





Clinical Prediction Rule to Guide Diagnostic Testing for Shigellosis and Improve Antibiotic Stewardship for Pediatric Diarrhea

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Background. Diarrheal diseases are a leading cause of death for children aged <5 years. Identification of etiology helps guide pathogen-specific therapy, but availability of diagnostic testing is often limited in low-resource settings. Our goal is to develop a clinical prediction rule (CPR) to guide clinicians in identifying when to use a point-of-care (POC) diagnostic for Shigella in children presenting with acute diarrhea.

Methods. We used clinical and demographic data from the Global Enteric Multicenter Study (GEMS) study to build predictive models for diarrhea of Shigella etiology in children aged ≤59 months presenting with moderate to severe diarrhea in Africa and Asia. We screened variables using random forests, and assessed predictive performance with random forest regression and logistic regression using cross-validation. We used the Etiology, Risk Factors, and Interactions of Enteric Infections and Malnutrition and the Consequences for Child Health and Development (MAL-ED) study to externally validate our GEMS-derived CPR.

Results. Of the 5011 cases analyzed, 1332 (27%) had disarrhes of Shigella etiology. Our CPR had high predictive ability (area under the receiver operating characteristic curve = 0.80 [95% confidence interval, .79–.81]) using the top 2 predictive variables, age and caregiver-reported bloody disarrhes. We show that by using our CPR to triage who receives diagnostic testing, 3 times more Shigella disarrhes cases would have been identified compared to current symptom-based guidelines, with only 27% of cases receiving a POC diagnostic test.

Conclusions. We demonstrate how a CPR can be used to guide use of a POC diagnostic test for diarrhea management. Using our CPR, available diagnostic capacity can be optimized to improve appropriate antibiotic use.

Keywords. clinical prediction rule; diagnostic testing; diarrhea; point-of-care test; Shigella.

Despite medical advancements, diarrheal diseases remain a leading cause of death in children aged <5 years, with an estimated 960 million cases and 500 000 deaths worldwide, most of which occur in low- and middle-income countries (LMICs). While most episodes of diarrhea are self-limiting and treatment with oral rehydration adequate, antibiotics can reduce the severity and duration of some diarrhea etiologies, including

Shigella spp, the cause of shigellosis [1, 2]. Therefore, the World Health Organization's (WHO) 2014 updated Integrated Management of Childhood Illness (IMCI) recommends antibiotics for treatment of presumptive Shigella spp infection with severe diarrhea [3, 4]. In practice, antibiotics may also be administered for presumptive shigellosis if the patient is malnourished, even in the absence of IMCI-indicated diarrhea associated symptoms. Conversely, antibiotics can be expensive and may cause adverse effects, including hypersensitivity reactions, nausea, and prolonged symptoms for other diarrhea etiologies [5], and overuse of antibiotics can contribute to antimicrobial resistance [6-12]. Given changing resistance patterns, diarrhea etiology can inform antibiotic choice. Therefore, accurately identifying the etiology or cause of diarrhea is vital for proper management at the individual level and appropriate public health responses at the population level.

Laboratory-based diagnostics such as stool culture and polymerase chain reaction (PCR) remain the most commonly used methods of identifying diarrhea etiology, including Shigella spp [13–15]. Unfortunately, currently available laboratory

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Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser

Francis O'Grady, A. Percival

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The book delves into Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser. Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser is an essential topic that needs to be grasped by everyone, ranging from students and scholars to the general public. This book will furnish comprehensive and in-depth insights into Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser, encompassing both the fundamentals and more intricate discussions.

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 - Chapter 1: Introduction to Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser
 - o Chapter 2: Essential Elements of Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser
 - Chapter 3: Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser in Everyday Life
 - Chapter 4: Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser in Specific Contexts
 - Chapter 5: Conclusion
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- 3. In chapter 2, this book will delve into the foundational concepts of Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser. This chapter will elucidate the essential principles that must be understood to grasp Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser in its entirety.
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- 5. In chapter 4, the author will scrutinize the relevance of Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser in specific contexts. This chapter will explore how Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser is applied in specialized fields, such as education, business, and technology.
- 6. In chapter 5, the author will draw a conclusion about Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser. The final chapter will summarize the key points that have been discussed throughout the book. This book is crafted in an easy-to-understand language and is complemented by engaging illustrations. This book is highly recommended for anyone seeking to gain a comprehensive understanding of Prediction And Assessment Of Antibiotic Clinical Efficacy Beecham Colloquia Ser.

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