IDBR 2026: Q A

Day 1: Saturday, August 22, 2026

Question	Reply	Submission Date	Submission Time
If for example we need extended duration (IE or osteo) for treatment for those micro-organisms that have low risk for ampc production, should we put that into consideration in our choice of antibiotics?	Thanks for the question. Personally, I manage these infections based on the susceptibility result. So if susceptible to ceftriaxone, I would be comfortable using it. I make exceptions for endocarditis and meningitis where I would be more comfortable with cefepime.	08/22/2026	11:49:17
I would be interested in the cheat sheet, please! Also, what is the preferred agent for NDM CRE with PBP3 expression?	Currently, for and NDM infection with a PBP3 change conferring resistance to aztreonam-avibactam and cefiderocol, I would favor a drug like tigecycline (so not a B-lactam). In the future, cefepime-zidebactam (approved in May 2026) will likely be a good option. IV fosfomycin could also be used for such infections for UTIs.	08/22/2026	11:51:29
Can 3rd gen cephalosporins still be used for high-risk organisms if there is good source control and a short course?	For the boards I would not advocate for this but for real life, this is probably okay if closely following the clinical course.	08/22/2026	11:52:32
Polls are showing the correct answers before giving us the opportunity to choose. Please fix this.	will do thanks	08/22/2026	11:52:43
Did they change the definition of cre from “non-susceptible” to “resistant”, so I doesn’t include intermediate susceptibility?	Yes- CRE implies resistance to at least one carbapenem	08/22/2026	11:53:30
No comments on aminoglycosides?	I would read the IDSA Guidance for the latest suggestions on using aminoglycosides but they do have a role for CRE UTIs	08/22/2026	11:54:01
VOLUME VERY LOW	We have increased the program volume. Has it improved for you?	08/22/2026	13:24:54
When is posa used as prophylaxis, and when is Vori prophylaxis preferred over posa?	HI Voriconazole does not have an FDA cleared indication for ppx. Posaconaole does, in both neutropenic and GVHD populations	08/22/2026	15:56:53
Cab flucytosine can be used for UTI - short course as monotherapy? What would be an ideal agent for C auris UTI?	Yes...but typically only for fluconazole resistant organisms. And you kind have one shot at success since resistance rapidly develops	08/22/2026	15:58:24
What would be your approach for Candida glabrata renal abscess and persistent candidemia.	Drain the abscess. Try high dose fluconazole if it's SDD to fluconazole and/or flucytosine if not (this is assuming its also in the urine) You may have to add an echinocandin as well. These cases are very tricky	08/22/2026	16:02:57
Is there data to use rezafungin in post HSCT transplant prophylaxis?	There was a randomized control trial comparing reza to SOC ppx in allogeneic HCT population. But I haven't see the results. Not sure if they are available yet>>>	08/22/2026	16:04:18
Do you have a preference for PCV-21 or PCV-20 for pneumococcal vaccination for SOT patients?	PCV 21	08/22/2026	16:04:31
For PTLD in SOT due to EBV, can you still give rituximab if there is concomitant CMV viremia?	Yes. Treat the PTLD with the rituximab and add antiviral therapy for the CMV.	08/22/2026	16:05:15
Question from Zoom chat: Aren't all flu vaccines now quadrivalent?	They were quadrivalent with 2 subtypes of influenza B -Yamagata and Victoria. However, one of these disappeared during COVID and now we are back to trivalent.	08/22/2026	16:41:55
If strep mitis in nuetropina my lab won’t do sensitivities usually on strep. if improved can they go back on levoquin or would you choose something else nice deferveces and neutropenia improved	great question.... so we do have our lab check AST in these patients and quite often we find these patients isolates are levofloxacin "R". That said, after they have received an adequate treatment course ffor VGS and clinically recovered we do often utilize levofloxacin as a ppx therapy in these patients but are mindful of this "hole" in prophylaxis and potential for breakthrough infectoin.	08/22/2026	17:00:34