Factors including advanced age, prolonged duration of the lesion, lack of fever and absence of air bronchograms should raise the suspicion of TB. Previous exposure to a FQ for >10 days in patients with TB is associated with the emergence of FQ-resistant M. tuberculosis isolates. However, rates of M. tuberculosis isolates with FQ resistance are significantly higher amongst multidrug-resistant M. tuberculosis isolates than amongst susceptible isolates. Consequently, in countries with TB endemcity, a short-course (5-day) regimen of a respiratory FQ is still recommended as empirical therapy for CAP patients if the patient is at low risk for TB.

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Type: Sponsored Symposium

Final Abstract Number: 05.002
Session: Fluoroquinolones: CAP, TB and the Importance of Differential Diagnosis
Date: Thursday, June 14, 2012
Time: 10:15-12:15
Room: Lotus 1-4

Fluoroquinolones: A role in CAP and TB
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Fluoroquinolones are used widely for the treatment of LRTIs. The ATS/IDSA guidelines for CAP recommended them as useful choices in many clinical scenarios especially for hospitalized patients. Concerns have been raised that using fluoroquinolones for the management of LRTIs will destroy the value of this class for use particularly in MDR-TB. Arguments center on the notion that fluoroquinolones will mask the clinical features of TB, delaying diagnosis and enhancing widespread dissemination. They further postulate that the yield of culture-negative TB will increase and that, with increasing use of fluoroquinolones, fluoroquinolone-resistant TB will become increasingly prevalent. Many patients infected with TB present with LRTI symptoms and a lung infiltrate. A brief treatment course with a fluoroquinolone rarely produces a rapid clinical recovery. Most patients with TB, even when treated appropriately, have a very slow radiographic response and often deteriorate initially. In contrast, bacterial pneumonia usually has a rapid radiographic response especially in previously healthy young adults. Studies trying to document delayed diagnosis when fluoroquinolones have been used, have been unable to mount a persuasive case. There is no evidence that patients initially treated with a fluoroquinolone are more likely to have culture-negative TB. Multiple studies to date have documented a very low rate of fluoroquinolone-resistant TB throughout the world. There has been no relationship between prior fluoroquinolone exposure and the emergence of resistance. The most persuasive relationship is between fluoroquinolone resistance and multidrug resistance. Indian data suggest a more widespread problem exists but that may have more to do with ease of availability of all antibiotics without physician supervision in that country. If a patient presents with a clinical illness suggestive of TB, fluoroquinolones should not be used as monotherapy. But even if used in patients ultimately shown to have TB, a short exposure to a potent fluoroquinolone is unlikely to delay diagnosis or lead to the emergence of bacterial resistance.

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Type: Invited Presentation

Final Abstract Number: 06.001
Session: Getting to Zero: Antiretrovirals as a Tool for Prevention
Date: Thursday, June 14, 2012
Time: 10:15-12:15
Room: Lotus 5-7

State of the science: Antiretroviral treatment for prevention
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“No virus, no transmission.” In the absence of treatment, the viral load (the quantity of virus present in blood and sexual secretions) is the strongest predictor of HIV transmission with unprotected sex, or from infected mother to child. Effective