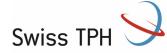
The effect of the SARS-CoV-2 pandemic on community-acquired blood stream infections with extended-spectrum β-lactamase-producing Escherichia coli in Switzerland



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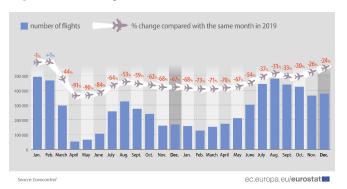
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Introduction

International travel is a known risk factor for colonization (1,2) and infection (3,4) with extended-spectrum β-lactamase (ESBL)-producing Enterobacterales, especially Escherichia coli. While colonization rates in returning travellers can be as high as 90% (1), data on the absolute effect of international travel on the incidence of community-acquired infections with ESBL-producing E. coli is

During the SARS-CoV-2 pandemic, international travel was severely restricted. In 2020 and 2021, the number of flight passengers worldwide amounted to 1.8 billion and 2.2 billion, a reduction of 60.2% and a 50.0% compared to 2019 (www.iata.org). In the European Union, flight numbers went down as much as 91% at certain points in time compared to 2019 in 2020 (see Figure 1).

Figure 1: Commercial flights in the EU in 2020 and 2021



To assess the effect of the SARS-CoV-2 pandemic and its associated travelling ban on the ESBL rate in E. coli causing community-acquired blood stream infections in Switzerland.

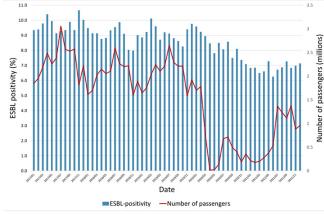
Methods

Monthly data on the proportion of ESBL-positivity in community-acquired blood stream infections with E. coli before (01/2017-02/2020) and during the SARS-CoV-2 pandemic (03/2020-12/2021) were compared using the Wilcoxon rank sum test. Blood stream infections were considered community-acquired if the positive blood cultures were taken within 48 hours after hospitalization. Additionally, the monthly proportion of ESBLs among all E. coli strains identified in blood stream infections were correlated with the monthly number of Swiss passengers departing from airports in Switzerland during the same time period using nonparametric measure of rank correlation (Spearman correlation).

Results

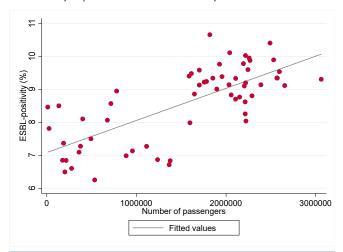
The average monthly proportion of ESBL-positivity in community-acquired blood stream infections with E. coli went down by almost one fifth during the SARS-CoV-2 pandemic, from 9.3% (95% CI 9.1-9.5%) pre-pandemic to 7.3% (95% CI 7.0-7.6%), a statistically significant difference (p < 0.001).

Figure 2: Proportion of ESBL-positivity and number of passengers (2017-2021)



Furthermore, a strong positive correlation between the monthly number of air passengers departing from airports in Switzerland and the monthly proportion of ESBL-positivity in community acquired blood stream infections with E. coli could be observed ($r_s = 0.68$, p < 0.001).

Figure 3: Association between number of passengers and ESBL-positivity (%) in community-acquired blood stream infections by month



Conclusion

During the SARS-CoV-2 pandemic, a decrease in the proportion of ESBLpositivity in community-acquired blood stream infections with E. coli could be observed. One possible explanation is the reduction in international travel during the pandemic.

- References:

 1. Kuenzil E, Jaeger VK, Frei R, Neumayr A, DeCrom S, Haller S, Blum J, Widmer AF, Furrer H, Battegay M, Endimiani A, Hatz C. High colonization rates of extended-spectrum β-lactamase (ESBI)-producing Escherichia coli in Swiss travellers to South Asia a prospective observational multicentre cohort study looking at epidemiology, microbiology and risk factors. SMC Infect Dis 2014;145:58.

 2. Arcilla MS, van Hattem JM, Haverkate MR, Bootsma MCJ, van Genderen PJJ, Goorhuis A, Grobusch MP, Oude Lashof AM, Molhoek N, Schultz C, Stobberingh EE, Cebrrugh HA, de long MD, Melles DC, Penders J. Import and spread of extended-specticae by international travellers (COMBAT study): a prospective, multicentre cohort study. Lancet Infect Dis 2014;141:141:141.
- 3. Kuster SP, Hasse B, Huebner V, Bansal V, Zbinden R, Ruef C, Ledergerber B, Weber R. Risk factors for infection with extended-spectrum beta-lactamase-producing Escherichia coli and Klebsiella pneumoniae at a tertiary care university hospital in Switzerland. Infection
- Osthoff M, McGuinness SL, Wagen AZ, Eisen DP. Urinary tract infections due to extended-spectrum β -lactamase-producing Gram-negative bacteria: identification of risk factors and outcome predictors in an Australian tertiary referral hospital. Int J Infect Dis 2015:34:79-83.







