Vernacare Hot Topics	
Joseph Kim May 29, 2019	
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Disclosures:	
Local co-investigator for: STRIVE S. aureus vaccine clinical trial (Pfizer)	
Prevent CDI 55 QI study (PRIHS) Images shamelessly borrowed from Google	
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My best of IPAC 2018-2019	
,	
Something familiar	
the usual players	
Something sort of new	
at least in the news again	





 $\label{eq:mrsa} \mbox{MRSA decolonization works in temporary high-risk settings.}.$

What is the impact of MRSA decolonization upon hospital discharge?

ORIGINAL ARTICLE

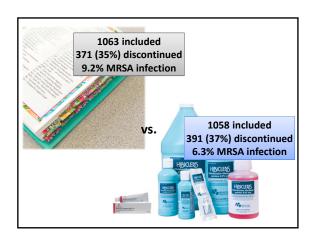
Decolonization to Reduce Postdischarge Infection Risk among MRSA Carriers

S.S. Huang, R. Singh, J.A. McKinnell, S. Park, A. Gombosev, S.J. Eells, D.L. Gillen, D. Kirn, S. Rashid, R. Macias-Gil, M.A. Bolaris, T. Tjoa, C. Cao, S.S. Hong, J. Lequieu, E. Cui, J. Chang, J. He, K. Evans, E. Peterson, G. Simpson, P. Robinson, C. Choi, C.C. Bailey, Jr., J.D. Leo, A. Amin, D. Goldmann, J.A. Jernigan, R. Platt, E. Septimus, R.A. Weinstein, M.K. Hayden, and L.G. Miller, for the Project CLEAR Trial

ABSTRACT

N Engl J Med 2019;380:638-50.





Variable	MRSA Infection, According to CDC Criteria	MRSA Infection, According to Clinical Criteria
Per-protocol analysis		
Unadjusted hazard ratio (95% CI)	0.70 (0.52-0.96)†	0.71 (0.52-0.97)
Adjusted hazard ratio (95% CI)‡	0.61 (0.44-0.85)	0.61 (0.43-0.84)
As-treated analysis§		
Unadjusted hazard ratio (95% CI)		
Nonadherent	1.31 (0.72-2.38)	1.09 (0.57-2.10)
Partia ll y adherent	0.64 (0.40-1.00)	0.72 (0.47-1.11)
Fu ll y adherent	0.56 (0.36-0.86)	0.53 (0.34-0.83)
Adjusted hazard ratio (95% CI)¶		
Nonadherent	0.78 (0.36-1.71)	0.72 (0.37-1.41)
Partially adherent	0.75 (0.59-0.95)	0.69 (0.54-0.88)
Fu ll y adherent	0.72 (0.57–0.92)	0.66 (0.51–0.84)



Decolonize ~30 patients to prevent 1 MRSA infection Natural history of MRSA



Large attrition Mild reaction Mupirocin resistance



Hospital environment is a reservoir for pathogens... And bundles work well in certain clinical settings...

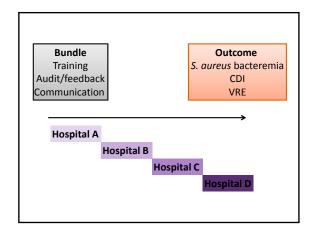
What is the impact of cleaning bundle on healthcare-acquired infections?

