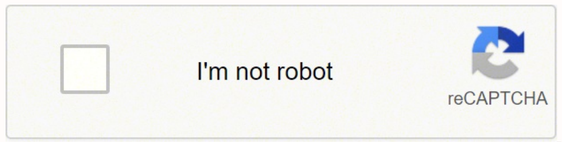


Next

C diff treatment guidelines 2018 pediatrics

C difficile: What's New?

Tests: PCR is not specific; EIA is not sensitive. There is no Test of Cure, but ?PCR

Epidemiology: 74% of CDI patients are colonized on admission; most are "healthcare associated"

Severity: White blood cell count, creatinine, albumin, lactate

Major Risks: Healthcare system, antibiotics, age > 65

Drug: Fidaxomicin (price issue)

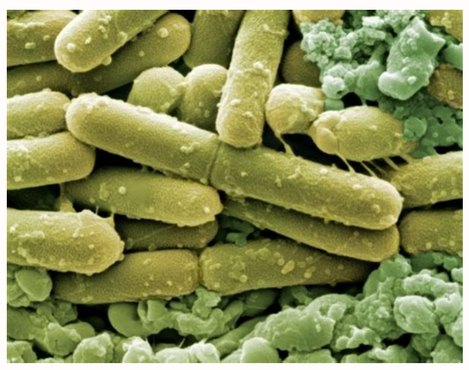
Treatment: Stool transplant for multiple relapses

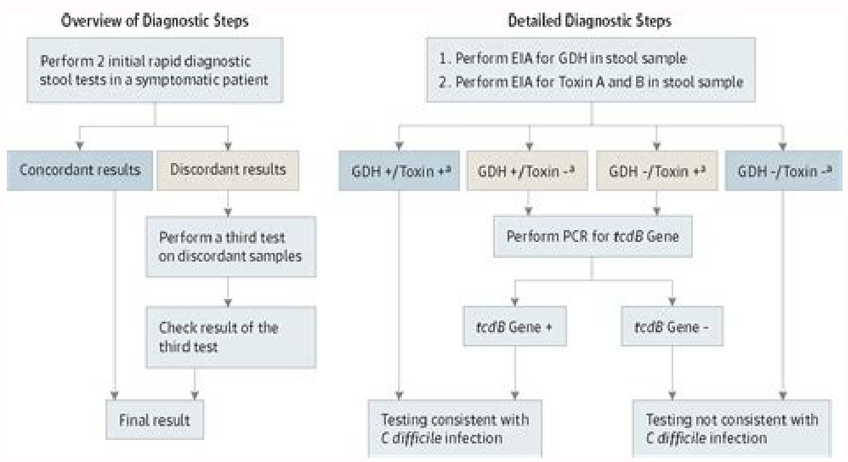
Surgery: Colon sparing – diverting loop ileostomy

Healthcare Reform "Never event" in healthcare reform

Stool transplant: When, Who, How, Where, Results

Infection control: Antibiotics (fluoroquinolones and cephalosporins) are major risk; gene sequencing may radically change infection control concepts





