Best-of Biblio
les infections respiratoires

24 mars 2023

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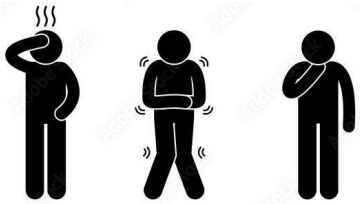
Infections respiratoires - pubmed

2022 = 14% des articles publiés depuis 1911


COVID-19: Retour vers le futur

Stratégies thérapeutiques COVID-19

... ayant fait preuve d'efficacité



O2

SDRA

+/- complications
-> PAVM…
-> Thromboses

Sd grippal

Hospitalisation / O2

← Réanimation →

J0 symptômes

J5

J7-8

J10-14

Vaccin

Anticorps anti-SARS-CoV-2 préventif

Anticorps anti-SARS-CoV2 curatif précoce
Intérêt limité par l'évolution des variants

Antiviral curatif précoce
-> Remdesivir (IV)
-> Paxlovid (oral)

Dexaméthasone 10j (uniquement si oxygène)

+/- Anti-IL6

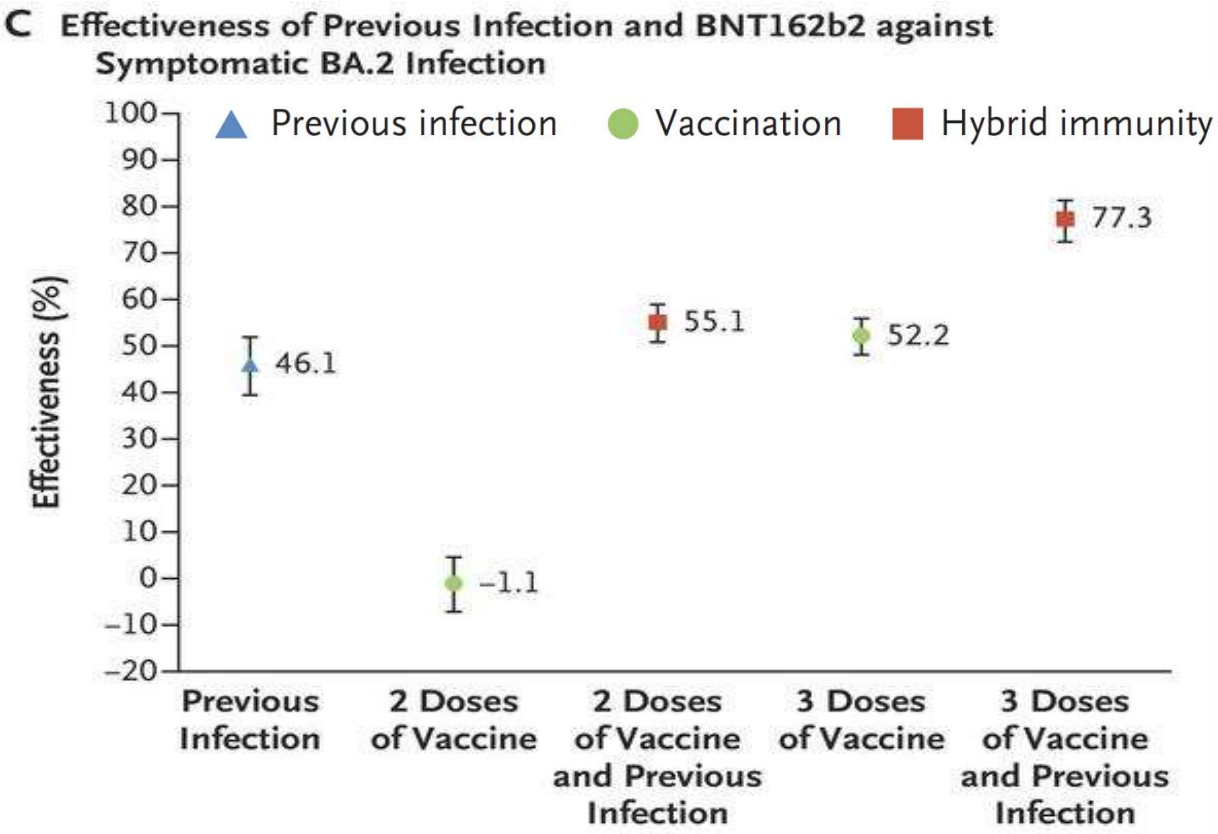
Anticoagulation

Effet d'une infection ou de(s) vaccination(s) sur la survenue de COVID symptomatique Omicron

