

Catheter-related infections: does the spectrum of microbial causes change over time?

N. Buetti¹, E. Lo Priore¹, A. Atkinson¹, A.F. Widmer², A. Kronenberg³, J. Marschall¹ and the Swiss Centre for Antibiotic Resistance (ANRESIS*)

1) Department of Infectious Diseases, University Hospital Bern, Bern, Switzerland, 2) Division of Infectious Diseases and Hospital Epidemiology, University Hospital Basel, Basel, Switzerland, 3) Institute for Infectious Diseases, University of Bern, Bern, Switzerland

Background:

Catheter-related bloodstream infections (CRBSI) are associated with increased morbidity, mortality, and healthcare costs. The incidence of CRBSI has rarely been investigated on a national scale in European countries, given the difficulty in obtaining clinical information.

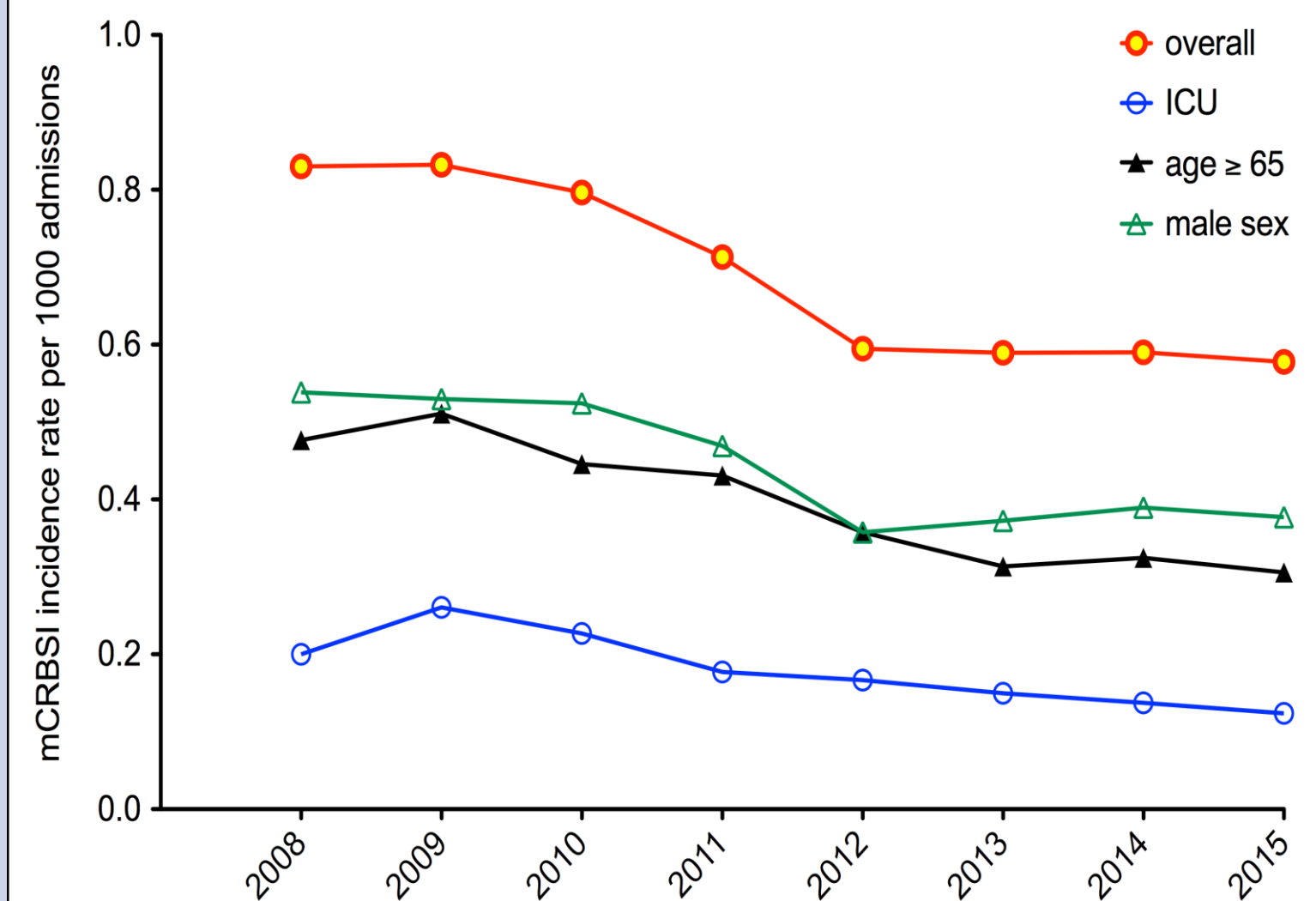
Materials/methods:

- We conducted a nationwide, observational study on CRBSI using data from the national surveillance database (ANRESIS) from 2008-2015.
- We used a modified CRBSI definition (mCRBSI) defined as isolating the same microorganism with identical antibiogram from blood cultures (performed ± 7 days around the catheter removal) as the one recovered from the catheter tip.
- Incidence rates of mCRBSI were calculated per 1000 admissions using national data on hospital statistics.
- Trend analyses for specific factors and microorganism groups were performed using a Poisson regression model.

