

AUSTRALASIAN SOCIETY FOR INFECTIOUS DISEASES: TESTS, TREATMENTS AND PROCEDURES HEALTH PROFESSIONALS AND CONSUMERS SHOULD QUESTION

The Australasian Society for Infectious Diseases (ASID) Inc. is an independent organisation, founded in Melbourne in 1976 by an eminent group of physicians, pathologists and scientists. Membership encompasses Infectious Diseases Physicians, Clinical Microbiologists, Scientists, Infection Control Practitioners, Public Health Physicians, Sexual Health Physicians, Veterinarians and others eminent in the field of infectious diseases.

1. Do not use antibiotics in asymptomatic bacteriuria.

Antibiotic treatment of patients with asymptomatic bacteriuria is generally not indicated as it does not decrease the incidence of symptomatic urinary tract infection. This also includes patients with indwelling urinary catheters. Exceptions to this are pregnant women and those undergoing an urological procedure.

Supporting Evidence

- Nicolle LE, Bradley S, Colgan R, Rice JC, Schaeffer A, Hooton TM. Infectious Diseases Society of America Guidelines for the Diagnosis and Treatment of Asymptomatic Bacteriuria in Adults. *Clinical Infectious Diseases* 2005;40:643-54.
- Ariathianto Y. Asymptomatic bacteriuria: Prevalence in the elderly population. *Australian Family Physician*. 2011;40(10):805-9.
- Antibiotic Expert Groups. Therapeutic guidelines: antibiotic. Version 15. Melbourne: Therapeutic Guidelines Limited; 2014.
- Jarvis TR, Chan L, Gottlieb T. Assessment and management of lower urinary tract infection in adults. *Australian Prescriber* 2014;37:7-9.

Clinician resources

- [Antibiotic resources for clinicians](#) read more from Choosing Wisely in Australia
- [Decisions and management for asymptomatic bacteriuria](#). Read about [treatment for asymptomatic bacteriuria](#) on the NPS MedicineWise website
- [Urinary tract infections](#) Read about [treatment for asymptomatic bacteriuria](#) on the NPS MedicineWise website

2. Do not take a swab or use antibiotics for the management of a leg ulcer without clinical infection.

Lower leg ulcers, most commonly venous ulcers are often treated with oral antibiotics, even in the absence of evidence of clinical infection. There is no evidence to support this use, except if screening for carriage of multi-resistant organisms. Also a swab for microscopy and culture, in the absence of signs of infection is not recommended. Unnecessary antibiotics and swabbing will add to healthcare costs, antimicrobial resistance and patient allergy.

Supporting Evidence

- O'Meara S, Al-Kurdi D, Olugun Y. Antibiotics and antiseptics for Venous ulcers. *Cochrane Database Systematic Review* 2014; CD003557.
- Hansson C, Hoborn J, Moller A, Swanbeck G. The microbial flora in venous leg ulcers without clinical signs of infection. Repeated culture using a validated standardised microbiological technique. *Acta Dermato Venereologica* 1995;75:24.

Resources

- [Antibiotic resources for clinicians](#) read more from Choosing Wisely in Australia

3. Avoid prescribing antibiotics for upper respiratory tract infection.

Most uncomplicated upper respiratory infections are viral in aetiology and antibiotic therapy is not indicated. Oral antibiotic therapy of presumed URTI in febrile young infants is not only 'low value' but can be actively dangerous, in delaying presentation to hospital (inappropriately reassuring parents and confounding investigations of sepsis). This is a major issue for paediatrics primary care and ED presentations. Patient education is an important component of management together with symptomatic treatment. Infections with Streptococcus pyogenes and Bordetella pertussis do require antibiotic therapy.

Supporting Evidence

- Kenealy T, Arroll B. Antibiotics for the common cold and acute purulent rhinitis. Cochrane Database Systemic Review 2013; CD000247.
- Hersh AL, Jackson MA, Hicks LAI. Principles of judicious antibiotic prescribing for upper respiratory tract infections in paediatrics. Paediatrics 2013;132(6):114654.
- Antibiotic Expert Groups. Therapeutic guidelines: antibiotic. Version 15. Melbourne: Therapeutic Guidelines Limited; 2014.

Resources

- [Antibiotic resources for clinicians](#) read more from Choosing Wisely in Australia

4. Do not investigate or treat for faecal pathogens in the absence of diarrhoea or other gastro-intestinal symptoms.

Testing of faeces for microscopy and culture or by PCR methods should not be performed in the absence of diarrhoea or other gastro-intestinal symptoms. Similarly antimicrobial treatment for a gastrointestinal pathogen is not indicated in the absence of symptoms. For immunocompetent non-traveller children with acute gastroenteritis, there are very few circumstances when a stool test for infection would alter clinical management. Possible exceptions include refugee screening and some neurological syndromes such as enteroviral testing for acute flaccid paralysis.

Supporting evidence

- Cohen SH, Gerding DN, Johnson S. Clinical practice guidelines for clostridium difficile infection in adults: 2010 Update. Infection Control and Hospital Epidemiology 2010;31(5):431-55.
- Letter, dated 26/05/15, from the Australian and New Zealand Paediatric Infectious Diseases Group (ANZPID) to the Royal College of Pathologists of Australasia (RCPA) concerning the significant impact that stool multiplex PCR was having on requests for ID physician opinions and appointments for children, particularly regarding positive results for Blastocystis hominis and Dientamoeba fragilis.
- Hewison CJ, Heath CH, Ingram PR. Stool culture. Australian Family Physician 2012;41(10).
- Antibiotic Expert Groups. Therapeutic guidelines: antibiotic. Version 15. Melbourne: Therapeutic Guidelines

5. In a patient with fatigue, avoid performing multiple serological investigations, without a clinical indication or relevant epidemiology.

Multiple serological testing as investigation for a patient with fatigue, is not recommended. If such testing is not clinically indicated there is a risk of false positive results leading to further unnecessary investigations and useless treatments.

Supporting evidence

- Oldmeadow M, Lloyd A. Fatigue states following infection. Infectious Diseases: A clinical approach. Third Edition. 2010, Chapter 17, 202-212.
- Lane TJ, Matthews DA, Manu P. The low yield of physical examinations and laboratory investigations of patients with chronic fatigue. The American Journal of Medical Science 1990;299(5):313-8.
- Therapeutic Guidelines Limited. Fatigue: diagnostic approach to fatigue in primary care. Melbourne, 2011.

Clinician resources

- [Fatigue information prescription](#) Read about [Fatigue information prescription](#) on the NPS MedicineWise website
- [Fatigue: a diagnostic approach](#) Read about [Fatigue: a diagnostic approach](#) on the NPS MedicineWise website

How was this list created?

An initial list of 10 low value interventions was compiled by the Lead Fellow of the Australasian Society for Infectious Diseases (ASID) Inc following an online discussion in ASID's discussion forum, Ozbug. The Royal Australasian College of Physicians (RACP) then facilitated a consultation of all ASID members via a survey distributed through the society's e-newsletter. In the survey, members were asked to rank the 10 suggested interventions and suggest additional items for consideration. A subsequent shortlist of items was created by selecting the top 7 interventions as ranked by the members from the initial list.

The shortlist was sent to ASID's special interest groups and selected members who had agreed to assist, who were asked to recommend the items to comprise the 'top 5'. This final list was endorsed by ASID Council on 31 July 2015. The Top 5 was then circulated again to the ASID members for final comments before being signed off by ASID's Executive Committee.

Recommendations from the Australasian Society for Infectious Diseases on antibiotics, faecal pathogen tests, fatigue, bacteruria, leg ulcers & respiratory infections.