

MY TOP 5 TAKES

on a paper titled: **Pneumococcal urinary antigen testing (UAT) in US hospitals: A missed opportunity for antimicrobial stewardship**

IDSA RECOMMENDS

UAT in CAP cases that are managed in ICU, as it allows rapid antibiotic de-escalation, especially given the fact that less than 30% of CAP has positive blood culture, and the moderate yield of sputum culture (50% positivity rate)

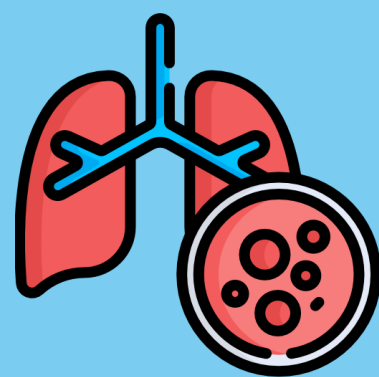


STUDY OBJECTIVES

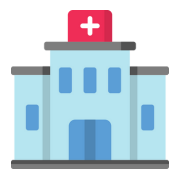
The study looked at the adherence to UAT recommendations, as well as the impact of UAT results on physicians' prescribing behavior.

WHO GOT RECRUITED?

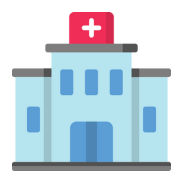
159, 894 adults with CAP and HCAP from 170 USA hospitals were recruited. Only 18.4% of ICU and 15.3% of non-ICU patients had UAT performed



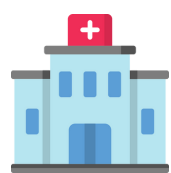
RESULTS



1 in 3 hospitals did not perform UAT



1 in 3 hospitals performed UAT in < 10% of patients



Positive UAT brings out the "stewardship" in physicians.

They were more likely to narrow the spectrum of their initial broad-spectrum antibiotics



TAKE HOME MESSAGE

UAT is underused, despite its useful position in CAP diagnosis and management. Besides, it is inexpensive, and provides accurate and rapid results.