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Antibiotic-resistant bacteria **infect** someone in the US every 11 seconds and **kill** someone every 15 minutes.

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Antibiotic Resistance Threats in the US 2019. <https://www.cdc.gov/drugresistance/pdf/threats-report/2019-ar-threats-report-508.pdf>

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Studied 5 counties, 2009-2015

MINNESOTA DEPARTMENT OF PUBLIC HEALTH	2176 reported C. diff infections, 1626 confirmed
	57% prescribed antibiotics, of which 15% prescribed for dental procedures

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\*Antibiotics Prescribing for Dental Procedures in Community-Associated Clostridium difficile cases. Minnesota. 2009-2015." Open Forum Infectious Diseases.

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NUMBER OF OUTPATIENT RX/YEAR IN 2021	25 Million by Dentists 211 Million by all Prescribers
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<https://www.cdc.gov/antibiotic-use/pdfs/annual-report-2021-h.pdf>

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% OF 168,420 DENTAL VISITS WHEN ABX NOT NECESSARY 2011-2015	80.6 %
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<https://www.cidrap.umn.edu/antimicrobial-stewardship/researchers-highlight-serious-side-effects-unneeded-dental-antibiotics>

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PATIENTS MORE  
LIKELY TO  
RECEIVE  
UNNECESSARY  
ANTIBIOTICS

## Prosthetic Joint Devices

<https://www.cidrap.umn.edu/antimicrobial-stewardship/researchers-highlight-serious-side-effects-unneeded-dental-antibiotics>

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ANTIBIOTIC  
RELATED  
ADVERSE  
EVENTS

**1 in every 5 ER visits** for adverse drug events in the US is for antibiotic-related adverse events

Fluent et al. JADA 2016

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DENTAL SCRIPTS  
FOR  
CLINDAMYCIN

Dentists are #1 outpatient prescribers of Clindamycin

<https://www.cidrap.umn.edu/antimicrobial-stewardship/researchers-highlight-serious-side-effects-unneeded-dental-antibiotics>

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ADVERSE EVENT  
MOST  
COMMONLY  
ASSOCIATED  
WITH  
CLINDAMYCIN

*Clostridioides difficile infection (CDI)*

<https://www.cidrap.umn.edu/antimicrobial-stewardship/researchers-highlight-serious-side-effects-unneeded-dental-antibiotics>

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C diff is found everywhere....including your shoes

- New research presented at IDWeek 2021 found 26% of samples from both sites inside and outside health care tested positive for toxigenic *Clostridium difficile* strains.
- Shoe soles had the highest positivity rates with 45% of worldwide samples testing positive for *C. difficile*, even though it is usually thought of as a hospital-associated infection.
- In this study, researchers collected samples from public areas, health care settings, and shoe soles at locations in the United States and 11 other countries between 2014 and 2017, comparing the rates of *C. difficile* between settings.
- The researchers included shoe soles to learn more about their potential role in environmental transmission.
- To help prevent the spread of the infection, both authors said simply washing your hands and taking off your shoes in your home can drastically help.

<https://www.aamc.com/view/shoe-soles-are-a-major-cause-of-c-difficile-transmission>

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Two phases of  
*C. difficile*  
infection

- **Vegetative form:** Associated with symptoms (diarrhea). Produce toxins A and B leading to colitis
- **Spore form:** Spore is released and can live in the open environment for several months to years. **Very difficult to kill**

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### Vegetative Form: Associated with Symptoms

- Vegetative Form is associated with symptoms:
  - Can live on moist surfaces for up to 6 hours
  - Produces Toxins A and B
  - Susceptible to:
    - ✓ Gastric acids
    - ✓ Antimicrobial soap
    - ✓ Alcohol based hand sanitizer

Jump, R. L., Pultz, M. J., & Donskey, C. J. (2007). Vegetative Clostridium difficile survives in room air on moist surfaces and in gastric contents with reduced acidity: a potential mechanism to explain the association between proton pump inhibitors and C. difficile-associated diarrhea? *Antimicrobial agents and chemotherapy*, 51(8), 2883–2887. <https://doi.org/10.1128/AAC.01443-06>

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### Spore Form: Difficult to kill

- C Diff Spore can survive on surfaces and inanimate objects for 6+ months to years
- Resistant to:
  - ✓ Gastric Acid
  - ✓ Antibacterial soaps
  - ✓ Alcohol based hand sanitizers
- Rapidly changes to the vegetative form

Jump, R. L., Pultz, M. J., & Donskey, C. J. (2007). Vegetative Clostridium difficile survives in room air on moist surfaces and in gastric contents with reduced acidity: a potential mechanism to explain the association between proton pump inhibitors and C. difficile-associated diarrhea? *Antimicrobial agents and chemotherapy*, 51(8), 2883–2887. <https://doi.org/10.1128/AAC.01443-06>

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### Transmission

- Spore is ingested
- Resistant to gastric acids/stomach
- Reaches the small intestine, exposed to bile salts and germinates converting to the vegetative form where it multiplies as it continues on to colonize the colon and produce toxins.