The NEW ENGLAND JOURNAL of MEDICINE

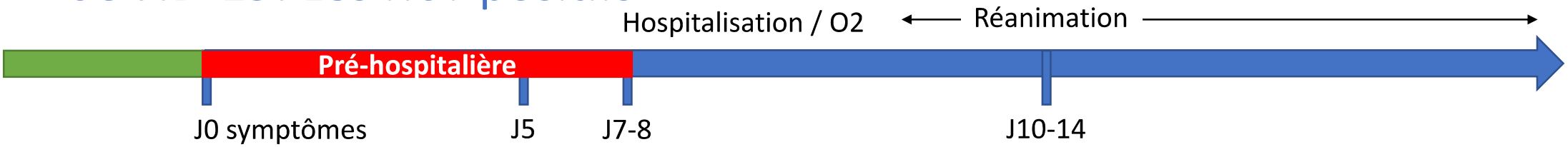
- Etude cas-contrôle 1:1
- Matched-control (PCR-)
- Qatar
- 12/21-> 02/22

- Efficacité de
  - La vaccination
  - L'immunité naturelle
  - L'immunité hybride



Altarawneh et al NEJM 2022

COVID-19: Les RCT positifs



TACKLE TIXA-CILGA,

Evusheld vs PCB, n=1014
CJP: COVID sévère ou décès
Evusheld (4%), PCB (9%)
↘87%; RRR 50% [15-71]

Montgomery Lancet RM

Plasma Convalescent

Plasma vs Plasma CTR, n=1225
CJP: Hospitalisation liée au COVID
PlasmaC (2,9%), PlasmaCtr (6,3%)
-3.4 % pts [1,0 – 5.8]

Sullivan DJ. NEJM

PINETREE Early Remdesivir,

Remdesivir vs PCB, n=562
CJP: Hospitalisation ou décès à J28
Remde (1,6%), PCB (8,3%)
↘87%; HR 0.19 [0.07-0.56]

Gottlieb NEJM

EPIC-HR Nirmaltrevir r

RCT, Nirmal r vs PCB, n=2246
CJP: Hospitalisation ou décès J28
Nirmal (0,8%), PCB (7%)
↘89%; -6,3 % pts [-9 à -3,6]

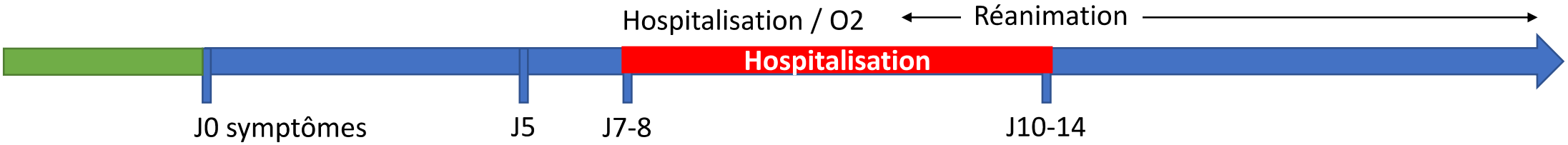
Hammond NEJM

MOVe-OUT Molnupiravir

Molnu vs PCB, n=1433
CJP: Hospitalisation ou décès
Molnu (7%), PCB (14%)
↘50%; -6,8 % pts [-11,3 à -2,4]

Jayk Bernal NEJM

COVID sévère: Peut on faire mieux que les corticoïdes?



