersen,[9,10] M.G. Lindholm,[11] A.M.R. Jensen,[1,2] M. Dons,[1,2] K.F. Bernholm,[1,2] F.S. Davidovski,[1,2] L.S. Duus,[1,2] C.I. Ottosen,[1,2] A.B. Nielsen,[1,2] J.H. Borchsenius,[1,2] C. Espersen,[1,2] G. Köse,[1,2] F.H. Fussing,[1,2] L. Køber,[12,13] S.D. Solomon,[4] J.U.S. Jensen,[12,14] C.J.-M. Martel,[15] B.D. Gessner,[3] C. Schwarz,[3] E. Gonzalez,[3] M. Skovdal,[3] L.H. Moulton,[16] P. Zhang,[3] E. Begier,[3] and T. Biering-Sørensen[1,2,13,17]

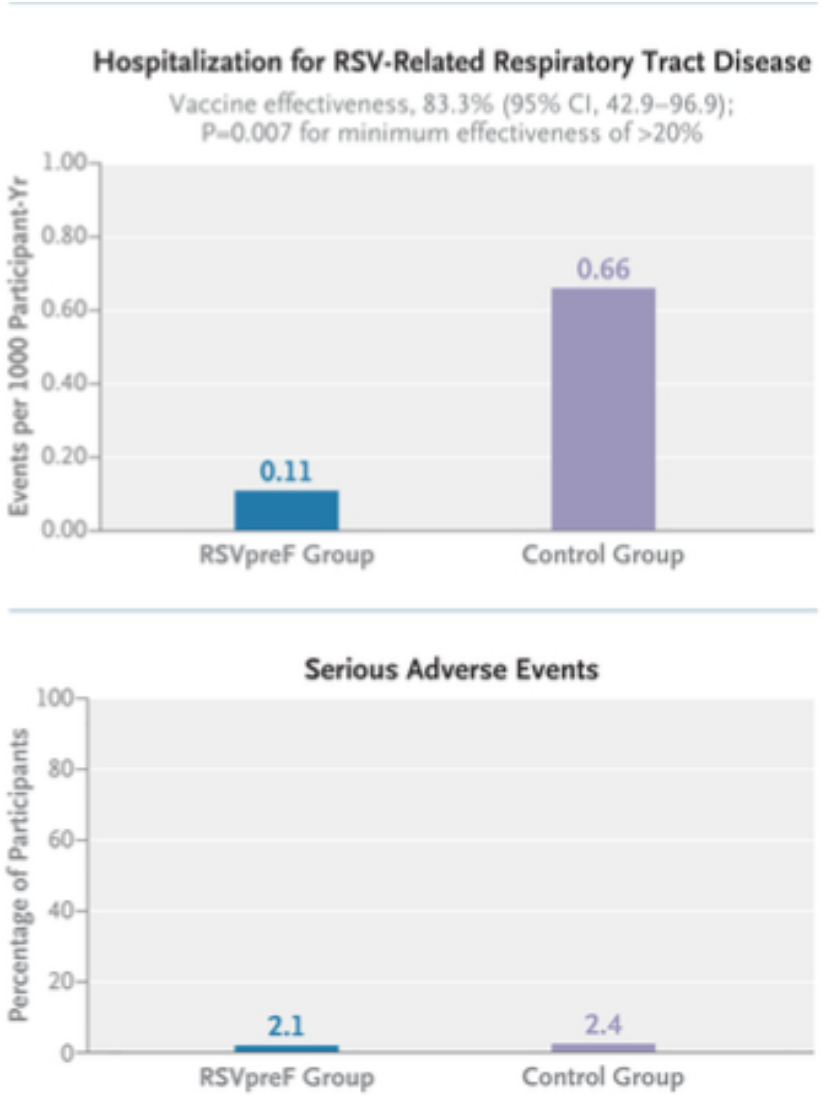
RS-virus vaksine for å forebygge hospitalisering av voksne (DAN-RSV studie)