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### Colonization Resistance = Gut Microbiome

- Is the colon's specialized defense system
- The community of bacteria and other microbes in the colon (microbiome/microbiota) that protect it from pathogens to fight off C. diff infection

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### Antibiotics Disrupt Colonization Resistance

Colonization Resistance is disrupted when antibiotics are introduced allowing C. difficile to proliferate, produce toxins and cause symptoms.

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### Moderate to Severe Symptoms

Watery diarrhea, as often as 10 to 15 times a day	Abdominal cramping and pain, which may be severe	Rapid heart rate	Dehydration	Fever
Nausea	Increased white blood cell count	Kidney failure	Blood or pus in the stool	

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## Life threatening Complications

Ileus

Toxic  
Megacolon

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## Who is affected? *Anyone* but the following populations are at greater risk:

Anyone taking  
antibiotics

Admitted to hospital

Nursing home  
resident

Over 65 years of age

Female

Immunocompromised  
(Cancer, HIV...)

Anyone with prior  
*C. diff* infection

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2021 Infective Endocarditis AHA Guidelines Removed Clindamycin for Pen Allergic Patients. All other 2007 recommendations remain the same:

A recent study in the United Kingdom suggested that a single dose of clindamycin may cause complications, including death, from *Clostridioides difficile* infection.

- Clindamycin may cause more frequent and severe reactions than other antibiotics used for AP, and its use is no longer suggested in this document.
- Up to 15% of community-acquired *C difficile* infection may be attributable to antibiotics prescribed for a dental procedure.

Prevention of Viridans Group Streptococcal Infective Endocarditis A Scientific Statement From the American Heart Association.

<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000969?cookieSet=1>

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## Antibiotics and CDI Risk

### Very Commonly Related

- Clindamycin
- Ampicillin
- Amoxicillin
- Cephalosporins
- Fluoroquinolones

### Less Commonly Related

- Beta-lactam inhibitors
- Macrolides
- Carbapenems
- Tigecycline

### Uncommonly Related

- Aminoglycosides
- Metronidazole
- Rifampin
- Tetracyclines
- Daptomycin
- Sulfonamides
- Trimethoprim



(Bouza E, Med Clin North Am, 2006; Loo VG, N Engl J Med, 2005)

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56% of CDI associated with Healthcare Facility

44% of CDI associated with community

**C. DIFF 65% of community associated CDI occurred after use of antibiotics**

[https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-stewardship?utm\\_source=adaorg&utm\\_medium=vanityurl](https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-stewardship?utm_source=adaorg&utm_medium=vanityurl)

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1 in 6 patients who get *C. diff* will get it again in the next 2-8 weeks.

**C. DIFF**

**1 in 11 people over age 65** diagnosed with a healthcare-associated *C. diff* infection **die within one month.**

<https://www.cdc.gov/cdiff/what-is.html>

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Costs hospitals \$6,000,000,000/year

<https://www.cdc.gov/cdiff/what-is.html>

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**WAIT!**  
Don't have your antibiotic prescription filled yet!

Your dentist believes that your dental pain and swelling may get better without antibiotics.

Waiting to see if you really need an antibiotic can help you take antibiotics **ONLY** when needed.

**Rx:** If you feel better and your pain is improving, you do NOT need to fill the antibiotic prescription.

If you do not feel better in \_\_\_\_\_ days, get your prescription filled.

If you fill your antibiotic prescription, you should STOP taking it 24 hours after your pain gets better. Contact your primary care provider if you have diarrhea with 3 or more loose stools/day.

Contact your dentist at \_\_\_\_\_ if:

- Your pain and swelling get worse.
- Your pain and swelling do NOT improve in 2-3 days.
- You have any questions about these instructions.

You should not save any unused medicines.  
For directions on disposing unused medicines, visit: <https://www.michigan.gov/dephagilgpoa>

**michigan dental** A 250,000+ DENTIST NETWORK  
**MARR** More info @ <https://marr.org>

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## ANTIBIOTIC STEWARDSHIP

OSAP: <https://www.osap.org/antibiotic-stewardship-for-prescribers>

MARR: <https://www.mi-marr.org/dental-resources/>

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## ANTIBIOTIC STEWARDSHIP SUMMIT ON SUNDAY FEBRUARY 4

Offers guidelines for the use of antibiotics for prophylaxis and treatment of oral infections

Participants will receive numerous clinical tips, tools, and resources to develop and implement antibiotic stewardship programs in their practice.