RECOVERY - Baricitinib

Baricitinib vs SOC, n=8156
Covid/hospitalisé
Mortalité J28
Baricitinib (12%), SOC (14%)
aRR 0,87 [0.77-0.99]

Lancet

PANAMO – Anti-C5a

Vilobemimab vs PCB, n=368
Ventilation mécanique
Mortalité J28
Vilob (32%), PCB (42%)
HR 0,73 [0.50-1,06]

Vlaar. Lancet Respir Med

LIVE-AIR – anti GM-CSF

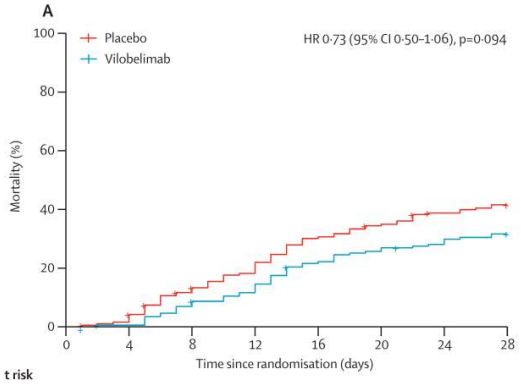
Lenzilumab vs PCB
Covid/hospitalisé
Survie sans ventilation
Lenzi (84%), PCB (78%)
HR 1,54 [1.02-2.32]

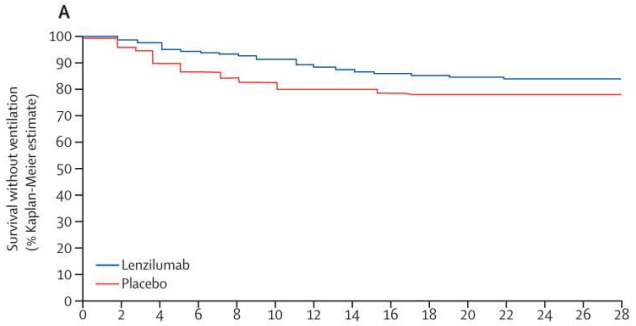
Temesgen. Lancet Respir Med

ACTT-4 - Baricitinib

Baricitinib vs Dexa, n=1047
Survie sans ventilation
Baricitinib (87%), Dexa (87,6%)
Dexa: plus d'effets indésirables

