

Local validation of methicillin-resistant *Staphylococcus aureus* and *Pseudomonas aeruginosa* prevalence in a community hospital: A cross-sectional retrospective cohort study

PRESENTER
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Background

Current management guidelines for CAP recommend against using the category HCAP as a basis for selecting extended-spectrum therapy

Methods

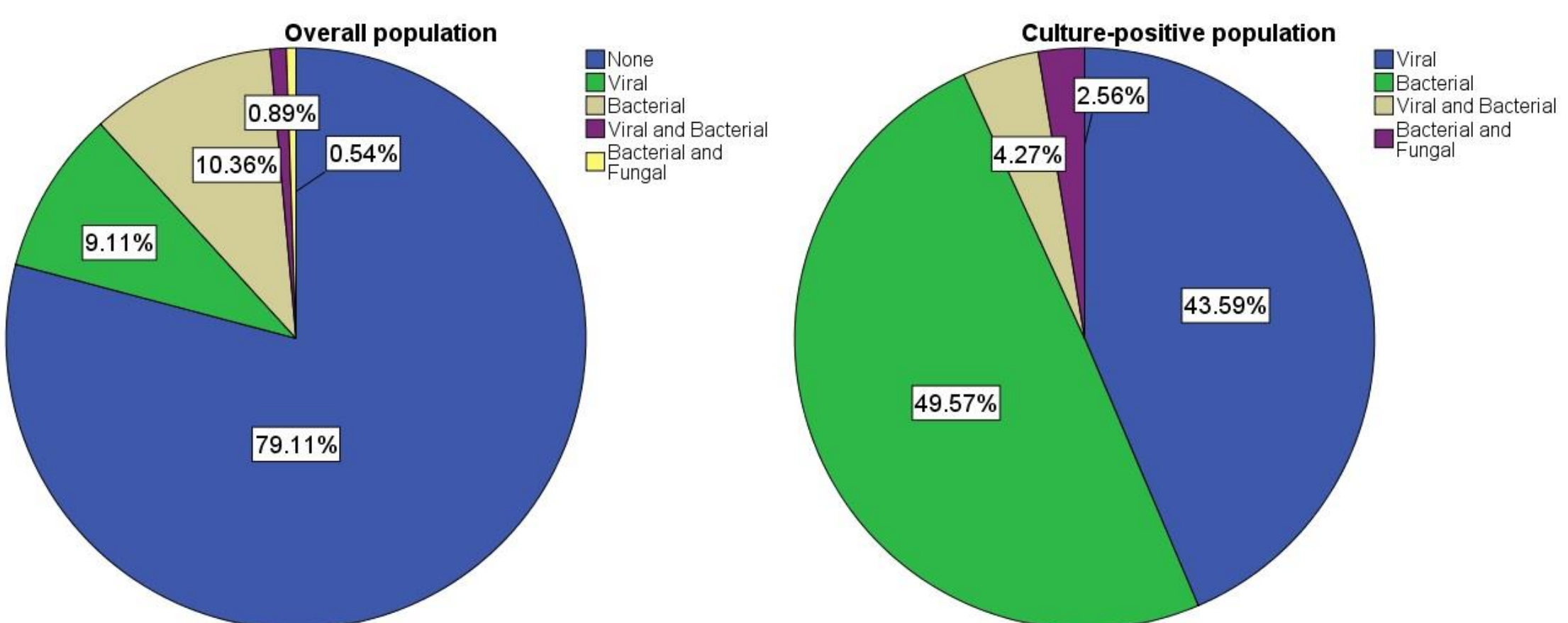
N=560
Adult patients with HCAP (ICD-10-CM code J18.9)

Community hospital in Evanston, Illinois
January 1, 2017 – December 31, 2021

Regression analyses
To compare our local data with previously reported US HCAP and CAP populations

1. Kollef MH. Chest. 2005 Dec;128(6):3854-62. doi: 10.1378/chest.128.6.3854.
2. Aliberti S. Lancet Infect Dis. 2016 Dec;16(12):1364-1376. doi: 10.1016/S1473-3099(16)30267-5.
3. Restrepo MI. Eur Respir J. 2018 Aug 9;52(2):1701190. doi: 10.1183/13993003.01190-2017.

