An open-label, randomized, active control trial of 8 versus 12 weeks of elbasvir/grazoprevir for treatment-naive chronic hepatitis C genotype 1b patients with mild fibrosis (EGALITE): Impact of baseline viral loads and NS5A resistance-associated substitution.
Huang CF. *The Journal of Infectious Diseases* 2019;:.
[Twelve weeks of grazoprevir/elbasvir is highly effective for HCV-1b naive patients with mild fibrosis. A truncated 8-week grazoprevir/elbasvir regimen might be applied for those with low viral loads or without significant NS5A RAS.]

Community-based antibiotic delivery for possible serious bacterial infections in neonates in low-and middle-income countries.
Duby J. *Cochrane Database of Systematic Reviews* 2019;4:CD007646.
[The recommended management for neonates with a possible serious bacterial infection (PSBI) is hospitalisation and treatment with intravenous antibiotics, such as ampicillin plus gentamicin. However, hospitalisation is often not feasible for neonates in low- and middle-income countries (LMICs). Therefore, alternative options for the management of neonatal PSBI in LMICs needs to be evaluated.]

Continuous Versus Intermittent Vancomycin Infusions in Infants: A Randomized Controlled Trial.
[In young infants, CIV is associated with earlier and improved attainment of target concentrations compared with IIV. Lower total daily doses are required to achieve target levels with CIV. There is no difference in the rate of drug-related adverse effects.]

Glucocorticosteroids for people with alcoholic hepatitis.
Pavlov CS. *Cochrane Database of Systematic Reviews* 2019;4:CD001511.
[Alcoholic hepatitis is a form of alcoholic liver disease characterised by steatosis, necroinflammation, fibrosis, and complications to the liver. Alcoholic hepatitis can be resolved if people abstain from drinking, but the risk of death will depend on the severity of the liver damage and abstinence from alcohol. Glucocorticosteroids have been studied extensively in randomised clinical trials to assess their benefits and harms. However, the results have been contradictory.]

Guideline-Based Clinical Assessment Versus Procalcitonin-Guided Antibiotic Use in Pneumonia: A Pragmatic Randomized Trial.
Montassier E. Annals of Emergency Medicine 2019;:--.
[Guideline-based serial clinical assessment did not reduce antibiotic exposure compared with procalcitonin-guided care among ED patients with community-acquired pneumonia. The strategies were similar in terms of antibiotic use and clinical outcomes]

Importance of vitamin D in acute and critically ill children with subgroup analyses of sepsis and respiratory tract infections: a systematic review and meta-analysis.
[Our results suggest that 25(OH)D deficiency in acute and critically ill children is high and associated with increased mortality. Small-study effects, reverse causation and other biases may have confounded results. Larger, carefully designed studies in homogeneous populations with confounder adjustment are needed to clarify the association between 25(OH)D levels with mortality and other outcomes.]
Freely available online

Intrasite Antibiotic Powder for the Prevention of Surgical Site Infection in Extremity Surgery: A Systematic Review.
[There are no current guidelines for the use of intrasite antibiotic powder for the prevention of SSIs in orthopaedic procedures. Despite the lack of high-quality evidence available in the literature, published smaller studies do suggest a significant protective effect. However, recommendations with regard to this technique after common orthopaedic procedures cannot yet be made.]
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Is Routine Urinary Screening Indicated Prior To Elective Total Joint Arthroplasty? A Systematic Review and Meta-Analysis.
Sousa RIG. Journal of Arthroplasty 2019;:--.
[Routine urinary screening prior to elective total joint arthroplasty and treatment of asymptomatic patients is not recommended.]

Long-term antibiotics for preventing recurrent urinary tract infection in children.
Williams G. Cochrane Database of Systematic Reviews 2019;4:CD001534.
[Urinary tract infection is common in children. Symptoms include fever, lethargy, anorexia, and vomiting. UTI is caused by Escherichia coli in over 80% of cases and treatment is a course of antibiotics. Due to acute illness caused by UTI and the risk of pyelonephritis-induced permanent kidney damage, many children are given long-term (several months to 2 years) antibiotics aimed at preventing recurrence. This is the third update of a review first published in 2001 and updated in 2006, and 2011.]