<https://site.pheedloop.com/event/osapbootcamp/program/overview>

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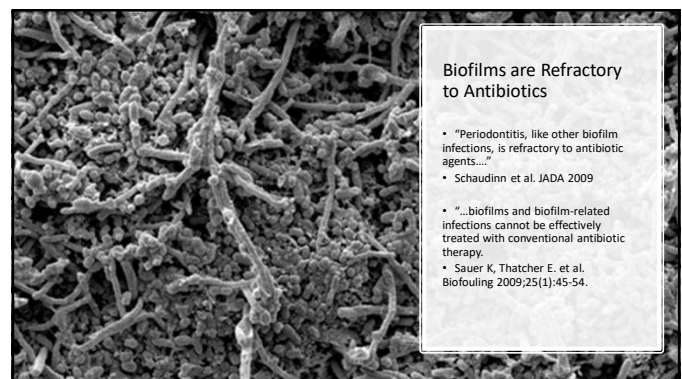
## ANTIBIOTIC STEWARDSHIP

Practice Prevention!

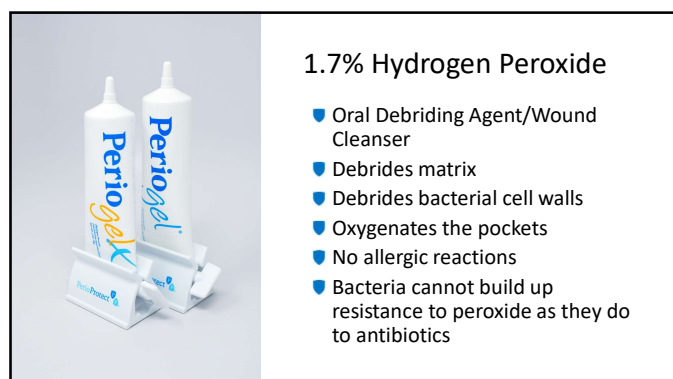
Intervene with treatment at the earliest signs of infection and inflammation

Choose non-antibiotic treatment options

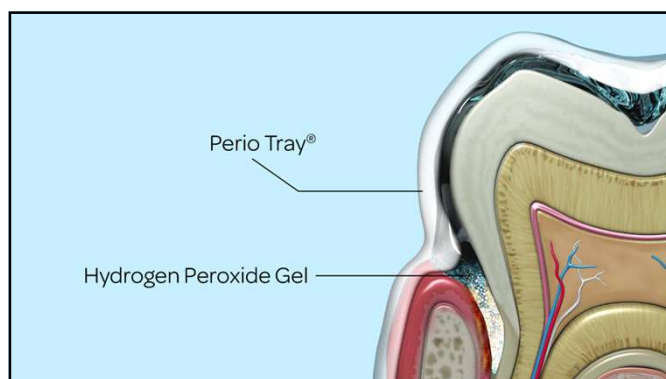
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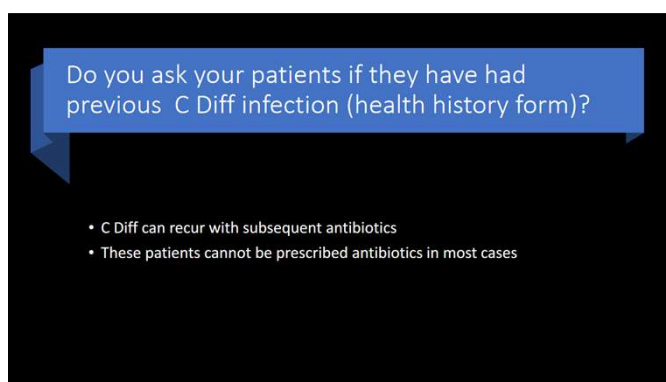
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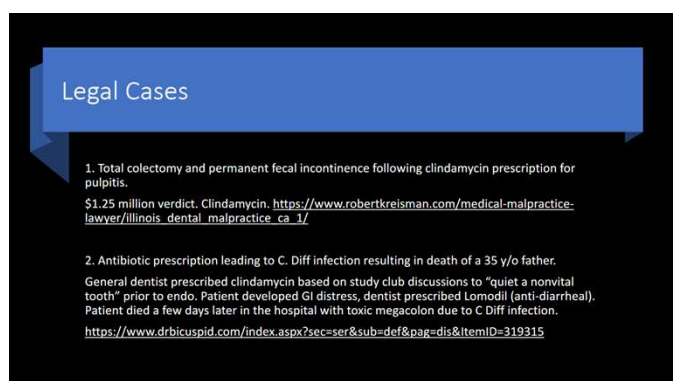
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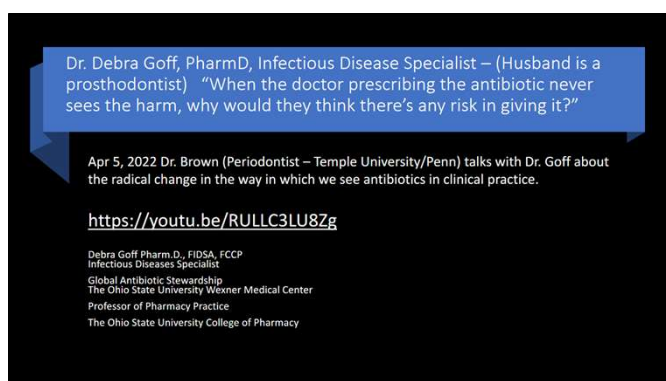
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## Dr. Debra Goff, Antibiotic Stewardship TedX Talk "RISK"