Wolfe CR. Lancet Respir Med






Retour en arrière

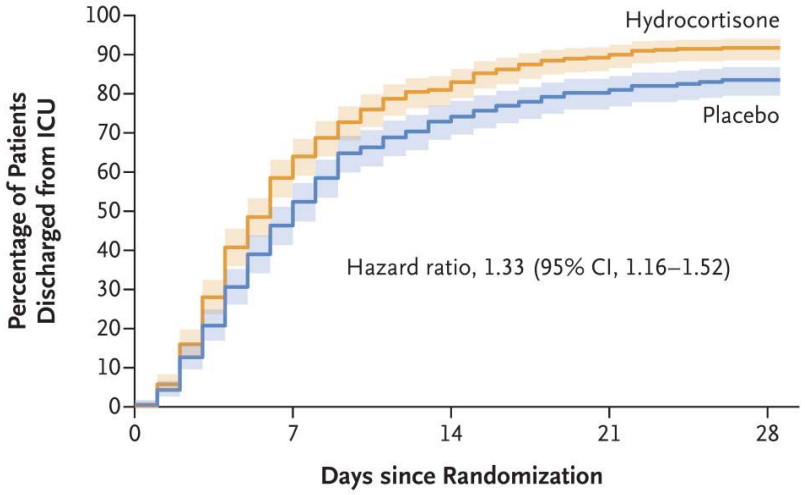
The NEW ENGLAND JOURNAL of MEDICINE

03/2023

ORIGINAL ARTICLE

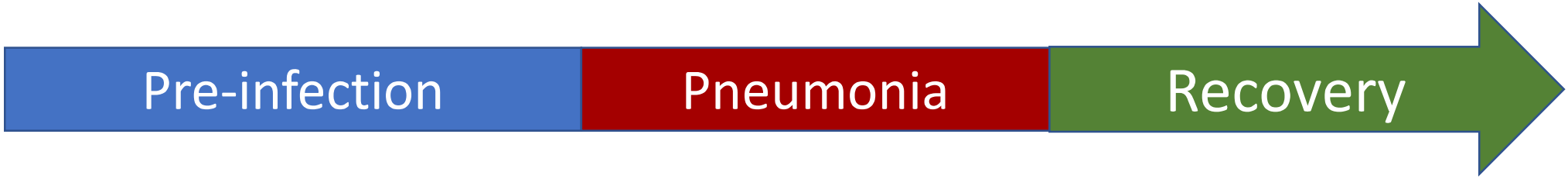
Hydrocortisone in Severe Community-Acquired Pneumonia

P.-F. Dequin, F. Meziani, J.-P. Quenot, T. Kamel, J.-D. Ricard, J. Badie, J. Reignier,



No. at Risk					
Hydrocortisone	400	160	67	31	17
Placebo	395	198	85	48	27

Et les autres infections respiratoires?



Susceptibilité

- Facteurs de risque
- Pathologies respiratoires chroniques
- Stratégies préventives

Réponse de l'hôte et conséquences

- Résistance immunitaire
- Dysfonction d'organes
- Exacerbation de maladies chroniques
- Résilience tissulaire
- Mécanismes de réparation
- Séquelles persistantes
- Susceptibilité aux infections secondaires
- Mortalité précoce, tardive

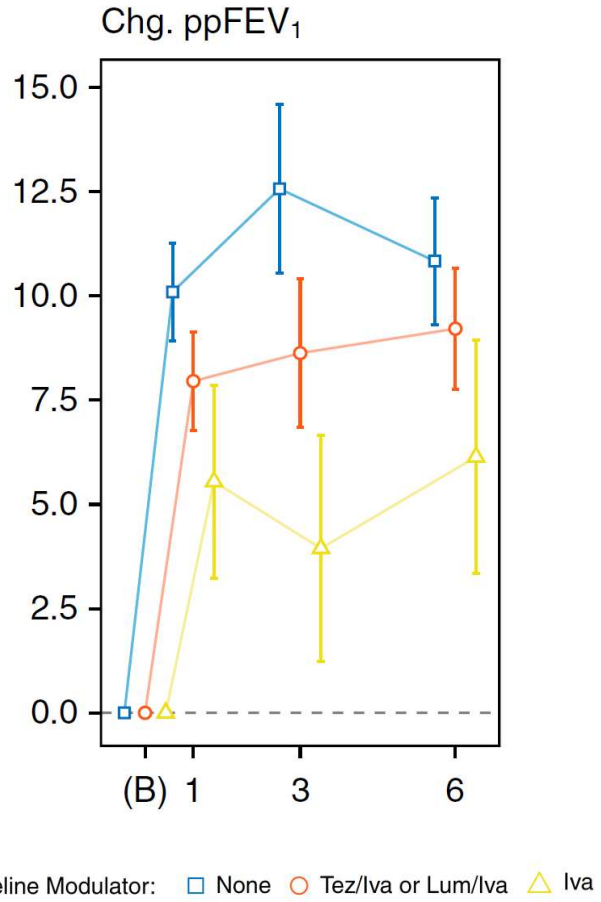
Clinical Effectiveness of Elexacaftor/Tezacaftor/Ivacaftor in People with Cystic Fibrosis

A Clinical Trial

Mucoviscidose
Modulateurs CFTR

David P. Nichols[1,2], Alex C. Paynter[2], Sonya L. Heltshe[1,2], Scott H. Donaldson[3], Carla A. Frederick[4],

AJRCCM 2022



PROMISE study

Etude prospective observationnelle

N=487 patients, Mucoviscidose

Initiation ETI (Elexacaftor/Tezcaftor/Ivacaftor)