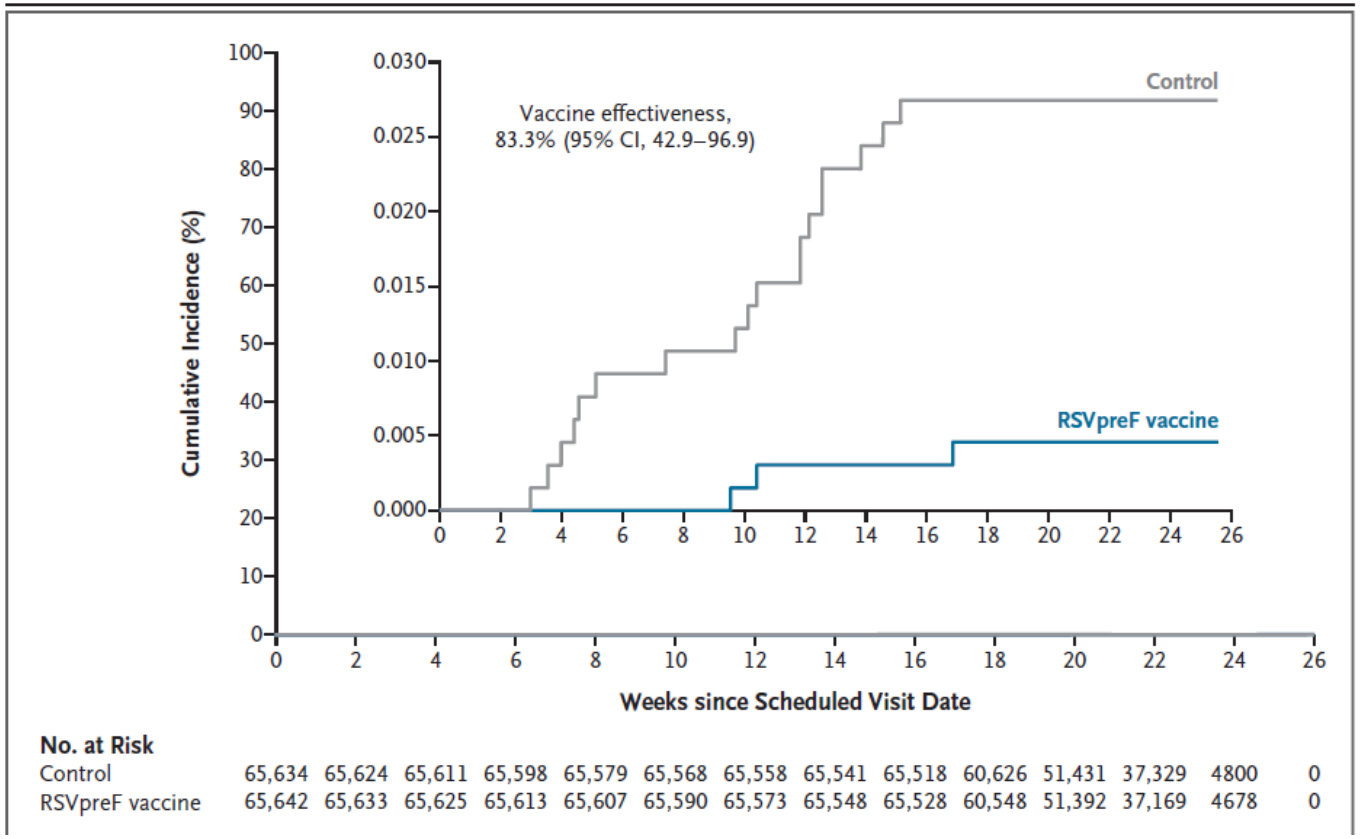




RSV Prefusion F Vaccine for Prevention of Hospitalization in Older Adults. Author: Mats C. Højbjerg Lassen et al. The New England Journal of Medicine. Jan 8, 2026

Resultater





RSV Prefusion F Vaccine for Prevention of Hospitalization in Older Adults. Author: Mats C. Højbjerg Lassen et al. The New England Journal of Medicine. Jan 8, 2026