Management of Hepatitis C in 2019.
[This article reviews current standards of management of hepatitis C virus infection, including use of antibody and RNA tests to identify infected patients, use of direct acting antivirals to obtain
sustained viral response, and management of treatment failure.]

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Medical treatment for botulism.
Chalk CH. Cochrane Database of Systematic Reviews 2019;4:CD008123.
[Botulism is an acute paralytic illness caused by a neurotoxin produced by Clostridium botulinum. Supportive care, including intensive care, is key, but the role of other medical treatments is unclear. This is an update of a review first published in 2011.]

Microbial evolutionary medicine: from theory to clinical practice.
Andersen SB. The Lancet Infectious Diseases 2019; doi.org/10.1016/S1473-3334(19)30045-3.
[This review focuses on the potential of the evolutionary medicine framework to detect microbial transmission, predict antimicrobial resistance, and understand microbe–microbe and human–microbe interactions in health and disease.]

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[Monthly intermittent preventive treatment with dihydroartemisinin-piperaquine was safe but did not lead to significant improvements in birth outcomes compared with sulfadoxine-pyrimethamine.]
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MVA85A vaccine to enhance BCG for preventing tuberculosis.
Kashangura R. Cochrane Database of Systematic Reviews 2019;4:CD012915.
[Tuberculosis causes more deaths than any other infectious disease globally. Bacillus Calmette-Guérin (BCG) is the only available vaccine, but protection is incomplete and variable. The modified Vaccinia Ankara virus expressing antigen 85A (MVA85A) is a viral vector vaccine produced to prevent tuberculosis.]

Performance of Sequencing Assays in Diagnosis of Prosthetic Joint Infection: A Systematic Review and Meta-Analysis.
Li M. The Journal of Arthroplasty 2019;:-.
[Sequencing assays had favorable diagnostic accuracy of PJI. When sequencing assays were applied to diagnosing PJI, an antibiotic-free interval before sampling may enhance the ability to detect the causative organism and, among next-generation sequencing methods, sequencing by synthesis seemed to have advantages over other methods in specificity.]

Plasma interleukin-6 concentration for the diagnosis of sepsis in critically ill adults.
Molano Franco D. Cochrane Database of Systematic Reviews 2019;4:CD011811.
[Even though sepsis is one of the leading causes of mortality in critically ill patients it still lacks an accurate diagnostic test. Determining the accuracy of interleukin-6 (IL-6) concentrations in plasma, which is proposed as a new biomarker for the diagnosis of sepsis, might be helpful to provide
adequate and timely management of critically ill patients, and thus reduce the morbidity and mortality associated with this condition.

Quality of Life and 1-Year Survival in Patients With Early Septic Shock: Long-Term Follow-Up of the Australasian Resuscitation in Sepsis Evaluation Trial.
[To examine long-term survival and quality of life of patients with early septic shock.]

Radix Sophorae flavescentis versus no intervention or placebo for chronic hepatitis B.
Liang N. *Cochrane Database of Systematic Reviews* 2019;4:CD013089.
[Chronic HBV infection increases morbidity and psychological stress. Radix Sophorae flavescentis, an herbal medicine, is administered most often in combination with other drugs or herbs. It is believed that it decreases discomfort and prevents replication of the virus in people with chronic hepatitis B. However, the benefits and harms of Radix Sophorae flavescentis for patient-centred outcomes are not known, and its wide usage has never been established with rigorous review methodology.]

Rapid Detection of Methicillin-Resistant Staphylococcus aureus in BAL: A Pilot Randomized Controlled Trial.
[A highly sensitive BAL RDT for MRSA significantly reduced use of vancomycin and linezolid in ventilated patients with suspected pneumonia. Management made on the basis of RDT had no adverse effects, with a trend to lower hospital mortality.]

Supporting patients with long-term catheterisation to reduce risk of catheter-associated urinary tract infection.
Waskiewicz A. *British Journal of Nursing* 2019;28(9):S4-S17.
[More than 90 000 of the UK adult population are estimated to have a urinary catheter, with 24% likely to develop symptoms of catheter-associated urinary tract infection (CAUTI). The consequences of having a CAUTI are reduced quality of life, risk of hospitalisation and increased mortality. The authors undertook a literature review of primary research studies to identify how nurses could support patients to maintain effective catheter care to reduce the risk of CAUTI.]

