Fluimucil®) frequently bought and remaining unreimbursed. Overall and across ATC3 groups, the correlation between NIDHI and IQVIA estimates was almost perfect across years and the Bland–Altman plots showed high agreement. **Conclusion:** Reimbursement data are reliable for outpatient AMC monitoring with slightly lower estimates than retail data across most categories. The 2018 quinolone reimbursement criteria change highlights the necessity of incorporating retail data for accurate assessments in this specific category. The synergistic use of reimbursement and retail datasets is crucial for a comprehensive understanding of consumption patterns, supporting effective AMR mitigation strategies in Belgium.

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Presentation Type:
Poster Presentation - Poster Presentation
Subject Category: Surveillance
Variability of MDRO Reporting Across Tennessee Microbiology Laboratories

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Background: Identification and timely reporting of multi-drug resistant organisms (MDROs) drives efficacy of infection prevention efforts. Data on MDRO reporting timeliness and inter-facility variability are limited. Facility-dependent variability in MDRO reporting across Tennessee was examined to identify opportunities for MDRO surveillance improvement. **Methods:** Data for reported Tennessee MDROs including carbapenem-resistant Enterobacterales (CRE), carbapenem-resistant Acinetobacter baumannii (CRAB), Carbapenem-resistant Pseudomonas aeruginosa (CRPA) and Candida auris, were obtained from the southeast regional Antibiotic Resistance Laboratory Network (ARLN) from 2018-2022, excluding screening and colonization specimens. Variance in days accrued from specimen collection to ARLN receipt was analyzed using one-way analysis of variance (ANOVA) with Tukey's test (SAS 9.4). Facilities were categorized as fast (1-10 days), slow (11-20 days), or delayed (21-100 days) reporters. **Results:** There were 9,569 MDRO isolates reported. CRPA was reported faster than other MDROs ($p < 0.001$), while specimens from West Tennessee compared to other regions ($p < 0.001$) (Figure) and blood cultures compared to other specimens were reported more slowly ($p < 0.001$) (Table). There was no difference in reporting times for facilities using on-site microbiology laboratories versus reference laboratories ($P = 0.062$). **Conclusion:** MDRO reporting times varied across Tennessee by region, specimen, and organism. Future work to elucidate drivers of variability will consist of surveys and focused interviews with laboratory personnel to identify shared and unique barriers and opportunities for improvement.

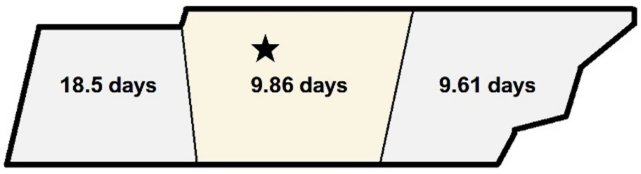

Figure. Three grand divisions of Tennessee (West, Middle, and East) with average time to report. ARLN site denoted by star.

Table. Reporting Times

	Fast (%)	Slow (%)	Delayed (%)	Average Time to Report in Days (SD)	ANOVA P-Value
MDRO Type					<.0001
CRAB	436 (67.39)	154 (23.8)	57 (8.81)	11.16 (10.23)	
CRE	4282 (67.39)	1671 (26.3)	1671 (26.3)	10.84 (9.09)	
CRPA	1933 (75.63)	568 (22.22)	55 (2.15)	8.82 (5.51)	
Candida auris	6 (50)	5 (41.66)	1 (8.3)	11.17 (5.10)	
Reporting Region					<.0001
East	2474 (70.2)	950 (26.96)	100 (2.84)	9.61 (5.52)	
Middle	3094 (74.48)	840 (20.22)	220 (5.3)	9.86 (9.02)	
No Identified Location	836 (65.36)	419 (32.76)	24 (1.88)	9.86 (3.57)	
West	253 (41.34)	189 (30.88)	170 (27.78)	18.50 (16.79)	
Specimen Type					<.0001
Abscess and Wound	861 (71.27)	297 (24.59)	50 (4.14)	9.76 (7.34)	
Blood	242 (65.94)	88 (23.98)	37 (10.08)	12.17 (12.31)	
Lower Respiratory	695 (71.87)	225 (23.27)	47 (4.86)	9.64 (7.04)	
Urine	3180 (68.79)	1259 (27.23)	184 (3.98)	10.08 (7.31)	
All other	1679 (69.84)	529 (22.00)	196 (8.15)	11.04 (10.38)	

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Serratia marcescens Burden in a Neonatal Intensive Care Unit: Colonization Rate, Clinical Infections and Strain Relatedness

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Background: Serratia marcescens (S. marcescens) is an environmentally associated organism known for causing healthcare associated infections and outbreaks in neonatal intensive care units (NICUs). The colonization or infection rates in NICU settings remain uncertain. This study aims to evaluate the rate of baseline colonization and clinical infection and relatedness of S. marcescens isolates. **Methods:** Prospective surveillance of rectal colonization and clinical infection of S. marcescens was conducted on patients admitted to the NICU at Mount Sinai Hospital in Toronto, Ontario, from March 1, 2023, to September 30, 2023. The NICU is a 57

Figure 1: Patients chronological age at S. mercescens detection in accordance to strain