Resultater

- Blant voksne ≥ 60 år reduserte vaksinen forekomsten av sykehusinnleggelse på grunn av RSV-relatert luftveissykdom sammenlignet med ikke vaksinerte.
- Primært endepunkt med hospitalisering pga RSV-relatert luftveissykdom hos 3 deltakere i vaksinegruppen (0,11 hendelser per 1000 deltakerår) og hos 18 deltakere i kontrollgruppen (0,66 hendelser per 1000 deltakerår).
- Vaksineeffekten var 83%

3. Benzylpenicillin vs Cloxacillin mot *Staphylococcus aureus* bakteriemi

Benzylpenicillin versus flucloxacillin or cloxacillin for the treatment of penicillin-susceptible *Staphylococcus aureus* bacteraemia (SNAP): an international, multicentre, open-label, non-inferiority randomised controlled trial

The Staphylococcus aureus Network Adaptive Platform (SNAP) Trial Group

Lancet 2026; 408: 141–52

3. Benzylpenicillin versus Cloxacillin mot *Staphylococcus aureus* bakteriemi

Internasjonal, multisenter, open- label, pragmatisk, non-inferiority studie

Randomisert kontrollert studie (RCT) i 2022-2024

Penicillin følsom Staf. aureus bakteriemi i 67 sykehus i 8 land (Australia, Kanada, Israel, Singapore, Sør-Afrika): ≥18 år

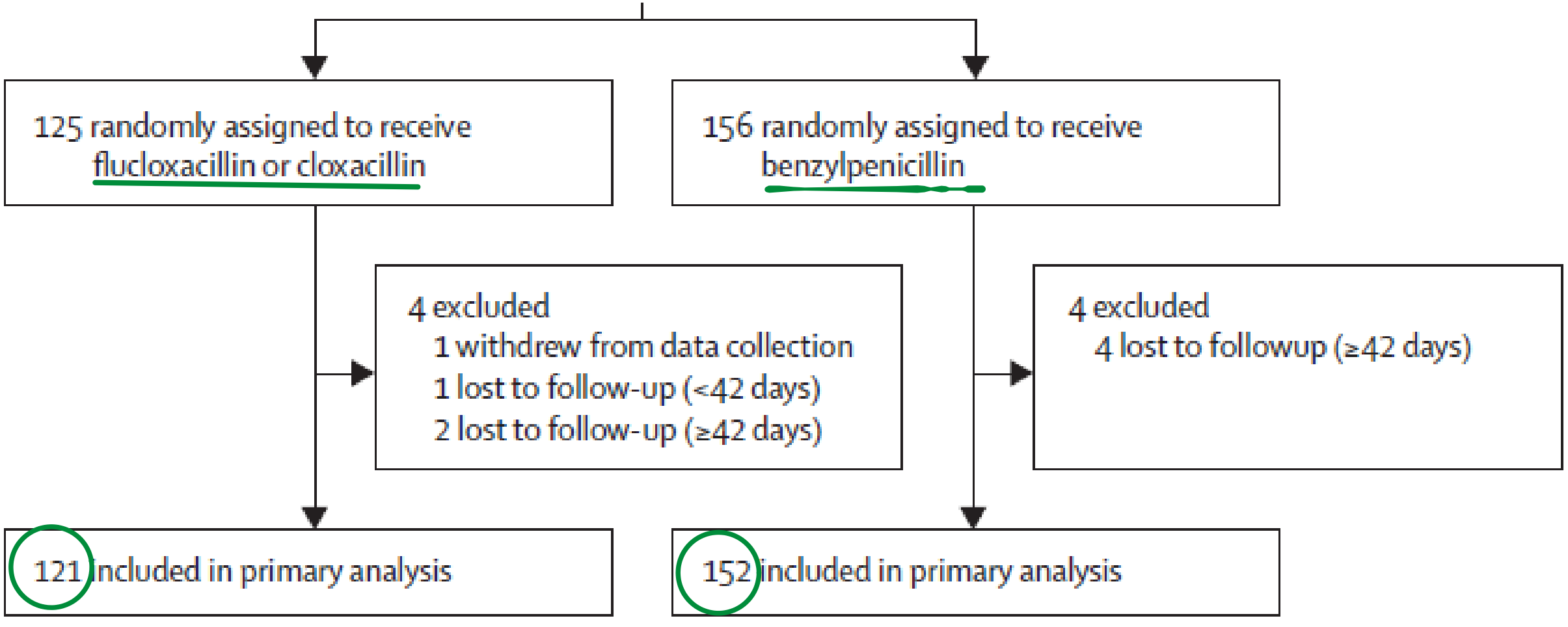
Benzylpenicillin 1.8 g x 6 eller 2.4 g x 4 i.v.