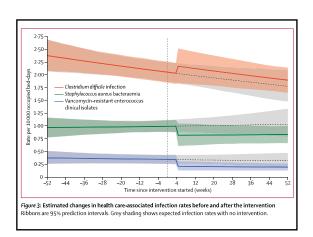


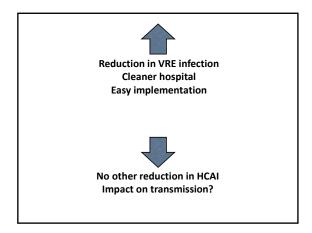


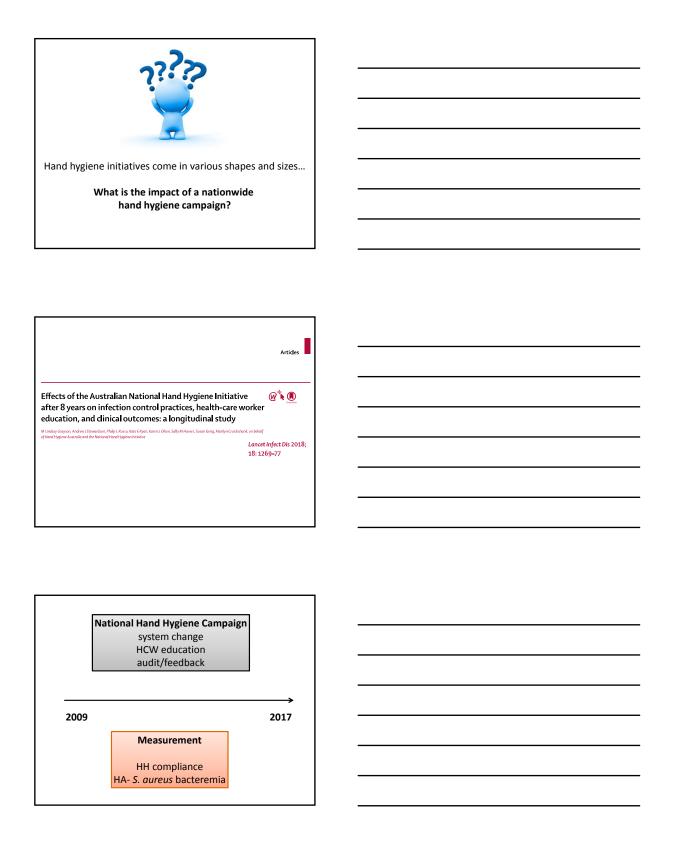
Man environmental cleaning bundle and health-care-associated infections in hospitals (REACH): a multicentre, randomised trial

Lancet Infect Dis 2019; 19: 410–18

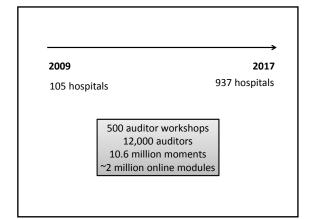


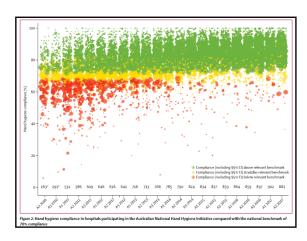














Massive implementation Reduction of HA-SAB AUD \$ 0.02 per inpatient-day



True compliance? Association ≠ causality



Something sort of new...



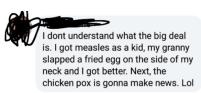
Vaccine hesitancy is real...

Do we really need any more proof to de-bunk unfounded risk around vaccine?



Annals of Internal Medicine	Original Research	
Measles, Mumps, Rubella Vaccinati A Nationwide Cohort Study Anders Hriid, DrMedSci; Jørgen Vinsløv Hansen, PhD; Morten Fri		
Background: The hypothesized link between the measles, mumps, rubella (MMIR) vaccine and autism continues to cause concern and challenge vaccine uptake.	Results: During 5 025 754 person-years of follow-up, 6517 of dren were diagnosed with autism (incidence rate, 129,7 100 000 person-years). Comparing MMR-vaccinated with MI	
Objective: To evaluate whether the MMR vaccine increases the risk for autism in children, subgroups of children, or time periods after vaccination.	unvaccinated children yielded a fully adjusted autism hazard ratio 0.93 (95% CL 0.85 to 1.02). Similarly, no increased risk for auti after MMR vaccination was consistently observed in subgroups children defined according to sibling history of autism, autism !	
Design: Nationwide cohort study.	factors (based on a disease risk score) or other childhood vaccin tions, or during specified time periods after vaccination.	
Setting: Denmark.	Limitation: No individual medical charts were reviewed.	
Participants: 657 461 children born in Denmark from 1999 through 31 December 2010, with follow-up from 1 year of age and through 31 August 2013.	Condusion: The study strongly supports that MMR vaccination does not increase the risk for autism, does not trigger autism is susceptible children, and is not associated with dustering of a	
Measurements: Danish population registries were used to link information on MMR vaccination, autism diagnoses, other child- hood vaccines, sibling history of autism, and autism risk factors to	tism cases after vaccination. It adds to previous studies throug significant additional statistical power and by addressing h potheses of susceptible subgroups and clustering of cases.	
children in the cohort. Sunvival analysis of the time to autism di- agnosis with Cox proportional hazards regression was used to estimate hazard ratios of autism according to MMR vaccination	Primary Funding Source: Novo Nordisk Foundation an Danish Ministry of Health.	
status, with adjustment for age, birth year, sex, other childhood vaccines, sibling history of autism, and autism risk factors (based on a disease risk score).	Ann Intern Med. 2019;170:513-520. doi:10.7326/M18-2101 Annals.or For author affiliations, see end of text. This article was published at Annals.oro on 5 March 2019.	