Extra results

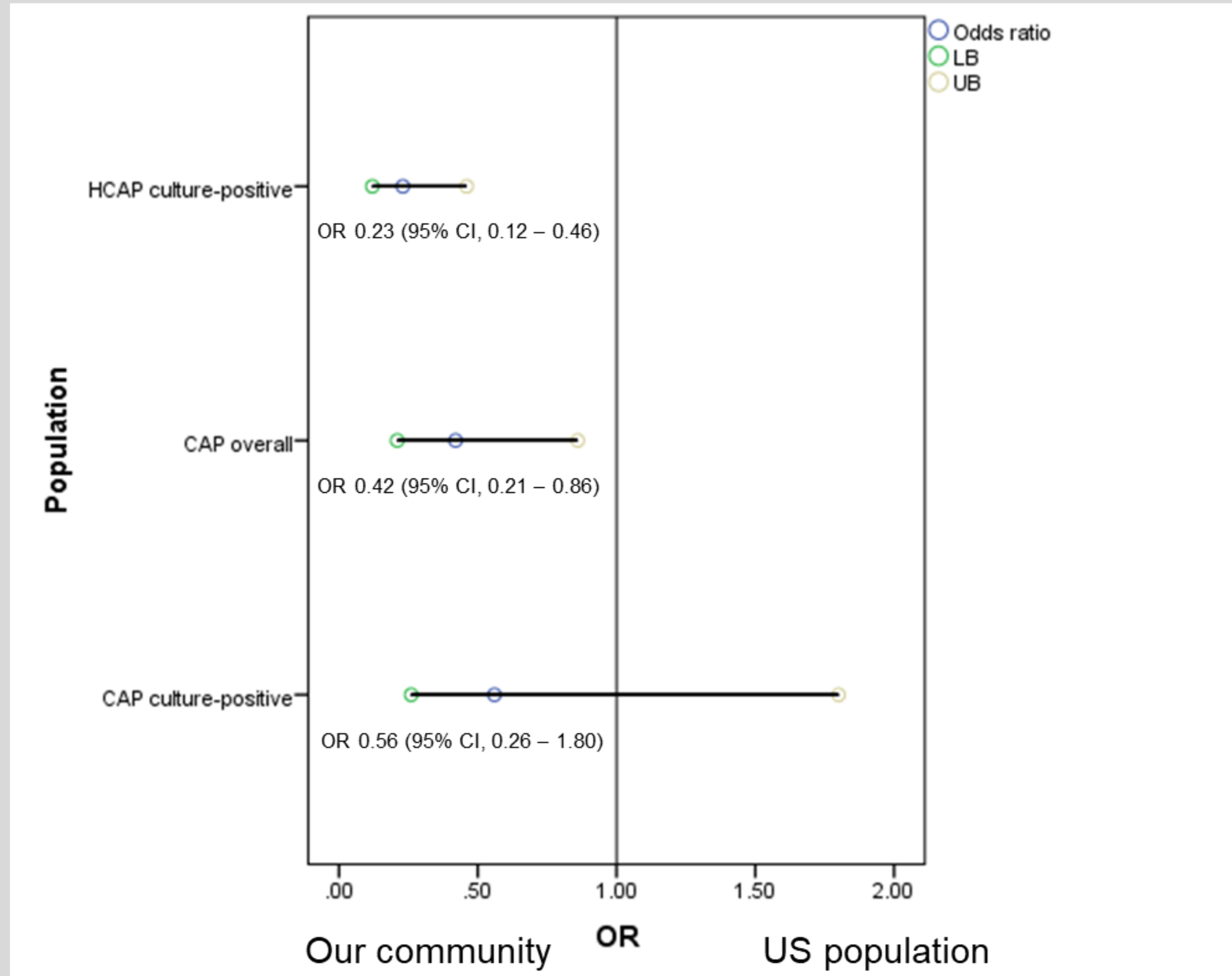


	Overall population (N=560)	Culture-positive population (N=117)
Influenza virus	32 (5.7%)	32 (27.4%)
Enterobacterales	17 (3.0%)	17 (14.5%)
Streptococcus pneumoniae	15 (2.7%)	15 (12.8%)
Respiratory syncytial virus	11 (2.0%)	11 (9.4%)
Candida spp.	6 (1.1%)	6 (5.1%)
SARS-CoV-2	6 (1.1%)	6 (5.1%)
Human Rhino Enterovirus	5 (0.9%)	5 (4.3%)
Legionella spp.	4 (0.7%)	4 (3.4%)
Other Streptococcus spp.	4 (0.7%)	4 (3.4%)
Acinetobacter spp.	3 (0.5%)	3 (2.6%)
MSSA	3 (0.5%)	3 (2.6%)

