Happy Antibiotic Awareness Week (November 18-24)! Below are ten best practice reminders about outpatient antibiotic use. Thank you for your hard work in utilizing antibiotics appropriately and preventing antimicrobial resistance!

1. With every antibiotic prescription, remember to consider and select the right drug, right time, right dose, right duration. The Vanderbilt Antimicrobial Stewardship website (Welcome | Vanderbilt Antimicrobial Stewardship Program) has resources including antibiograms and guidance documents to help with this!

Urinary Tract Infections/Asymptomatic Bacteriuria:

2. Asymptomatic bacteriuria should only be treated in 1) pregnant patients, 2) prior to invasive urologic procedures, and 3) potentially in kidney transplant patients within 30-60 days of transplantation.
3. Avoid empiric use of fluoroquinolones or trimethoprim-sulfamethoxazole for urinary tract infections (UTI), as we have historically had poor sensitivities at VUMC.
4. Updated Infectious Diseases Society of America (IDSA) complicated UTI guidelines (2025) recommend shorter durations of therapy (5-7 days of a fluoroquinolone or 7 days of a non-fluoroquinolone antibiotic) for complicated UTIs if patients are improving on effective therapy. Duration is calculated from the first day of effective antibiotic therapy.

Skin/Soft Tissue Infections (SSTI):

5. For non-purulent SSTI, cover Streptococci (use penicillins or cephalexin). For purulent SSTI (abscess/furuncle/carbuncle), best practice includes incision and drainage and sending cultures. Antibiotics should cover Staphylococci (use doxycycline or trimethoprim-sulfamethoxazole).
6. Recommended duration is 5 days (evidence shows that in uncomplicated cellulitis, 5 days is as effective as 10 days if patients are improving by day 5).
7. Non-pharmacologic therapies (elevation, evaluation for underlying predisposing conditions, careful skin examination for fissuring, maceration, etc.) are also very important to hasten recovery and prevent recurrence.

Upper Respiratory Infections:

8. Updated IDSA Group A Streptococcal (GAS) Pharyngitis guidelines (2025) recommend using a clinical scoring system (like the Centor score) to identify patients at low probability of having GAS pharyngitis. These patients are unlikely to benefit from Strep testing.
9. Antibiotics are not recommended for bronchitis and do not change outcomes. Symptomatic therapies such as cough suppressants or decongestants can be utilized.
10. Azithromycin does not provide reliable coverage for the most common pathogens causing URIs (otitis media, Streptococcal pharyngitis, sinusitis).

References:

1. Nicolle LE. Asymptomatic bacteriuria: When to screen and when to treat. Infectious Disease Clinics of North America. 2003;17(2):367-394. doi:10.1016/S0891-5520(03)00008-4
2. Nicolle LE, Gupta K, Bradley SF, Colgan R, DeMuri GP, Drekonja D, Eckert LO, Geerlings SE, Köves B, Hooton TM, Juthani-Mehta M, Knight SL, Saint S, Schaeffer AJ, Trautner B, Wullt B, Siemieniuk R. Clinical Practice Guideline for the Management of Asymptomatic Bacteriuria: 2019 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2019 May 2;68(10):e83-e110. doi: 10.1093/cid/ciy1121. PMID: 30895288.
3. Goldman JD, Julian K. Urinary tract infections in solid organ transplant recipients: Guidelines from the American Society of Transplantation Infectious Diseases Community of Practice. Clin Transplant. 2019 Sep;33(9):e13507. doi: 10.1111/ctr.13507. Epub 2019 Mar 28. PMID: 30793386
4. Trautner BW, et. Al, Complicated Urinary Tract Infections (cUTI): Clinical Guidelines for Treatment and Management, IDSA Practice Guidelines, 2025
5. Stevens DL, Bisno AL, Chambers HF, Dellinger EP, Goldstein EJ, Gorbach SL, Hirschmann JV, Kaplan SL, Montoya JG, Wade JC; Infectious Diseases Society of America. Practice guidelines for the diagnosis and management of skin and soft tissue infections: 2014 update by the Infectious Diseases Society of America. Clin Infect Dis. 2014 Jul 15;59(2):e10-52. doi: 10.1093/cid/ciu444. Erratum in: Clin Infect Dis. 2015 May 1;60(9):1448. doi: 10.1093/cid/civ114. Dosage error in article text. PMID: 24973422.
6. Hepburn MJ, Dooley DP, Skidmore PJ, Ellis MW, Starnes WF, Hasewinkle WC. Comparison of short-course (5 days) and standard (10 days) treatment for uncomplicated cellulitis. Arch Intern Med. 2004 Aug 9-23;164(15):1669-74. doi: 10.1001/archinte.164.15.1669. PMID: 15302637.
7. Jacka J, Sierla R, Kilbreath SL, Dylke ES. A Systematic Review of Cellulitis Guidelines: The Role of Non-Pharmacological Management in Preventing Recurrence. Australas J Dermatol. 2025 Jun 18. doi: 10.1111/ajd.14546. Epub ahead of print. PMID: 40530782.
8. Clark TW, Medina MJ, Batham S, Curran MD, Parmar S, Nicholson KG. Adults hospitalised with acute respiratory illness rarely have detectable bacteria in the absence of COPD or pneumonia; viral infection predominates in a large prospective UK sample. J Infect. 2014 Nov;69(5):507-15. doi: 10.1016/j.jinf.2014.07.023. Epub 2014 Aug 6. PMID: 25108123; PMCID: PMC7112687.
9. Chow AW, Benninger MS, Brook I, Brozek JL, Goldstein EJ, Hicks LA, Pankey GA, Seleznick M, Volturo G, Wald ER, File TM Jr; Infectious Diseases Society of America. IDSA clinical practice guideline for acute bacterial rhinosinusitis in children and adults. Clin Infect Dis. 2012 Apr;54(8):e72-e112. doi: 10.1093/cid/cir1043. Epub 2012 Mar 20. PMID: 22438350.
10. Kinkade S, Long NA. Acute Bronchitis. Am Fam Physician. 2016;94(7):560-565
11. Dahlén E, Collin J, Hellman J, Norman C, Nauclér P, Ternhag A. The effect of absent or deferred antibiotic treatment on complications of common infections in primary care. Int J Infect Dis. 2022 Nov;124:181-186. doi: 10.1016/j.ijid.2022.09.036. Epub 2022 Oct 6. PMID: 36209977.
12. Shulman ST, Bisno AL, Clegg HW, Gerber MA, Kaplan EL, Lee G, Martin JM, Van Beneden C; Infectious Diseases Society of America. Clinical practice guideline for the diagnosis and management of group A streptococcal pharyngitis: 2012 update by the Infectious Diseases Society of America. Clin Infect Dis. 2012 Nov 15;55(10):e86-102. doi: 10.1093/cid/cis629. Epub 2012 Sep 9. Erratum in: Clin Infect Dis. 2014 May;58(10):1496. Dosage error in article text. PMID: 22965026; PMCID: PMC7108032.
13. Linder JA, Watson ME, Wessels MR, Carter DM, Cohen AL, Bard JD, Erdem G, Gregory CJ, Kourtis AP, Martin JM, Mochon AB, Shapiro D, Stevens RW, Kaur D, Barshak MB. 2025 Clinical Practice Guideline Update by the Infectious Diseases Society of America on Group A Streptococcal (GAS) Pharyngitis: Risk assessment clinical scoring systems in children and adults, 2025.