[https://youtu.be/ALrYAB\\_AYiA](https://youtu.be/ALrYAB_AYiA)

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## Resources

- The Peggy Lillis Foundation: <https://peggyfoundation.org/>
- Open Biome: <https://www.openbiome.org/>
- Ferring: <https://microbiome.ferring.com/>
- The C Diff Foundation: <https://cdiff.foundation/>
- CDC: <https://www.cdc.gov/cdiff/index.html>

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## Resources: Evidence Based Guidelines for Prophylaxis and Antibiotic Stewardship:

- ADA and Academy of Orthopedic Surgeons – Guidelines:  
<https://www.ada.org/resources/research/science-and-research-institute/oral-health-topics/antibiotic-prophylaxis>
- Prevention of Viridans Group Streptococcal Infective Endocarditis A Scientific Statement From the American Heart Association:  
<https://www.ahajournals.org/doi/pdf/10.1161/CIR.0000000000000969>
- ADA Evidence Based Guidelines for Antibiotic Stewardship:  
[https://ada.ada.org/article/S0002-8177\(19\)30617-3/fulltext?decid=PromoSpots\\_EBDsite\\_ABX&\\_ga=2.10794932.1836139384.1655475561-502732509.1654985090](https://ada.ada.org/article/S0002-8177(19)30617-3/fulltext?decid=PromoSpots_EBDsite_ABX&_ga=2.10794932.1836139384.1655475561-502732509.1654985090)

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## List K: EPA's Registered Antimicrobial Products Effective against Clostridium Difficile Spores

<https://www.epa.gov/pesticide-registration/list-k-epas-registered-antimicrobial-products-effective-against-clostridium>

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## Literature

Centers for Disease Control and Prevention. *Clostridioides difficile* Infection. [https://www.cdc.gov/mm2/organisms/cdiff/cdiff\\_infect.html](https://www.cdc.gov/mm2/organisms/cdiff/cdiff_infect.html).

Martin JS, Monaghan TM, Wilcox MH. *Clostridium difficile* infection: epidemiology, diagnosis and understanding transmission. *Nat Rev Gastroenterol Hepatol*. 2016; 12: 206-216.

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Zhu D, Song IA, Sun X. *Clostridioides difficile* biology: sporulation, germination, and corresponding therapies for *C. difficile* infection. *Front Cell Infect Microbiol*. 2018; 8: 29.

Weber DJ, Anderson DJ, Scatton DJ, Rutala WA. *Role of the environment in the transmission of Clostridium difficile in health care facilities. Am J Infect Control*. 2013; 41: S105-S110.

Shaughnessy MK, Robi A, Radowski MA et al. *Environmental contamination in households of patients with recurrent Clostridium difficile infection. Appl Environ Microbiol*. 2016; 82: 2689-2692.

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## ANTIBIOTICS IN CLINICAL PRACTICE: ANTIBIOTIC STEWARDSHIP AND APPROPRIATE ANTIBIOTIC USE Sponsored by Perio Protect. 3.5 CEU complimentary

REGISTER <https://www.dentalceacademy.com/antibiotics-clinical-guidelines-dentistry>



Dr. Thomas M. Paumier, DDS

Dr. Paumier is on the faculty of the Cleveland Clinic Mercy Hospital GPR in Canton and is a Fellow in the International and American College of Dentists. He was a member of the ADA and American Academy of Orthopedic Surgeons expert panels who wrote the Clinical Practice Guidelines and Appropriate Use Criteria for Antibiotic Prophylaxis for Prosthetic Joint Patients. He also was a co-author of the ADA Clinical Practice Guideline for Appropriate Antibiotic Use for Odontogenic Infections and was the 2019 recipient of the ADA Evidence Based Dentistry Clinical Practice Award. He was one of 6 dentists appointed to the ADA Dental Practice Recovery Task Force during the COVID-19 Pandemic. He regularly lectures to dental residents and students at Case School of Dental Medicine and NYU Langone Medical Center. He is vice-chair of the Cleveland Clinic Mercy Hospital Board and Chairman of the Cleveland Clinic Mercy Development Foundation. He is a past president of the Ohio Dental Association and the Stark County Dental Society.

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