



We sought to describe time-trends in CLABSI rates, infections by ICU peer-groups, etiology, and antimicrobial susceptibility of pathogens in a large cohort of Australian ICUs for the period January 1, 2009-December 31, 2013” Worth et al (2015).

Reference:

Worth, L.J., Spelman, T., Bull, A.L., Brett, J.A. and Richards, M.J. (2015) Central line-associated bloodstream infections in Australian intensive care units: Time-trends in infection rates, etiology, and antimicrobial resistance using a comprehensive Victorian surveillance program, 2009-2013. American Journal of Infection Control. May 28th. .

Central line-associated bloodstream infections in Australian intensive care units
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Abstract:

BACKGROUND: The epidemiology of central line-associated bloodstream infections (CLABSI) in Australian intensive care units (ICUs) has not previously been reported. We sought to describe time-trends in CLABSI rates, infections by ICU peer-groups, etiology, and antimicrobial susceptibility of pathogens in a large cohort of Australian ICUs for the period January 1, 2009-December 31, 2013.

METHODS: Using National Healthcare Safety Network methods, CLABSI surveillance in adult

patients was performed by hospitals participating in the Victorian Healthcare Associated Infection Surveillance System (n = 29). Hospitals were grouped by location, sector, and teaching status.

RESULTS: Overall, 384 CLABSI events were reported over 303,968 central venous catheter (CVC)-days, corresponding to a rate of 1.26/1,000 CVC-days (95% confidence interval, 1.14-1.40). Every 1-year increase was associated with a 26% reduction in CLABSI risk (risk ratio, 0.74, 95% confidence interval, 0.69-0.80; $P < .001$). The most frequently identified pathogens were *Enterococcus* spp (26.3%), followed by *Candida* spp (15.4%) and *Staphylococcus aureus* (13.3%). CLABSI due to *Enterococcus* spp, *S aureus*, and coagulase-negative *Staphylococcus* spp displayed significant reductions over time.

CONCLUSIONS: Internationally accepted surveillance methods have been employed in Australia, demonstrating CLABSI rates comparable to medical/surgical ICUs in the United States and a reduction in pathogen-specific infections over a 5-year period.

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