Sometimes, when healthy people come into contact with C. diff, they will eat çarão to carry C. diff germes in or in your body, but they will not get sick. In medical terms, it is said that they are at all to the neaneaneaneaneaneaneadà affiliated with C. diff. This is also sometimes called 'ua' C. diff Transport, a priori' and a person may be said to be a carrier 'a priori C. diff. Someone who is colonized has no signs or symptoms. Colonization is more common than C. diff infection and does not require treatment. Once your body is colonized, you can remain colonized for several months. If you are colonized with C. diff, you can spread the infection to others. Some reasons why you can become colonized are: Youmora lives, lives, has recently recovered from C.Â Nicola160; diff. You have a history of taking antibiotics. He was recently hospitalized. Once your body is colonized with C. diff, you can remain colonized for several months. Colonization is more common than C. diff infection and does not require treatment. As it is possible to spread C. diff to others, while You accommodate, it is important to always practice good hygiene in the hands, making sure to wash your hands well with soap and water every time you use the bathroom and always before eating. Hepatitis C (VHC) virus infection is the most common chronic infection in the United States. 1 VHC management evolved with the introduction of direct action antivirals such as boceprevir (Victrelis) and telaprevir (Incivek) in 2011, as well as with the approval of sofosbuvir (Sovaldi) and simeprevir (Olysio) in 2013.2,3 Recent changes to the VHC guidelines, focusing on patients with therapy- in the air, will be reviewed in this article. BackgroundHCV is a Flaviviridae family virus. 4-4 It is the main cause of liver disease death and the main indication for liver transplantation in the United States. 5 It is estimated that up to 3.9 millionin the United States are chronically infected with HCV. 3 However, 45% to 85% of infected nÃ£o estÃ£o conscientes da sua condiÃ§Ã£o.3TransmissÃ£o e SintomasO HCV Ã© transmitido principalmente atravÃ©s da exposiÃ§Ã£o percutÂ¢nea ao sangue.2 Os indivÂduos em risco de infecÃ§Ã£o pelo HCV estÃ£o listados no Quadro 1.6 A maioria dos doentes com infecÃ§Ã£o crÃ³nica pelo HCV sÃ£o assintomÃ¡ticos, mas quando os sintomas ocorrem sÃ£o geralmente leves e podem incluir febre, fadiga, urina escura, fezes de cor de barro, dor abdominal, perda de apetite, nÃ¡useas, vÃ³mitos e icterÃcia.6 DiagnÃ³sticoOs Centros de Controlo e PrevenÃ§Ã£o de DoenÂ§as e a Task Force dos ServiÃ§os Preventivos dos EUA recomendam que todas as pessoas nascidas entre os anos de 1945 e 1965 sejam rastreadas para o HCV e que outras sejam rastreadas com base em comportamentos, exposiÃ§Ãµes e condiÃ§Ãµes associadas ao elevado risco de infecÃ§Ã£o pelo HCV.7,8 O primeiro teste recomendado para todas as pessoas Ã© o teste de anticorpos contra o HCV. A positive HCV antibody test indicates either current HCV infection, past infection that has resolved, or a false-positive test result; therefore, HCV RNA testing should be performed to confirm current HCV infection and guide clinical management, including initiation of HCV treatment.7Prior to initiation of therapy, genotyping is performed to predict the likelihood of response to treatment regimen and to determine the optimal duration of therapy.5,6 There are at least 6 major genotypes, 1 through 6, with genotype 1 being the most common in the United States as well as the most difficult to treat, followed by genotypes 2 and 3.3,5Management and TreatmentIn addition to medical treatment, patients with HCV infection should be educated on how to prevent infection of others and how to prevent further damage to their liver, most importantly by abstaining from alcohol.2Until 2011, the standard of therapy for HCV infection had been peginterferon (PEG) plus ribavirin (RBV).2,5 Currently there are 2 types of PEG produc Este regime PEG/RBV foi In the case of 48 weeks for the 1, 4 and 6 24.as-week for the 2nd and 3.9,12 the responses to the treatment are defined by sustained virollagic response (SVR), which is © defined by the use of HCV RNA from the serum after interruption of the therapeutic. In order to be considered virologically cured, the SVR must be reached. 5 This PEG/RBV regimen resulted in modest SVR rates of only 40% to 50% in gene type 1 and 70% to 80% in 2, 3 and 4.2Treatment with the combination of PEG and RBV was followed by significant adverse events (AEs), which led many patients to discontinue therapy. 5 Frequent second-hand effects of PEG include flu-like symptoms such as fatigue, head pain, fever and chills, as well as psychiatric side effects, including depressiveness, irritability, and insonia. 5,9,12 Neutropenia and anemia were ©m common causes that justify dose reduction. 5,9,12 With RBV, the most common secondary effect is© hemo©lytic anemia, which may also require dose reduction©, besides mild lymphopenia, hyperuricemia, ichthyo, cold eruption, cough and nasal debris. 5,10,11 While in RBV, it is recommended the strict use© of contraceptive methods, both during treatment and for six months after, since fetal death and fetal anomalies have been reported in animals. 5,10,11In 2011, the FDA approved two protease inhibitors, boceprevir (BOC) and previtelar (TVR), for treatment of the HCV 1 genotype, which led to an update of the practice guidelines of the American Association for the Study of FÃgado Disease (AASLD).2 In these guidelines, it was recommended to add BOC or TVR to PEG/RBV for optimal treatment in hcv patients of genotype 1. 2 However, regimens containing both BOC and TVR still had significant disadvantages, such as limited efficiency in patients with HCV infections other than genotype 1, and the low-key, longest-lasting, and non©treatment barrier, frequent and high load of tablets. 2,3Em 2013, two more medications were approved by the FDA, sofosbuvir (SOF) and simeprevir (SMV), which are now updated guidelines published in 2014 by the AASLD and Infectious Disease Society of America for the treatment of HCV.3 BOC and TVR are not most recommended in the new guidelines. SOF is © an anelog nucleotis NS5B polymerase inhibitor and currently is © indicated by the FDA to be used in combination with RBV or in combination with PEG/RBV for HCV 1 to 4 types, including those with hepatocellular carcinoma awaiting fable transplantation, as well as those with HIV co-infection. 13 SOF © dosed to 400 mg orally once a day, without any relationship with food. The RBV dose recommended in the © regimen of 1000 mg for patients weighing

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