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5 topp artikler i smittevern fra siste år

Smittevernforum 2025

Kirsten Gravningen
Smittevernoverlege, Akershus universitetssykehus
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UiO – Campus Ahus

1

Microbiome, Getty Images

1

Long et. al, Sci Transl Med (2024)

SCIENCE TRANSLATIONAL MEDICINE | RESEARCH ARTICLE

SKIN MICROBIOME

Contribution of the patient microbiome to surgical site infection and antibiotic prophylaxis failure in spine surgery

Dustin R. Long[1]*, Chloe Bryson-Cahn[2], Adam Waalkes[3], Elizabeth A. Holmes[3], Kelsi Penewit[3], Celeste Tavolaro[4], Carlo Bellabarba[4], Fangyi Zhang[4,5], Jeannie D. Chan[2,6], Ferric C. Fang[3,7,8], John B. Lynch[2], Stephen J. Salipante[3]

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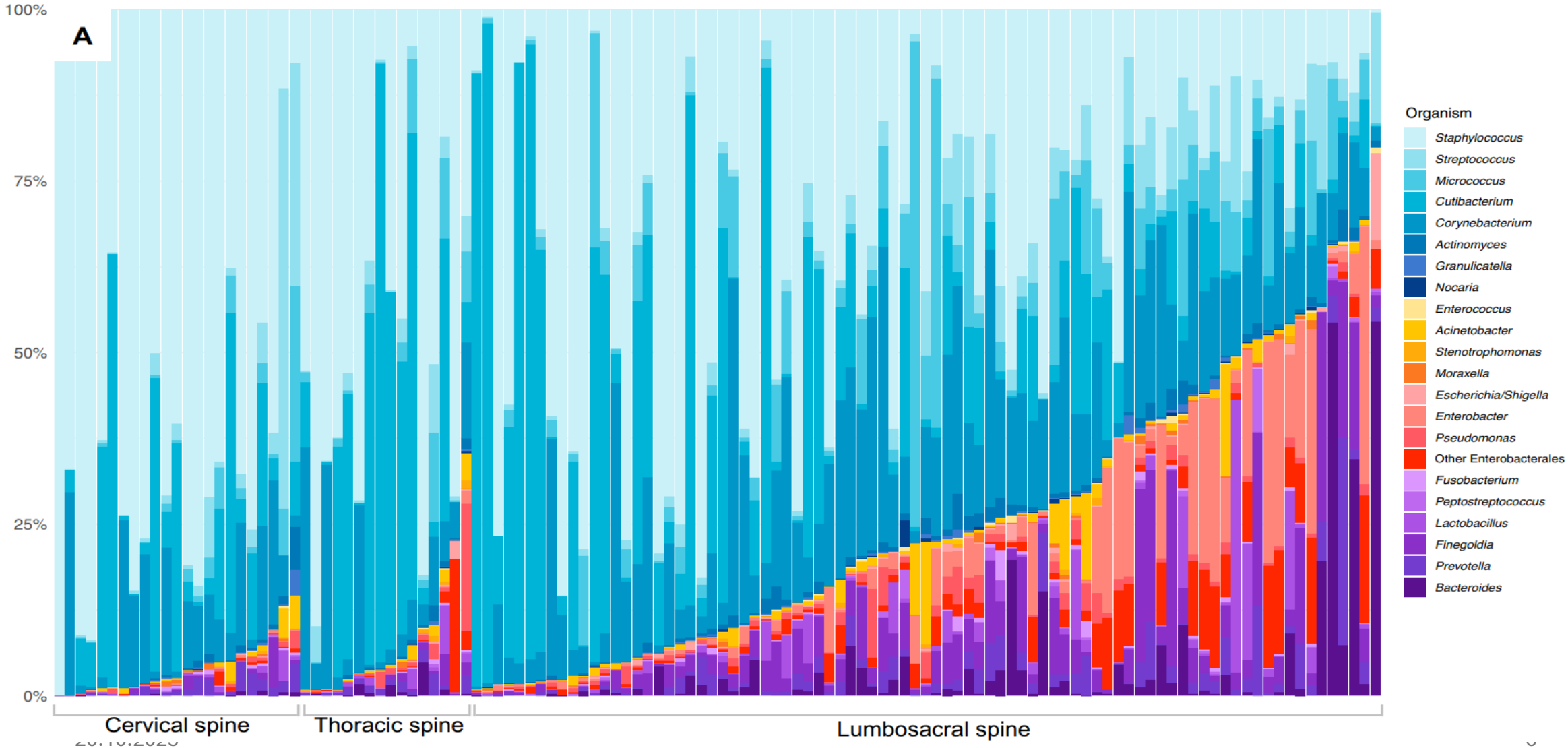
PICOT	
Design & Population	• Prospektiv kohortstudie • 204 pasienter som gjennomgikk ryggkirurgi ved universitets-sykehus i Seattle USA. • 14 (6,8 %) utviklet postoperativ sårinfeksjon (POSI).
Intervention	
Control	• 1406 pasienter med ryggkirurgi i samme tidsperiode
Outcome	• Karakteristika av pasientens preoperative mikrobiom fra huden sammenliknet med mikrobiomet fra POSI
Time	• September 2019 - november 2020. • POSI-overvåking 90 dager postoperativt.

