human rickettsiosis particularly at the primary care level. Since its symptoms can resemble those of other causes of acute fever, failure to diagnose rickettsiosis could lead to severe outcomes, including neurological complications, multi-organ dysfunction, and many more.
METHODS: A total of 50 subjects with acute febrile illness from three primary health centers were involved in this cross-sectional study. Blood collected from patients was retrospectively analyzed for rickettsiosis using Immunofluorescence Assay (IFA) IgM and polymerase chain reaction (PCR). The distribution of rickettsiosis was further stratified by age, laboratory findings, and initial diagnosis.
RESULTS: Among these 50 patients, seven were diagnosed with rickettsiosis based on blood work (IFA IgM: 5; PCR: 1; both: 1). Surprisingly, none of these individuals had initially been thought to have rickettsial infections. The infected population consisted mainly of adults (6 out of 7). Four rickettsiosis patients were initially diagnosed with typhoid fever, one with an upper respiratory tract infection, and two with nonspecific fever. Routine blood tests showed normal white blood cell counts in all cases.
CONCLUSIONS: These findings show the considerable underreporting of rickettsiosis in primary health care centers in Jakarta. It is important to enhance awareness and diagnostic capacity to prevent underdiagnosis and associated complications.

Clinical characteristics, management practices, and antimicrobial resistance of *Staphylococcus aureus* bacteremia: A retrospective single-center study

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AIM: *Staphylococcus aureus* bacteremia (SAB) remains as a major cause of mortality and antimicrobial resistance (AMR) worldwide. This study aimed to evaluate the clinical characteristics, management, and AMR rates of SAB.
METHODS: In this retrospective single-center study, adult patients hospitalized for SAB between 2018 and 2021 were evaluated. Demographic data, clinical and laboratory findings, antimicrobial susceptibility results, and mortality rates were obtained from medical records. A minimum evaluation bundle for managing of SAB was defined as full adherence to infectious diseases (ID) consultation, echocardiography and follow-up cultures.
RESULTS: A total of 260 patients with SAB were included, with a median age of 67 (IQR:57-80) years. Comorbidities were present in 95.4%. Primary SAB was identified in 45.8% of cases, with central line (24.6%) being the most common focus. Methicillin-resistant *S. aureus* (MRSA) accounted for 17.3% of cases, with over 30% resistance to erythromycin, clindamycin, and tetracycline in MRSA isolates. The overall mortality rate was 33.8%. Advanced age (OR: 1.027, p=0.018), malignancy (OR: 3.057, p=0.011), and intensive care unit (ICU) admission (OR: 17.095, p<0.001) were independent risk factors for mortality. A minimum evaluation bundle was performed in only 38.5% of patients; ID consultation (69.2%), follow-up cultures (79.6%), and echocardiography (45.8%).
CONCLUSIONS: Based on the study results, SAB caused high mortality, particularly among elderly patients, those with malignancies, and requiring ICU. Adherence to a minimum evaluation bundle was achieved in only one third of the patients. These findings highlight the need for improved management strategies to enhance outcomes in SAB patients.

Evaluation of urinary tract infection in the elderly patients: a multicenter prospective study

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AIM: The study aimed to ascertain the indications for urine culture in inpatients over 65, the prevalence of asymptomatic bacteriuria and urinary tract infection (UTI), and the compliance of antimicrobial treatments with national/international guidelines and their suitability for geriatric age.
BACKGROUND: UTIs are the most common bacterial infection in the elderly population and cause morbidity and mortality.
METHODS: A multicenter, prospective observational study was conducted, including elderly patients who were sent urine cultures. Demographic profiles, clinical and laboratory features, antimicrobial susceptibility patterns, and outcomes were documented and analysed.
RESULTS: A total of 550 urine cultures taken from 3 university hospitals were included and 382 patients (71.0%) with infectious diseases (ID) consultation were evaluated. The most common reasons to perform urine culture are the presence of symptoms (22.0%), elevation of C-reactive protein (19.3%), and the search for focus on infection (15.8%). The microorganism growth rate in urine cultures evaluated by ID specialists was 41.4% (158/382). The gram-negative bacteria isolation rate was 68.6%, while the gram-positive and candida growth rates were 17.3% and 14.1%, respectively. *E. coli* and *K. pneumoniae* were the most frequent bacteria (43.7% and 21.5%). The prevalence of asymptomatic bacteriuria was 11.4%, and 27.8% of these patients were prescribed antibiotics. A total of 136 of 158 patients (86.1%) with growth in urine culture died, and the mortality rate was higher than patients without bacteriuria (p <0.001).
CONCLUSIONS: Mortality rate is very high in elderly patients with UTIs. There is an urgent need for antimicrobial stewardship programs in this group.

Aggravating factors and post COVID-19 conditions in COVID-19 patients complicated with autoimmune rheumatic diseases

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