Suivi 6 mois

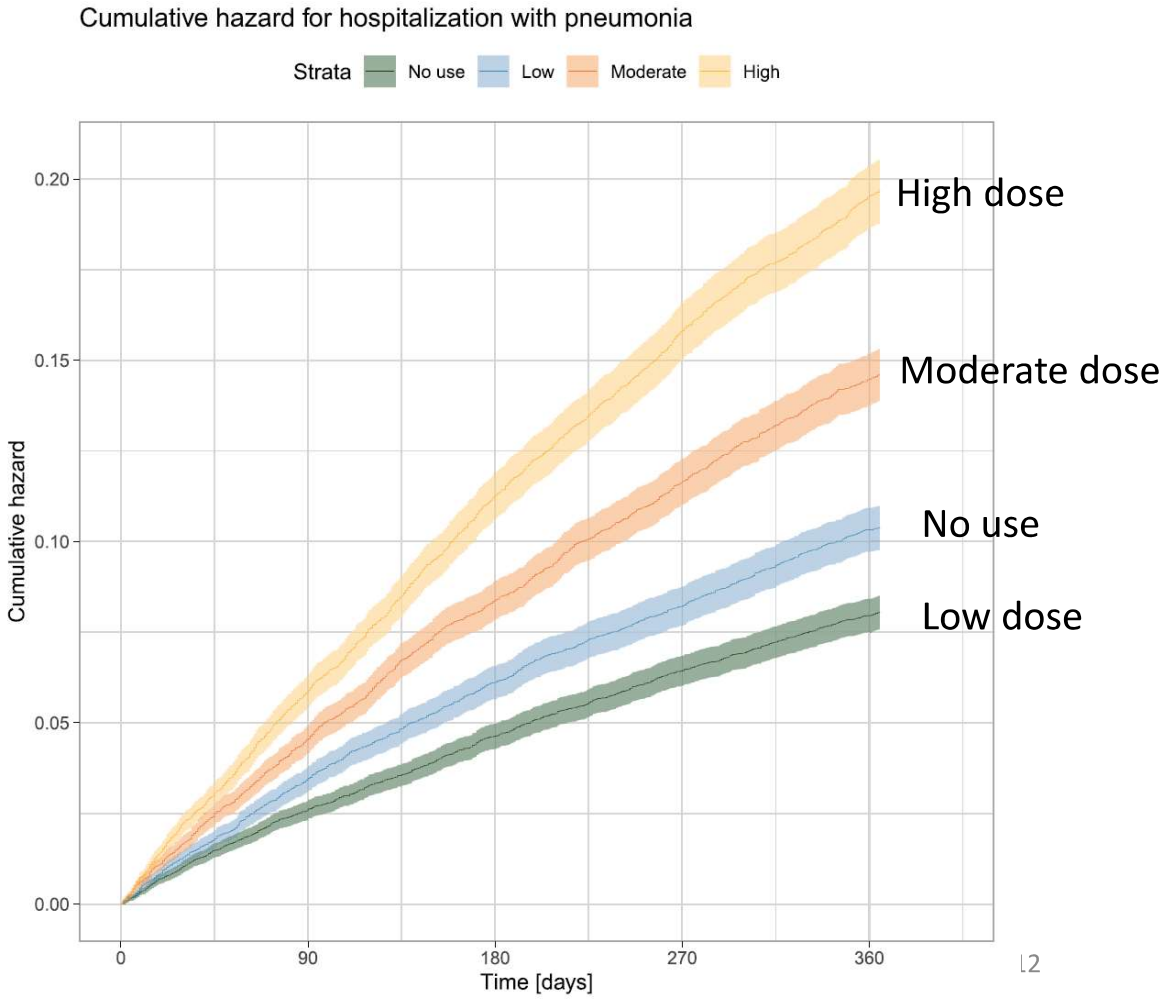
Outcome	Visit	Using/Observed (%)	*P* Value
Inhaled antibiotics	Baseline	248/486 (51.0)	—
	1 mo	186/417 (44.6)	—
	3 mo	97/195 (49.7)	—
	6 mo	145/429 (33.8)	<0.005
Azithromycin	Baseline	238/486 (49.0)	—
	1 mo	206/417 (49.4)	—
	3 mo	94/195 (48.2%)	—
	6 mo	191/429 (44.5%)	0.01