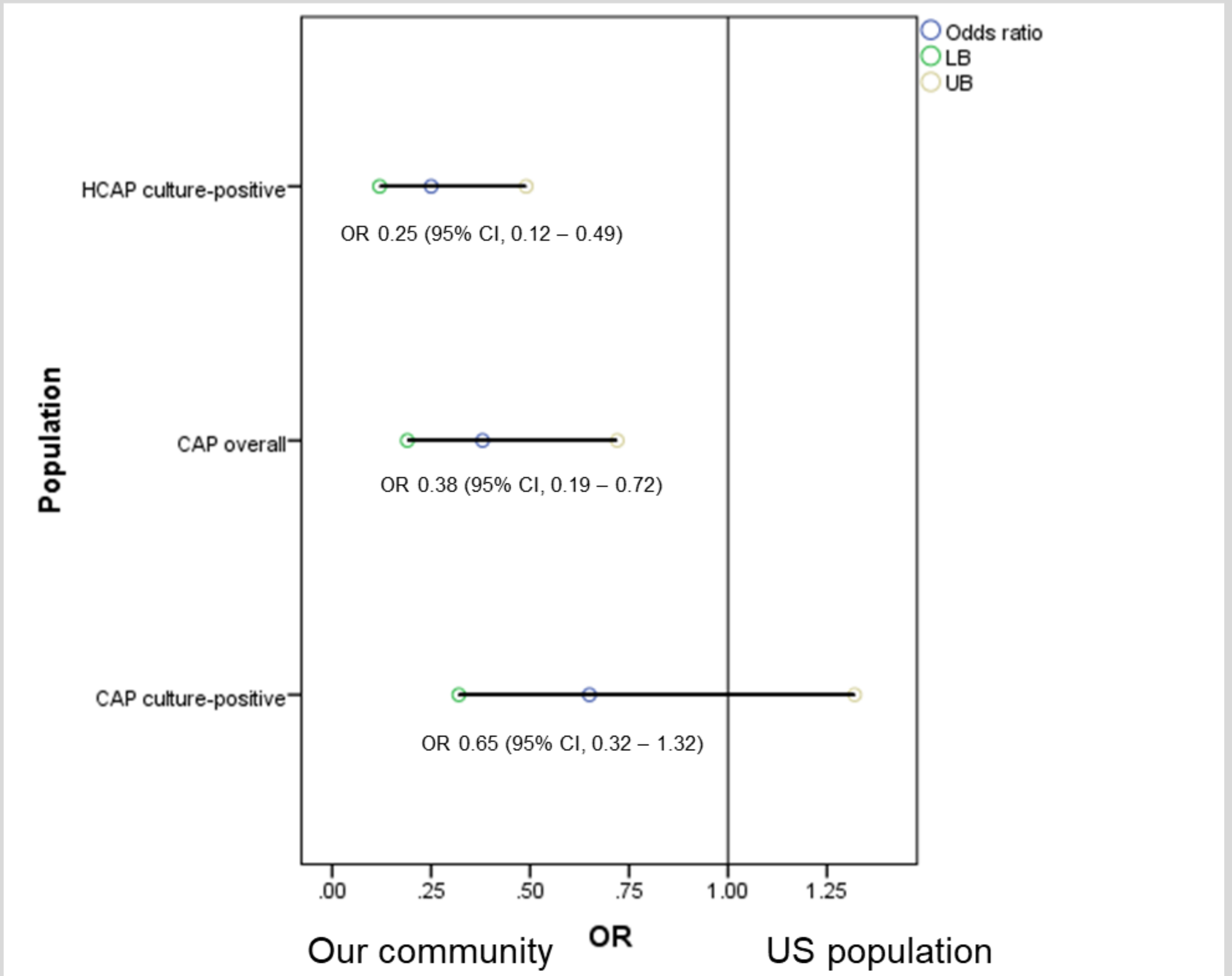


Our patients with HCAP were **77% less likely to have MRSA OR *P. aeruginosa*** than other US patients

MRSA



P. aeruginosa



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