

To Swab or not to Swab: Lessons Learned as a Result of Pausing Routine ARO Point Prevalence Screening During the COVID-19 Pandemic

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Issue

- During the COVID-19 pandemic, microbiology laboratories in Canada experienced unprecedented pressures due to the high volume of COVID-19 testing.
- In an effort to help ease the demands on the laboratory, routine antibiotic resistant organism (ARO) point prevalence screens were paused at our urban, acute care, academic hospital.
- This temporary measure started March 2020 and spanned over 2 years, though admission screening continued.



Project

- Before the COVID-19 pandemic, regular ARO point prevalence screens of the medical, surgical, and critical care units were conducted.
- Prior to resuming the regular ARO point prevalence screening program in July 2022, an ARO point prevalence of the medical, surgical, and critical care units was conducted in May 2021 and June 2022.
- This work examines the number of healthcare-associated (HA) cases found from the two point prevalence screens performed during the period when routine ARO point prevalence screens were not being conducted.



Results

- May 2021 (1st PP)
 - Two patients were identified as having HA MRSA colonization and resulted in five exposures.
 - One patient with HA VRE colonization was identified and one patient was exposed.
 - One patient was identified with HA CPE colonization, resulting in five exposures.
- July 2022 (2nd PP)
 - One patient was identified as having HA VRE colonization. Eleven exposed roommates were identified.

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Lessons Learned

- Results from the two facility-wide point prevalence screens performed during the COVID-19 pandemic, while routine ARO point prevalence screening was paused, revealed patients with HAAROs and their close contacts who would have otherwise gone undetected.
- These findings support the practice of conducting routine ARO point prevalence screening, which MSH has since resumed.

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THANK-YOU!

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