Hospitalization for chronic obstructive pulmonary disease and pneumonia: association with the dose of inhaled corticosteroids. A nation-wide cohort study of 52 100 outpatients

CMI CLINICAL MICROBIOLOGY AND INFECTION
ESCMID

- Cohorte rétrospective Danoise
- BPCO prise en charge en ambulatoire
- Corticostéroïdes inhalés
- N= 52 100
  - No use n=15 755
  - Low-dose n= 12 050
  - Moderate dose n = 12 488
  - High dose n= 11 807

- Effet dose : ↗ risque d'hospitalisation avec pneumonie



Fast multiplex bacterial PCR of bronchoalveolar lavage for antibiotic stewardship in hospitalised patients with pneumonia at risk of Gram-negative bacterial infection (Flagship II): a multicentre, randomised controlled trial

Pneumonie
Approche microbiologique

Lancet Respir Med 2022

Andrei M Darie, Nina Khanna, Kathleen Jahn, Michael Osthoff, Stefano Bassetti, Mirjam Osthoff, Desiree M Schumann, Werner C Albrich, Hans Hirsch, Martin Brutsche, Leticia Grize, Michael Tamm, Daiana Stolz

Pneumonie + indication LBA
N = 208

RCT

Culture conventionnelle

PCR multiplex bactérienne

Stratégie PCR: ↘ durée vers une prescription d'une antibiothérapie adaptée de 38,6 heures

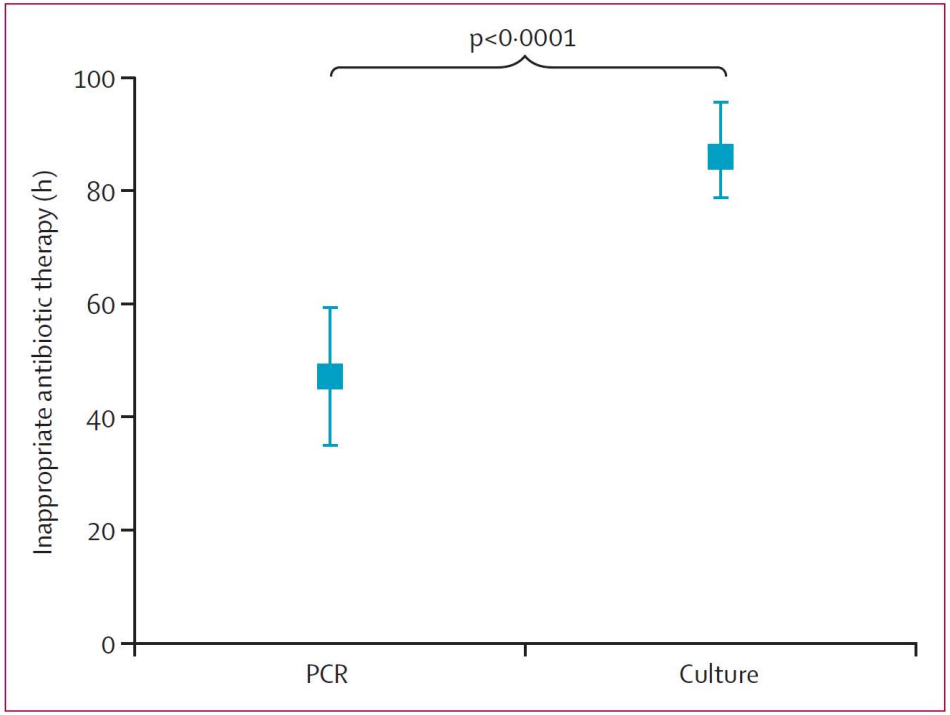
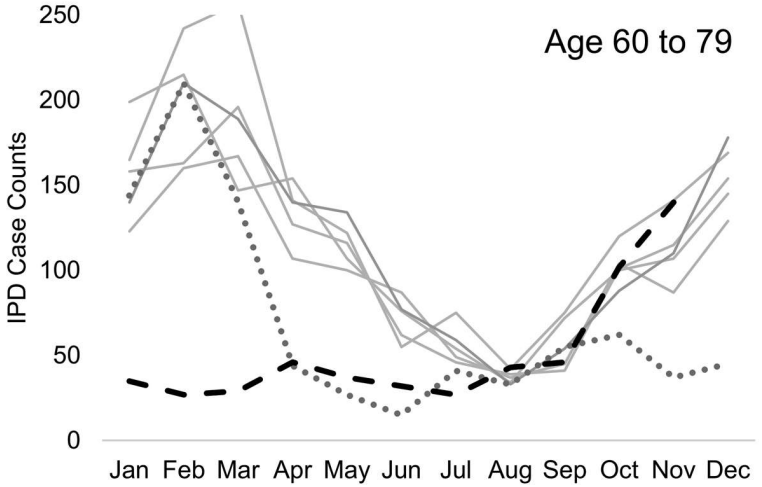