Results I: Overall Trends and Subgroups (Fig. 1):

- 2'741 mCRBSI episodes were reported between 2008 and 2015
- mean incidence rate: 342 episodes per year
- mCRBSI incidence rate decreased from 0.83 to 0.58 episodes/1000 admissions (-6% per year, $p < 0.001$)
- The most notable trends were observed in:
 - individuals aged ≥ 65 years (-3% per year, $p = 0.04$)
 - university hospitals (-4% per year, $p = 0.009$)
 - ICU departments (-4% per year, $p = 0.04$)

Figure 1: Incidence of mCRBSI per 1000 hospital admissions: overall trends and subgroups

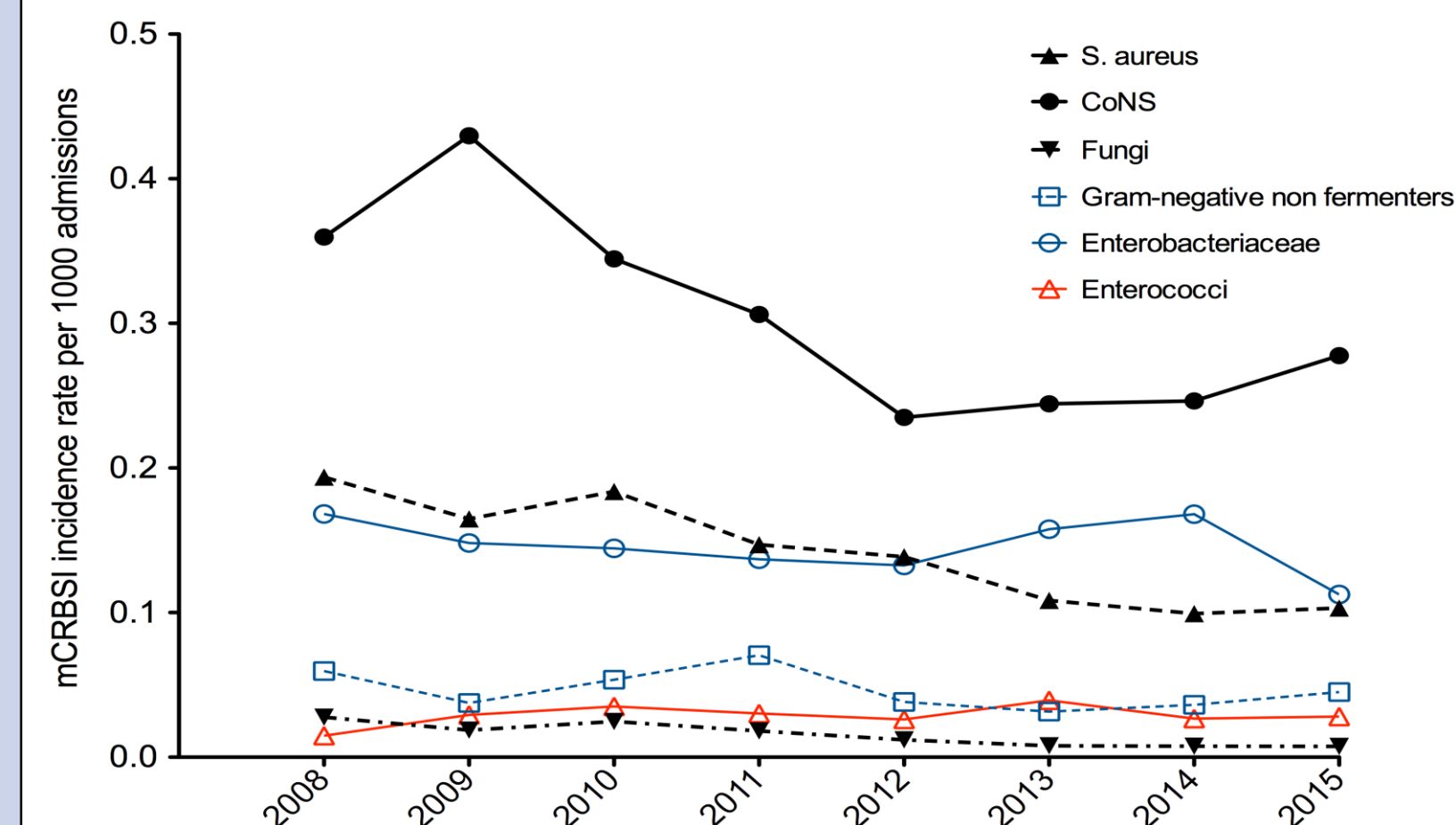


Note: ICU, intensive care unit. All trends were significant.

Results II: Causative Organisms (Fig. 2):

- Exhibited decreasing trends:
 - Coagulase negative Staphylococci (-7% per year, $p < 0.001$)
 - *S. aureus* (-10%, $p < 0.001$)
 - Fungi (-20%, $p < 0.001$)
- Trends remained stable:
 - Enterobacteriaceae (-2%, $p = 0.25$),
 - Gram-negative non-fermenters (-5%, $p = 0.1$)
 - Enterococci (+3%, $p = 0.39$)

Figure 2: Incidence of mCRBSI by causative organism



Note: CoNS, Coagulase-negative Staphylococci. CoNS, *S. aureus* and fungi showed a significant decrease (black line).

Conclusions:

The overall incidence of mCRBSI in Switzerland is decreasing. However, mCRBSI due to Enterococci and Gram-negative microorganisms did not change over time. These pathogens may grow in importance in catheter-related infections, which would have clinical implications for the choice of empiric treatment.

References:

- Rodriguez-Creixems M et al. Evolution and aetiological shift of catheter-related bloodstream infection in a whole institution: The microbiology department may act as a watchtower. Clin Microbiol Infect. 2013.
- Pinholt M et al. Incidence, clinical characteristics and 30-day mortality of enterococcal bacteraemia in Denmark 2006-2009: A population-based cohort study. Clin Microbiol Infect. 2014.
- Marcos M et al. Changing epidemiology of central venous catheter-related bloodstream infections: Increasing prevalence of gram-negative pathogens. J Antimicrob Chemother. 2011.