



This study was done to describe the incidence and outcomes of primary hospital-acquired bloodstream infection (HABSI) secondary to *Staphylococcus aureus* (SA) that did and did not meet the National Healthcare Safety Network’s (NHSN’s) definition for central line-associated bloodstream infection (CLABSI)” Kovacs et al (2016).

Abstract:

Background: This study was done to describe the incidence and outcomes of primary hospital-acquired bloodstream infection (HABSI) secondary to *Staphylococcus aureus* (SA) that did and did not meet the National Healthcare Safety Network’s (NHSN’s) definition for central line-associated bloodstream infection (CLABSI).

Methods: Consecutive hospitalized patients during a 48-month study period with an SA HABSI were categorized according to those who did and did not meet the NHSN’s definitions for CLABSI and non-CLABSI. Primary outcomes were mortality at 30 days and 1 year. Secondary outcomes were the incidence of complicated bacteremia and the need for operative intervention secondary to the HABSI event.

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Results: A total of 122 episodes of primary SA HABSIs were identified: 78 (64%) were CLABSIs, and 44 (36%) were non-CLABSIs. Overall 30-day and 1-year mortality in the cohort was 21.3% and 38.5%, respectively, and did not differ significantly between the 2 groups. Complicated SA HABSI was significantly more common in the non-CLABSI group (15.9% [n = 7] vs 0% [n = 0], $P \leq .001$).

Conclusions: Primary SA HABSI was associated with significant 30-day and 1-year mortality. Complications from SA non-CLABSI requiring surgical intervention were significantly more common than in those with a CLABSI event. Our findings affirm the significance of non-device-related hospital-acquired infections.

Reference:

Kovacs, C.S., Fatica, C., Butler, R., Gordon, S.M. and Fraser, T.G. (2016) Hospital-acquired Staphylococcus aureus primary bloodstream infection: A comparison of events that do and do not meet the central line-associated bloodstream infection definition. American Journal of Infection Control. May 5th. .

DOI: <http://dx.doi.org/10.1016/j.ajic.2016.03.038>

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