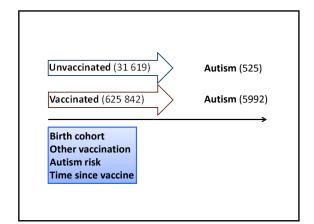
What's the big deal about this study?

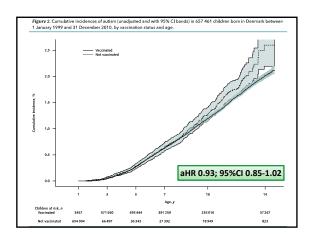


47m Like Reply

Measles is solved!

Population 542 298		
	Annals of Internal Medicine	Original Research
	Measles, Mumps, Rubella Vaccinati A Nationwide Cohort Study Andres Hriel, DeMedSct. Jargen Winder Hassen. PhD: Montes Fol	
	Background: The hypothesized link between the messles, mumps, rubells (MMI) vaccine and aution continues to cause concern and challenge vaccine uptake.	Results: During 5 025 754 person-years of follow-up, 4517 chil- dren were diagnosed with auxiliar (incidence rate, 129.7 per 100 000 person-years). Companing MWH-secriment with MWH-
	Collective: To enables income appear. Objective: To enables whether the MMK vaccine increases the risk for existin in thilden, subgroups of children, or time periods after vaccination.	orwaconated children job ded a fully adjusted autom hazard ratio of 0.93 (1998; CL 0.05 to 1.02). Similarly, no increased risk for astisms and MMV vaccination was consistently observed in subgroups of children defined according to alliano bistory of sustein, satism risks.
	Design: Nationwide cohort study.	factors (based on a disease risk score) or other distribución socim- tions, or claring specified time periods ofter socimation.
1	Setting: Donmark. Participants: AST 661 children born in Donmark from 1999.	Unitation: No individual medical charts were reviewed.
	through 31 December 2012, with follow-up from 1 year of ago and through 31 August 2013.	Conclusion: The study strongly exponent that MMR vaccination does not increase the risk for authors, does not trigger eation in succeptibit shidners, and is not associated with distaining of au-
l	Measurements: Danish population registrics were used to link information on MMR variables, action diagnoses, other disp- hood vaccines, alsi leg history of autism, and autism risk factors to	tion cases after vaccination. It acks to provious muries through significant additional statistical power and by addressing by potheres of succeptible substrouge and distressy of cases.
Study population 657 461	noon sections, so legislatory carpers, and austrians section to children in the cohort. Servicel analysis of the firm to settern di- agnosis with Cox proportional hazards regression was used to estimate based ratios of autien according to MMR sectionation status, with educations for each, birth year, sec, other childrond.	Prinary Funding Searce: Novo Nordak Foundation and Dunish Ministry of Health.
	vaccines, sixing history of autism, and autism risk factors (based on a disease sixk score).	For earlier of Bartons, were read of lead. This said is now you belief at Annah ang on 5 Month 2019.







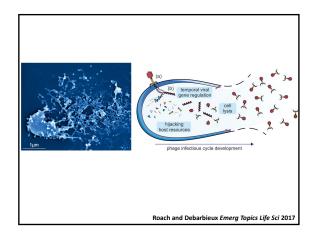


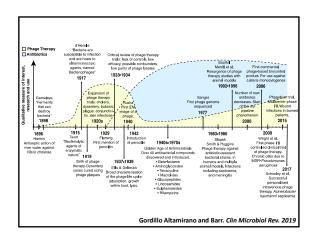
Homogenous population Classification by diagnosis

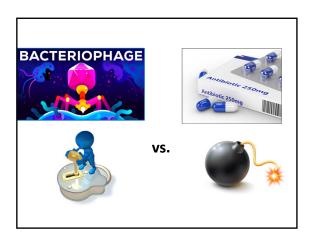


Doc... what about phage therapy for my infection?

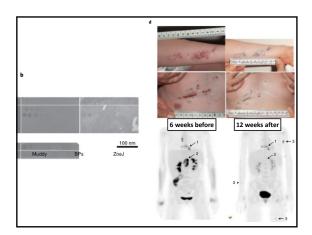








BRIEF COMMUNICATION Institute of the patient with a disseminated drug-resistant Mycobacterium abscessus Rebekah M. Dedrick¹⁴, Carlos A. Guerrero-Bustamante¹⁴, Rebecca A. Garlena¹, Daniel A. Russell¹, Katrina Ford², Kathryn Harris², Kimberly C. Gilmour², James Soothill², Deborah Jacobs-Sera¹, Robert T. Schooley³, Graham F. Hatfull¹⁰ and Helen Spencer¹²





Probiotic LB0146 Phage KM0189 + Antibiotic SPX the future?	
THANK YOU	