

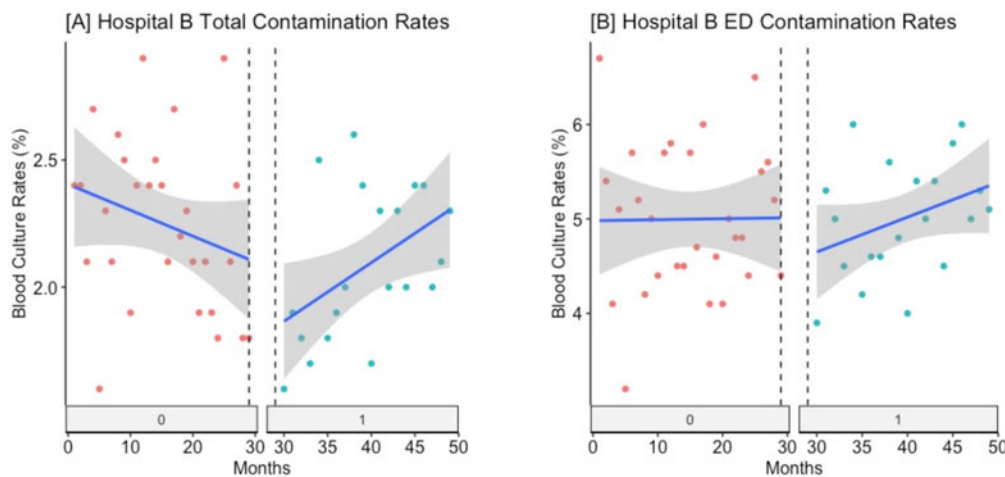
Figure 2A/B: Hospital B Total (A) and ED (B) Blood Culture Contamination Rates

Figure 2A/B Legend: Blood culture contamination rates before (red dots) and after (turquoise dots) implementation of the intervention (dotted line [Month 29]) at Hospital A.

Fig. 2**Presentation Type:**

Poster Presentation

Differences in Device-Associated Infections Rates in Argentina

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Background: Infection control programs (ICPs) are essential to reducing, in a progressive and sustained manner, healthcare-associated infections (HAIs). To achieve this goal these programs need not only resources (ie, trained human resources and financial resources) but also institutional leadership support. In our country, epidemiological surveillance is voluntary and is registered in the Argentina National Hospital Infection Surveillance System (VIHDA) where 114 hospitals and 78 adult intensive care unit (ICU) report their HAI rates. Many of these institutions do not have IPC or specific resources for this purpose. On the other hand, there are institutions with IPC, recognized by an international accreditation like Joint Commission International, that carry out an advanced and continuous program, with specific improvement goals for prevention and infection control. There is an imperative need in low- and middle-income countries to highlight the impact of ICPs in this setting and to promote regulations for mandatory surveillance and ICPs in all acute-care hospitals. **Objective:** To compare the rates for device-associated infections in ICUs of institutions with advanced ICPs versus national rates. **Design:** We conducted an observational, retrospective study, which includes device associated infection rates in adult critical care units from 2014 to 2018. We included all ICUs reporting to VIHDA and 3 surgical-medical teaching hospitals with an advanced ICP and Joint Commission International accreditation (Hospital Italiano de Buenos Aires, Hospital Universitario Austral, Hospital Aleman).

The VIHDA definition was used to define central line-associated bloodstream infection (CLABSI), catheter-related urinary infection (CAUTI), and ventilator-associated pneumonia (VAP). The rates were compared as adjusted reasons for exposure time using openepi.com software provided by the CDC. **Results:** Device associated infection rates in hospitals with advanced ICPs and in hospitals in the national surveillance system in Argentina are shown in Table 1. Compliance with infection control measures and bundles for device-associated infections in the 3 hospitals with advanced ICPs was >80%. No data were available for the rest of hospitals included the national surveillance system. **Conclusions:** Lower infection-control rates, catheter-related bloodstream infection and VAP, are possible in a middle-income country like Argentina when resources are allocated for this purpose and hospital leadership reinforces the efforts. Notably, all 3 hospitals improved their rates over time. The differences in catheter-related bloodstream infection and VAP rates between these hospitals and the rest of the hospitals in our surveillance system was significant and highlights the need for support when it comes to implementing ICPs.

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Table 1.

	BSI			VAP			CAUTI		
	JCI HOSPITAL	VIHDA	p	JCI HOSPITALS	VIHDA	p	JCI HOSPITALS	VIHDA	p
2014	4	4.1	0.44	7.6	10.6	0.03	2.5	3.5	0.14
2015	4	6.6	0.002	6.8	11.5	0.001	3.3	3.1	0.89
2016	3.8	5.6	0.03	6.6	11.5	0.0003	2.3	3.1	0.18
2017	3.5	5.6	0.006	7.1	10.1	0.03	2.6	4.1	0.02
2018	2.6	5.7	0.00003	5.8	11.7	0.00001	1.8	2.7	0.1