

Update in infection related meetings 2017

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Highlights on bacterial infections in ID Week 2017

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The ID Week held in San Diego seemed to me to be an extraordinary Congress of which some figures can illustrate its magnitude. There were 287 different sessions, of which 30 were oral abstract sessions and 97 poster sessions. The poster sessions were visited by guided groups and 32 different rounds were held. The total number of abstracts were 2,451. In addition to this original material, there were multiple educational sessions featuring 83 symposia, 10 keynote lectures, 15 interactive sessions and 30 sessions of meet the professor. In general, the Congress has had a very educational character with many sessions dedicated to Stewardship and a lot of didactic technology, including several aspects of telemedicine. It was a congress that, in my opinion, greatly facilitated the recycling of professionals. If there is to be any catch in it, again in my personal opinion, the congress had little microbiology and little basic science and minimal participation of Europeans.

One of the most interesting areas was the review of antimicrobials currently in phase three of development that included drugs such as delafloxacin, Intravenous fosfomicin, cefiderocol, plazomicin, omadacycline, eravacycline, lefamulin, iclaprim, meropenem/vaborbactam and imipenem/relebactam.

In the field of Gram-positive infections, the 112 presentations dedicated to *Staphylococcus aureus* with abstracts dedicated to the economic comparison of ceftarolin and daptomycin in MRSA bacteremias, the use of linezolid in vancomycin-resistant enterococcal bacteremia, the activity of tedizolid against *S. aureus* isolates and data on its future use in patients with cystic fibrosis were highlighted. A highlighted study was the one in which a validation of the Spanish NOVA score was presented to evaluate the risk of endocarditis in patients with Enterococcal bacteremia in 1,117 patients. In the field of *Enterococcus* bacteremia, I was struck by an abstract

that showed the very high frequency of colonic lesions in patients with *Enterococcus* bacteremia of apparently unclear origin, demonstrating the need for colonoscopy in these patients.

Clostridium difficile and its infections motivated 147 communications or posters that were headed with an interesting controversy about the best way to make the diagnosis. Negative CRP in faeces is the best way to exclude the potential involvement of this micro-organism in a particular clinical picture. Several studies pointed to *C. difficile* toxigenic colonization as a high risk factor for developing clinical ICD. With a view to the indication of vaccines or the use of monoclonal antibodies, some Big Data studies have pointed to the usefulness of this technology in selecting populations at risk that merit the use of these resources. Several posters with data derived from the MODIFY studies showed that the population with a low blood antitoxin B titre is particularly prone to recurrence. In addition, the proportion of patients with chronic kidney failure was 28% and have an increased risk of recurrence. Studies with typing with complete genome show that only 40% of *C. difficile* isolates have an identical predecessor among the cases that occur in a hospital environment and that the transmissibility of these microorganisms is lower than previously imagined. The use of lyophilized faecal microbiota was shown to be as effective as other forms of faecal therapy. Without leaving the *C. difficile* area, data were presented on ribaxamase, an oral β -lactamase capable of breaking down β -lactams that reach the intestinal lumen, thus protecting against microbiota alterations that lead to *C. difficile* diarrhea.

In Gram-negatives, the 27 communications dedicated to ceftolozano-tazobactam were highlighted, of which 4 were dedicated to data on clinical use and included data on dosing in patients with cystic fibrosis and in children between 12 and 18 years of age, as well as the excellent activity against isolates of *Pseudomonas aeruginosa*. The combination ceftazidime-avibactam also merited several communications including the results of a clinical trial comparing with meropenem in nosocomial pneumonia, whether or not associated with mechanical ventilation.

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In the area of bacterial infection, I was particularly interested in the study of the convenience of studying the nasal carrier stage in a population that is going to undergo herniorrhaphy and the impact of decolonization. The data suggest the desirability of such an approach. The longest series of post-surgical medication I know of was also published in a group of 63,764 patients undergoing coronary bypass surgery, 1% of whom suffered this complication.

Syphilis continues to complicate the lives of humans and an abstract was presented with data on the evolution of ocular syphilis in a population of several centers in Montreal.

These are just some of the many interesting facts of a congress that I clearly think is more than advisable for all of us.