Flucloxacillin 2 g x4 eller cloxacillin 2g x 6 i.v.

Primær endepunkt: **Mortalitet** ved 90-dagers oppfølging

Studien ble stoppet før planlagt tid; økende forekomst av akutt nyresvikt i flucloxacillin/cloxacillin gruppen

3. Penicillin versus Cloxacillin mot Staf aureus bakteriemi



Resultater

	Benzylpenicillin	Flucloxacillin/cloxacillin	adjOR (95%credible interval)
90-dagers mortalitet	21/152 (14%)	26/121 (21%)	0.67 (0.35-1.28)
Akutt nyresvikt	17/153 (11%)	27/124 (22%)	0.50 (0.26-0.94)
Bivirkninger	6/156 (4%)	9/125 (7%)	

- Median alder 67 år, 69% menn
- Non-inferiority kriterien for benzylpenicillin ble ikke påvist; studien ble stoppet
- Benzylpenicillin er sannsynligvis minst like effektiv som flucloxacillin eller cloxacillin ved behandling av penicillinfølsom Staf aureus bakteriemi

4. Cefazolin for Methicillin-sensitiv *Staphylococcus aureus* Bakteremi

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ORIGINAL ARTICLE

Cefazolin for Methicillin-Susceptible *Staphylococcus aureus* Bacteremia

The *Staphylococcus aureus* Network Adaptive Platform (SNAP) Trial Group

SNAP trial= The **S**taphylococcus aureus **N**etwork **A**daptive **P**latform trial



Open-label, randomisert non-inferiority studie



Cefazolin 2 g x 3 iv vs flucloxacillin 2 g x 4 iv eller cloxacillin 2 g x 6 iv for voksne med penicillin resistent meticillin sensitiv Staf aureus bakteriemi