Figure 2: **Duration of inappropriate antibiotic therapy**

Reemergence of Invasive Pneumococcal Disease in Germany During the Spring and Summer of 2021



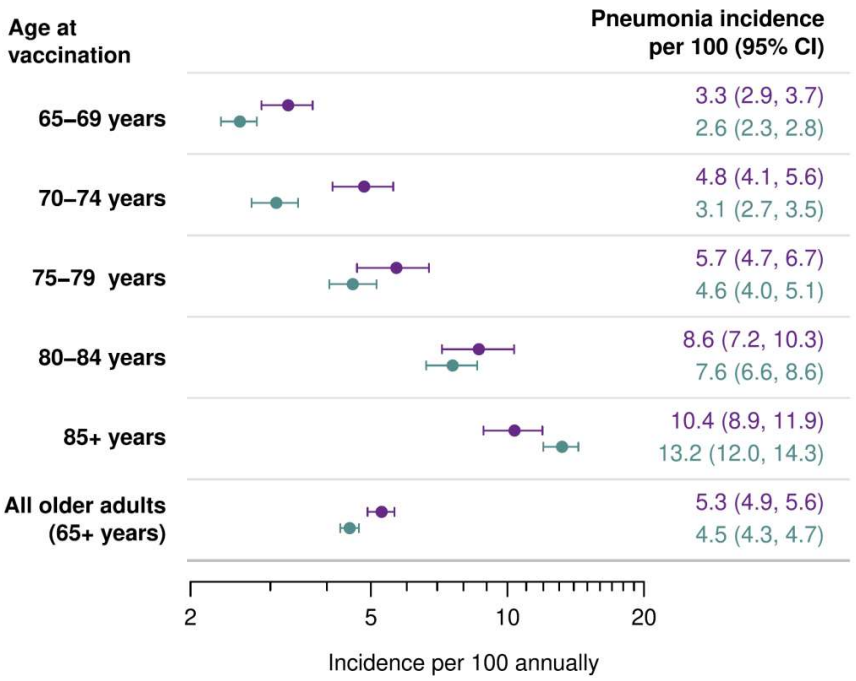
2015-2019 ····· 2020 – – – 2021

Perniciaro S. CID 2022

Effectiveness of 13-Valent Pneumococcal Conjugate Vaccine Against Medically Attended Lower Respiratory Tract Infection and Pneumonia Among Older Adults

Lewnard JA. CID 2022

42 700 adultes > 65 ans
Cohorte , Californie, 2016-19
Mesure de l'efficacité vaccinale



PCV13 not yet received

PCV13 received in prior year

Rifapentine access in Europe: growing concerns over key tuberculosis treatment component