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The Restrictive IV Fluid Trial in Severe Sepsis and Septic Shock (RIFTS): A Randomized Pilot Study.
Corl KA. *Critical Care Medicine* 2019; doi: 10.1097/CCM.0000000000003779.
[This pilot study demonstrates that a restrictive resuscitation strategy can successfully reduce the amount of IV fluid administered to patients with severe sepsis and septic shock compared with usual care. Although limited by the sample size, we observed no increase in mortality, organ failure, or adverse events. These findings further support that a restrictive IV fluid strategy should be explored in a larger multicenter trial.]
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[In conclusion, although the coinfected patients were actively engaged in HIV primary care, whether or not they initiated HCV treatment was highly dependent on their levels of educational attainment. This effect persisted when HIV suppression and HCV genotype no longer predicted treatment uptake at a later time of the interferon (IFN)-based therapy era. Thus, the influence of educational attainment on HCV care continuum needs to be determined in the direct-acting antivirals era.]

**Evidence Searches**

**Routine vaginal swabbing (testing for strep B) in women who have premature babies.**

Carried out by Lisa Burscheidt from Aubrey Keep on 9/5/2019


[At the moment, UK guidelines say that routine testing for strep B for all pregnant women is not recommended. However, the evidence base for this is of very low quality. The Australian and US guidelines recommend strep B testing for all women who have risk factors including premature labour, and intrapartum prophylaxis for any woman whose GBS status is unknown or positive.

I have included a handful of primary research articles that were more recent than the guidelines.]

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**Guidelines**

*The following new guidance has recently been published:*

**Curos for preventing infections when using needleless connectors.**

National Institute for Health and Care Excellence (NICE);2019.

https://www.nice.org.uk/guidance/mtg44

[1 Recommendations. 1.1 Curos disinfecting cap shows promise for preventing infections when using needleless connectors, but there is currently insufficient evidence to support the case for routine adoption in the NHS. 1.2 Research is therefore recommended to address uncertainties about the clinical benefits of using Curos...]

*Freely available online*

**Guidelines for malaria vector control.**

World Health Organization (WHO);2019.

https://www.who.int/malaria/publications/atoz/9789241550499/en/

[The Global Malaria Programme has developed a number of tools to support the dissemination, adoption and implementation of this policy guidance by national malaria control programmes. These include key points on the guidance.]

**What’s New: STI incidence among MSM using PrEP**

UpToDate;2019.

Men who have sex with men (MSM), particularly those who have indications for pre-exposure prophylaxis against HIV (PrEP), are at high risk for sexually transmitted infections (STI). In a study of nearly 3000 MSM in Australia who were initiating PrEP, the incidence of new chlamydia, gonorrhea, or syphilis over the subsequent year was 92 cases per 100 person-years. 

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Reports
The following report(s) may be of interest:

No Time to Wait: Securing the future from drug-resistant infections.
UN Interagency Coordination Group on Antimicrobial Resistance; 2019.
[Report warns drug-resistant diseases already caused ≥700,000 deaths globally a year, including 230,000 deaths from multidrug-resistant TB, and ~2.4m people could die in high-income countries between 2015 and 2050 without a sustained effort to contain antimicrobial resistance. ]
Freely available online

Treating asymptomatic MRSA on discharge from hospital reduces risk of later infection.
NIHR Dissemination Centre; 2019.
https://discover.dc.nihr.ac.uk/content/signal-000766/treating-symptomless-mrsa-at-hospital-discharge-reduces-infection-risk
[NIHR Signal. Use of medicated creams, mouthwash and body wash for six months after discharge from hospital led to a 30% lower risk of MRSA infection, compared with basic hygiene education. This study was carried out in the USA using 2,121 adults who had tested positive for MRSA in hospital, but who had no symptoms. Rates of MRSA are higher in the USA, and therapy regimens may differ, but this study found that the intervention was effective and this should be relevant to practice here.]
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