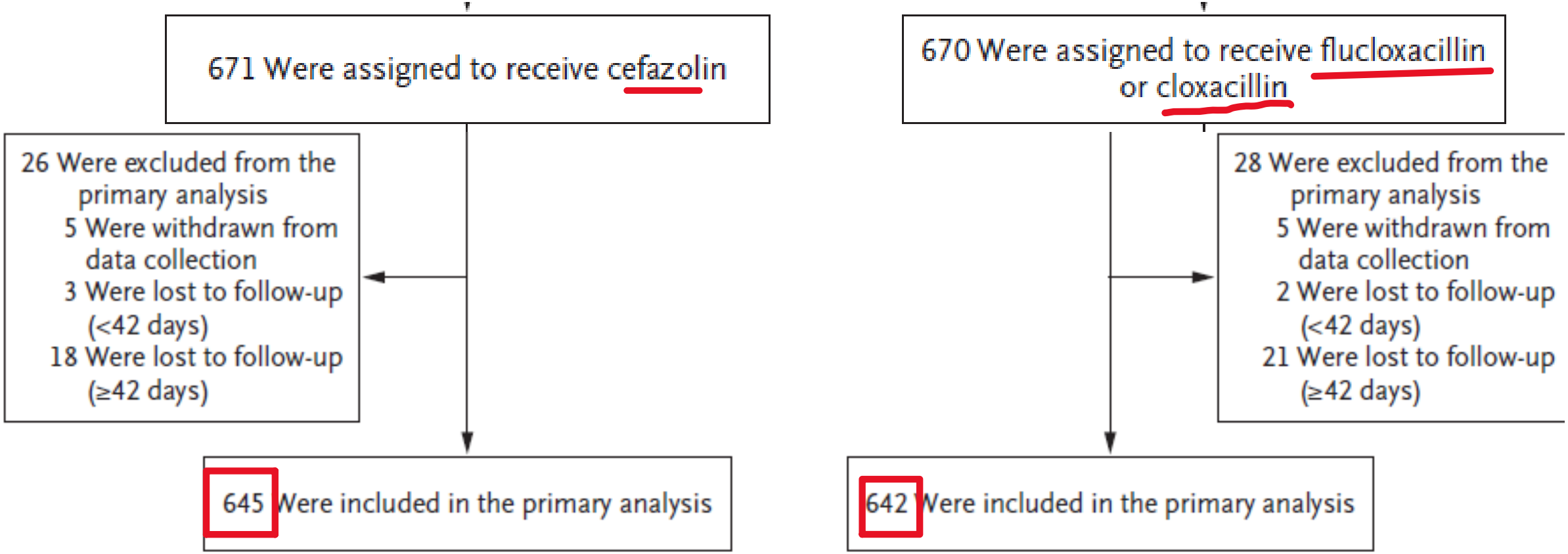


Primær endepunkt: 90 dagers dødelighet



Sekundær endepunkt: Akutt nyresvikt innen 14 dager

Flowchart


671 Were assigned to receive cefazolin
26 Were excluded from the primary analysis
5 Were withdrawn from data collection
3 Were lost to follow-up (<42 days)
18 Were lost to follow-up (≥42 days)
645 Were included in the primary analysis
670 Were assigned to receive flucloxacillin or cloxacillin
28 Were excluded from the primary analysis
5 Were withdrawn from data collection
2 Were lost to follow-up (<42 days)
21 Were lost to follow-up (≥42 days)
642 Were included in the primary analysis

Resultater

	Cefazolin	Flucloxacillin/ cloxacillin	Adj OR	Non-inferiority
Mortalitet 90 dager	97/645 (15%)	109/642 (17%)	0.81, (0.59-1.12)	99.2%
Akutt nyresvikt	92/660 (13.9%)	127/648 (19.6%)	0.67 (0.50-0.89)	

- Cefazolin var like bra som flucloxacillin eller cloxacillin med tanke på 90-dagers mortalitet
- Lavere insidens av akutt nyresvikt i cefazolin gruppen
- Lavere bivirkningsfrekvens i cefazolin gruppen