Lorenzo Guglielmetti[1,2,3], Gunar Günther[4,5], Claude Leu[4], Daniela Cirillo[6], Raquel Duarte[7,8,9,10], Alberto L. Garcia-Basteiro[11,12], Delia Goletti[13], Mateja Jankovic[14], Liga Kuksa[15,16], Florian P. Maurer[17,18,19], Frédéric Méchaï[20], Simon Tiberi[21,22], Frank van Leth[23,24], Nicolas Veziris[2,25,26] and Christoph Lange[19,27,28,29] on behalf of the Study Group on Mycobacteria of the European Society of Microbiology and Infectious Diseases (ESGMYC), European Society of Mycobacteriology (ESM), European Respiratory Society (ERS) and the Tuberculosis Network European Trials group (TBnet)

- Rifapentine (1965)
- Longue demi vie
- Peu d'interactions médicamenteuses
- Réduction des durées de traitements avec un backbone comprenant la Rifapentine
  - Tuberculose infection: 1 mois (Swindells S. NEJM 2019)
  - Tuberculose maladie: 4 mois (Dorman SE. NEJM 2021)

- Va révolutionner la prise en charge des tuberculoses dès que nous y auront accès!!

Guglielmetti L. ERJ 2022

Comparison of 8 versus 15 days of antibiotic therapy for *Pseudomonas aeruginosa* ventilator-associated pneumonia in adults: a randomized, controlled, open-label trial

PAVM pseudomonas

iDIAPASON trial

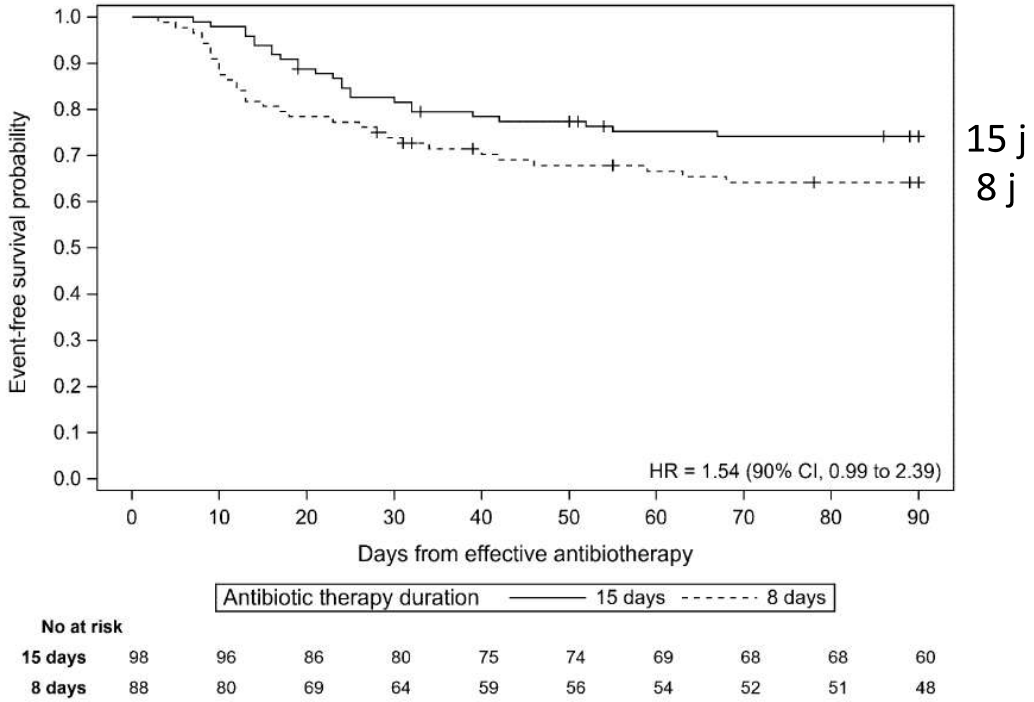
PAVM à Pseudomonas

RCT

8 jours **15 jours**

Pas de non infériorité démontrée du traitement court

Events-free days probability



15 j
8 j

Conclusion

- Beaucoup d’optimisme dans la prise en charge des infections respiratoires!!!

Je vous remercie