ESCMID announces late-breaking study results at ECCMID

Five abstracts presenting evidence on the efficacy of a new herpes zoster vaccine, a study on renal failure rates, as well as advances on the treatments of bacterial pneumonia urinary tract and intra-abdominal infections

Under strict embargo until 28 April 2015, Copenhagen: The European Society of Clinical Microbiology and Infectious Disease (ESCMID) – an organization that explores risk assessment, knowledge sharing and best practices in the fight against infectious disease – announces a live update on breaking science emerging at its annual congress, ECCMID 2015 in Copenhagen.

Each year the society selects key late-breaking abstracts – from the thousands submitted – and presents findings to the global infectious disease and microbiology community. These ground-breaking results were announced on Tuesday, 28 April 2015, at a dedicated session.

Winfried Kern, programme Director of ECCMID, commenting on this year’s selection: “The world’s most prominent scientists and clinicians attend ECCMID. The ESCMID Programme Committee brings the latest state-of-the-art scientific discoveries to the attention of the more than 10,000 attendees of the congress. This year was no exception, and we were delighted with the abstracts we received. We accepted nearly 3,000 posters for presentation and organized over 200 sessions, including keynotes, oral sessions and symposia but also workshops and meet-the-expert sessions. The top five of the 44 late-breaking abstracts we accepted for this year’s ECCMID were presented in a dedicated oral session. Our programme gives tremendous credit to the work being done to fight infectious disease globally. The results we have seen could potentially be of huge significance to the advancement of health globally.”

Summary interpretation of the top five late-breaking results presented at ECCMID:

Trial 1
A new vaccine shows great efficacy to prevent herpes zoster in over 50-year-old volunteers, and efficacy persists in older subjects. GlaxoSmithKline plc’s investigational subunit vaccine was used in a placebo-controlled trial with 14,759 volunteers over the age of
50. Vaccine or placebo was given in two doses two months apart, and the subjects were followed up after 3.2 years. Overall vaccine efficacy was 97% and did not differ significantly in any age group (e.g. 50-59 vs >70 years). Local and systemic reactions were more frequent in the vaccine group, but the incidence of serious adverse events, deaths or potential immune-mediated diseases was comparable.

**Conclusion:** “The new investigational subunit vaccine appears to be safe and proves to be effective in preventing herpes zoster in all age groups.”

**Trial 2**

Symptomatic therapy with diclofenac (a non-steroidal anti-inflammatory drug and painkiller) is inferior to norfloxacin in the treatment of uncomplicated urinary tract infections (UTI) in adult women: In a double-blind trial in Switzerland, 253 women (aged between 18 and 70 years) with UTI were randomized to receive either diclofenac or norfloxacin for three days to investigate UTI-related symptom resolution. Fosfomycin was given as rescue treatment if symptoms persisted after three days. The resolution of symptoms was lower with diclofenac (at day 3, 50% vs 77%) and lasted longer (mean time 3.1 days vs 23 days, p=.002). One patient in the diclofenac group developed pyelonephritis and needed to be hospitalized.

**Conclusion:** “Purely symptomatic treatment with diclofenac is inferior to therapy with the antibiotic norfloxacin for women with uncomplicated UTI.”

**Trial 3**

A new oral macrolide (solithromycin) is as effective as moxifloxacin in the treatment of community-acquired bacterial pneumonia (CABP), but the treatment duration is shorter for solithromycin, and it is more effective in older (≥75-year-old) patients. In the large randomized, double-blind trial SOLITAIRE-oral 860 patients from 16 countries with CABP were randomized to receive either Cempra Inc.’s oral therapy solithromycin for 5 days or oral moxifloxacin for 7 days. The efficacy was comparable (78% in solithromycin vs 78% in moxi group), but higher with solithromycin in those ≥75 years old (84% vs 70%). Side effects were comparable in both groups.

**Conclusion:** “The results indicate that a macrolide monotherapy could be a feasible and preferable alternative to using broad-spectrum quinolone in CABP patients.”

**Trial 4**

A new tetracycline derivative (eravacycline, a novel fluorocycline) shows promise in treating intra-abdominal infections: In the large (541 patients), double-blind, randomized controlled trial IGNITE1 Tetraphase Pharmaceutical Inc.’s eravacycline was compared with ertapenem in patients with intra-abdominal infections. A broad range of pathogens was isolated including *E. coli, P. aeruginosa, Klebsiella spp.*, *S. aureus, Bacteroides spp.*
streptococci and enterococci. Results indicated that eravacycline was non-inferior to ertapenem and that side effects were minimal and comparable.  
**Conclusion:** “Eravacycline could be a carbapenem-sparing agent to treat intra-abdominal infections and may prove a valuable agent for antimicrobial stewardship purposes.”

**Study 5**

**Polymyxin-B causes less nephrotoxicity than colistin:**

A prospective cohort study conducted in several centres in Brazil showed that two older polypeptide reserve drugs may differ regarding renal toxicity for salvage therapy in infections due to MDR gram-negative bacteria. Patients treated with colistin (colistimethate, CMS) (n=81) developed more renal failure than those receiving polymyxin B (n=162) (38% vs 16%), and this was associated with higher mortality.

**Analysis:** “Patients treated with CMS had significantly higher rates of renal failure compared to polymyxin B-treated patients. Polymyxins may be the preferred therapy in patients with other risk factors for nephrotoxicity.”

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For a full programme of seminars and sessions at ECCMID 2015, please visit:  
http://eccmid.meetingexpert.net/ECCMID_546/StaticContainer/Welcome

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