5.Infeksjonskontroll for Clostridoides, VRE og Enterobacterales ESBL

Contents lists available at ScienceDirect

Clinical Microbiology and Infection

journal homepage: www.clinicalmicrobiologyandinfection.org

Original article

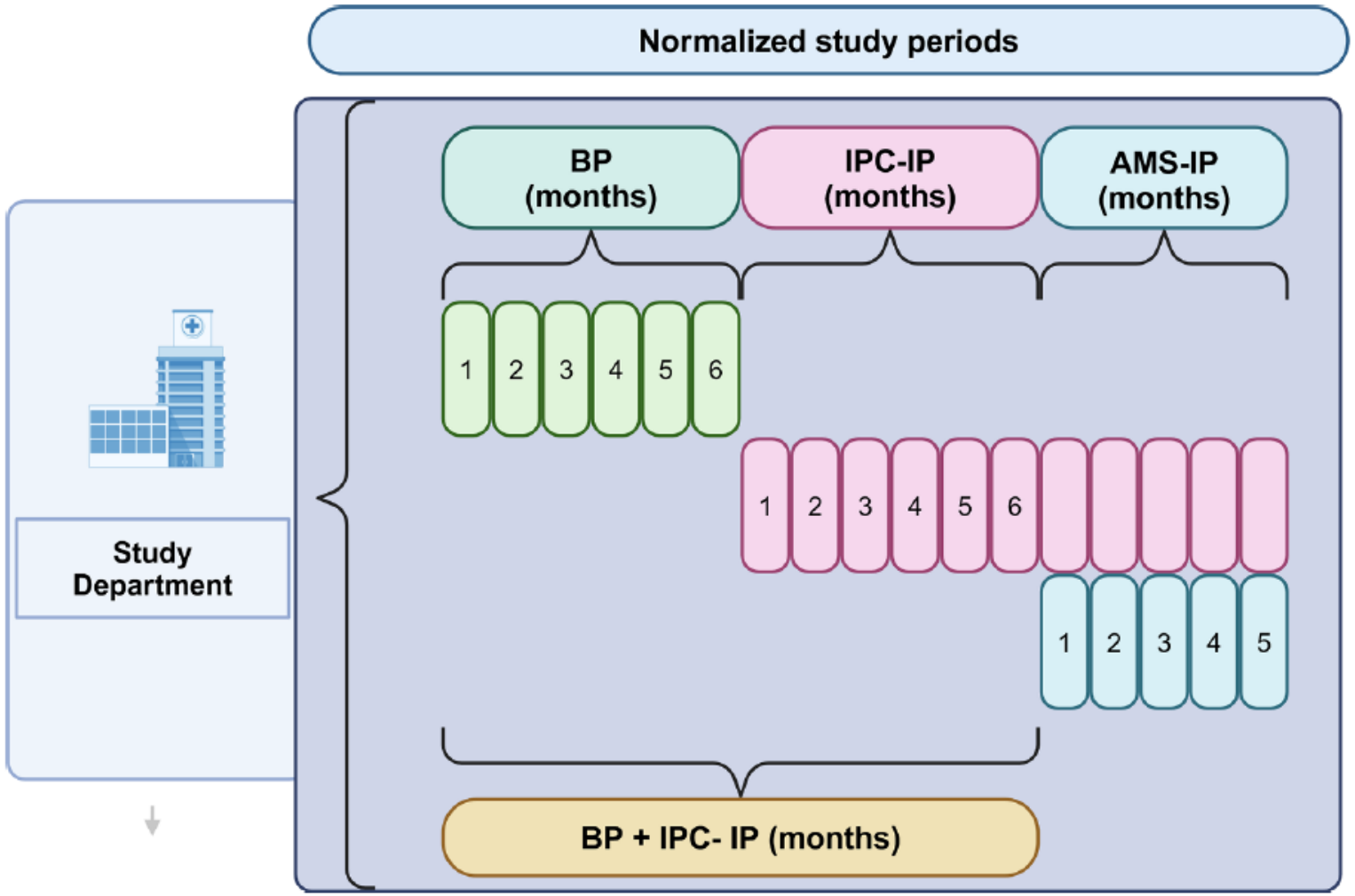
Impact of enhanced infection control and antimicrobial stewardship on infections by *Clostridioides difficile*, vancomycin-resistant *enterococci*, and third-generation cephalosporin-resistant *Enterobacterales:* a stepped-wedge cluster intervention study

ABSOLUTE-studien:

5 sykehus; 15 klinikker med 30 avdelinger
Stepped wedge cluster intervensjon studie: Forbedret infeksjonsforebygging og kontroll (IPC) og antibiotikastyring (AMS)
Primær endepunkt: Insidens av Clostridoides (CDI) og blodbaneinfeksjoner med VRE og ESBL
384 263 pasientdager
Insidens var lav før intervensjonen (CDI 0.77; VRE 0.07; og ESBL 0.09 per 1000 pasientdager)
Resultater: Reduksjon av Clostridoides i perioden med AMS, men ikke VRE eller ESBL

