

Presentation Type:

Poster Presentation

Finding The Source Of Bacterial Sepsis And Its Impact On Sepsis Related Outcome, The Bundle That Fumble

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Background: Sepsis is currently one of the important global health issues due to its complexity from pathophysiologic, clinical, and therapeutic viewpoints. Most sepsis-related studies are from the West, where all the patients were grouped together failing to identify specific patient populations that may actually benefit from a particular intervention. We investigated the characteristics and impact of the source of infection on sepsis-related ICU outcomes among critically ill adult patients **Methods:** A prospective ICU based observational study was conducted over 15 months in a tertiary-care hospital in southern India. Our study included all critically ill patients (≥ 18 years old) who were admitted either with existing a new episode of sepsis with suspected or documented bacterial infections within 24 hours of ICU admission with SOFA score ≥ 2 . Basic demographics, the clinical presentation with the anatomical site of infection and outcome were noted. Categorical variables were compared using the χ^2 test, and continuous variables were compared using 1-way analysis of variance (ANOVA). Cox regression was used to determine the effect of sepsis source on 28-day mortality. **Results:** Among the 4,548 patients screened during the study period, 400 were recruited, with a mean age of 55.7 ± 16 years, among whom 276 (61%) were men. The mean SOFA score at admission was 9.9 ± 2.7 . Bacteremia was observed among 99 cases (24.8%), predominantly gram-negative sepsis (65 of 99, 65.6%). The source for blood culture positivity was determined in 48 of 99 cases (48.4%). Successful isolation of the bacteria was achieved from other anatomical sites in 115 patients (37.8%) where blood culture remained negative. The most common source of sepsis was lung (67 of 400, 16.7%) followed by skin and soft-tissue infection (56 of 400, 14%). Patients treated with steroids were more prone to develop a respiratory infection ($P = .001$), whereas renal impairment was correlated with urinary tract infection ($P = .001$). Patients with respiratory infections had a longer ICU stay ($P < .001$). The overall in-hospital mortality

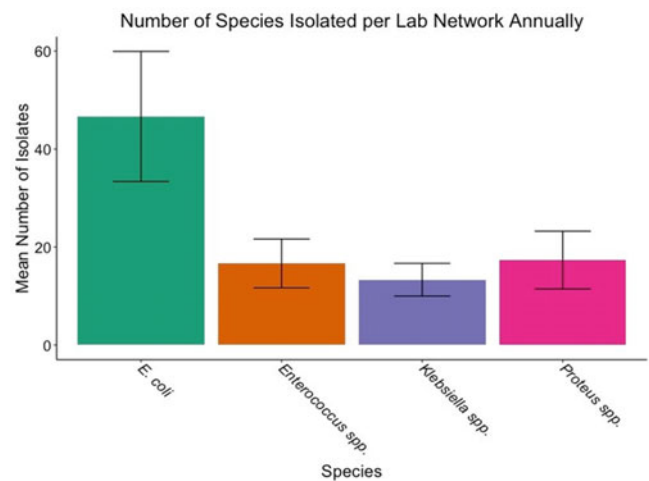


Fig. 2.

was 37.2%. Multivariable Cox regression showed patients with genitourinary infection (HR, 2.23; $P = .04$) and implantable devices (HR, 11.30; $P = .17$) were at higher risk of death. **Conclusions:** Site-specific infection was a significant predictor of mortality in our study. These factors should be taken into consideration and warrant further evaluation to understand their specific roles in adverse outcomes among a cohort of patients diagnosed with sepsis.

Funding: None**Disclosures:** None

Doi:10.1017/ice.2020.788

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Poster Presentation

First Candida auris Outbreak Experience in a Tertiary-Care General Hospital in Qatar, 2019

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Background: *Candida auris* is an invasive, multidrug-resistant pathogen that can cause outbreaks in hospitals. The mode of transmission is through contaminated hospital items such as fomites and staff interventions. The outbreak of *Candida auris* affecting 13 patients at the medical intensive care unit (MICU) and medical inpatient unit, either in the form of infection or colonization, is the first documented *C. auris* outbreak in the Qatar. **Methods:** The first case was identified in November 2018 in a patient colonized in the respiratory tract. *Candida auris* biweekly tests were conducted. The second to fourth cases were confirmed in the MICU admitted in the same room (room 2). The fifth case was identified incidentally and was not part of the screening in another ward (6 North Medical Inpatient Unit), and 4 weeks later, *Candida auris* was isolated from the urine and throat of a patient on this ward. The realization that case 5 was an index case changed the direction of the outbreak investigation, and expanded screening was started among the medical inpatients. When the IPC team identified cases 6–11 and 13,

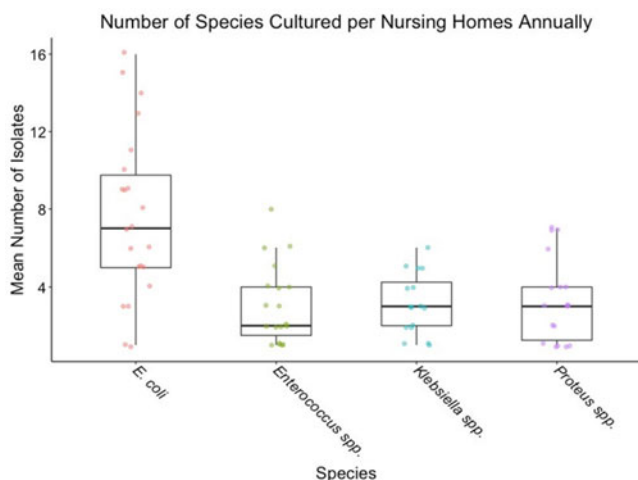


Fig. 1.