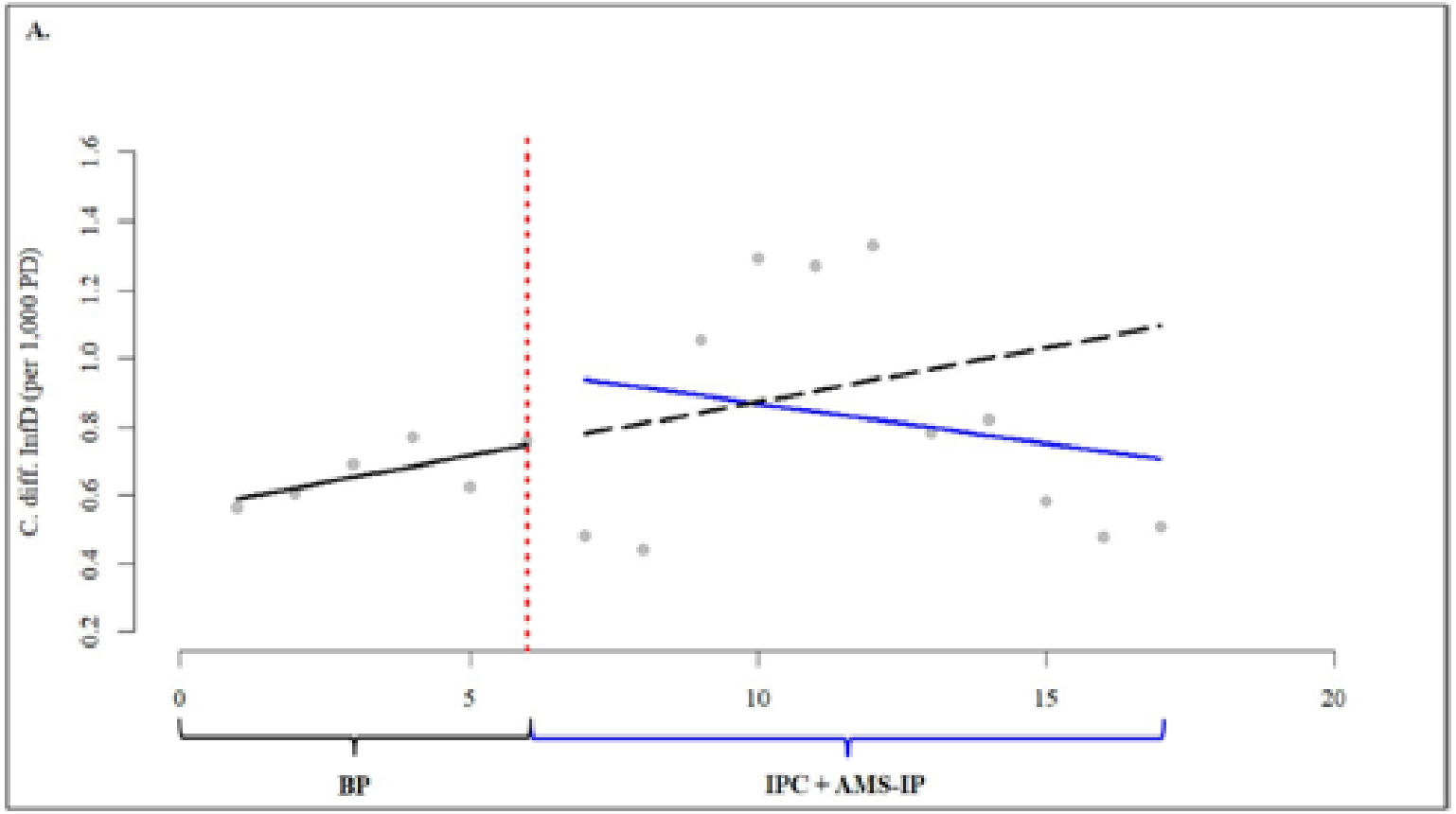
Resultater

A.Y. Classen et al. / Clinical Microbiology and Infection 31 (2025) 2025–2032



Resultater

A.Y. Classen et al. / Clinical Microbiology and Infection 31 (2025) 2025–2032




Takk for meg!