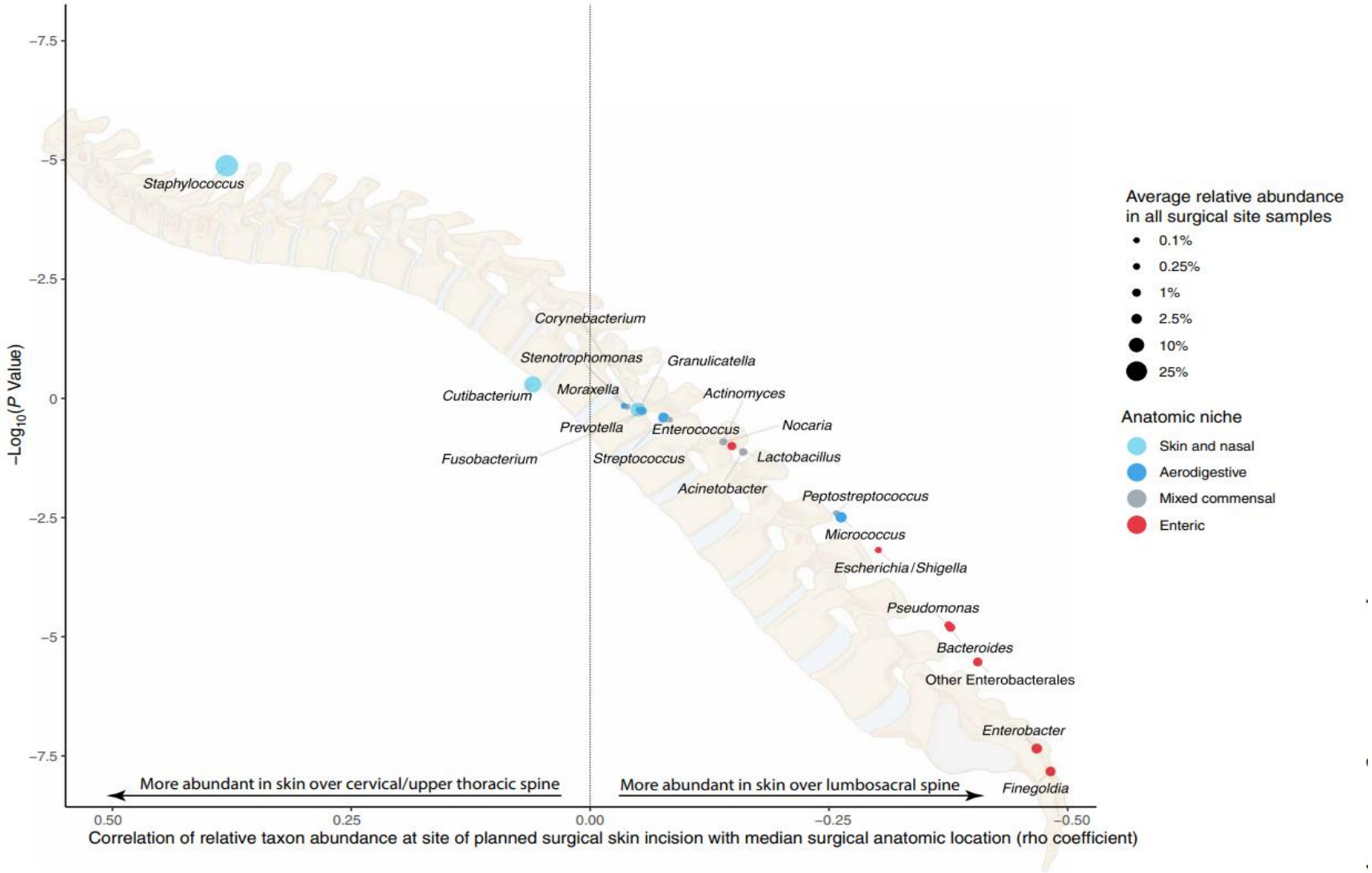
Metode

- Pre-operativ prøvetaking (nese, rektum og hud) til metagenom-analyse
- Sammenlikning av metagenomet fra POSI i hver pasient med pasientens eget pre-operative mikrobiom (for å identifisere endogen kilde) og med andre pasienters mikrobiom (for å utelukke ekstern kilde)
- Perioperativ antibiotikaprofylakse (cefazolin)

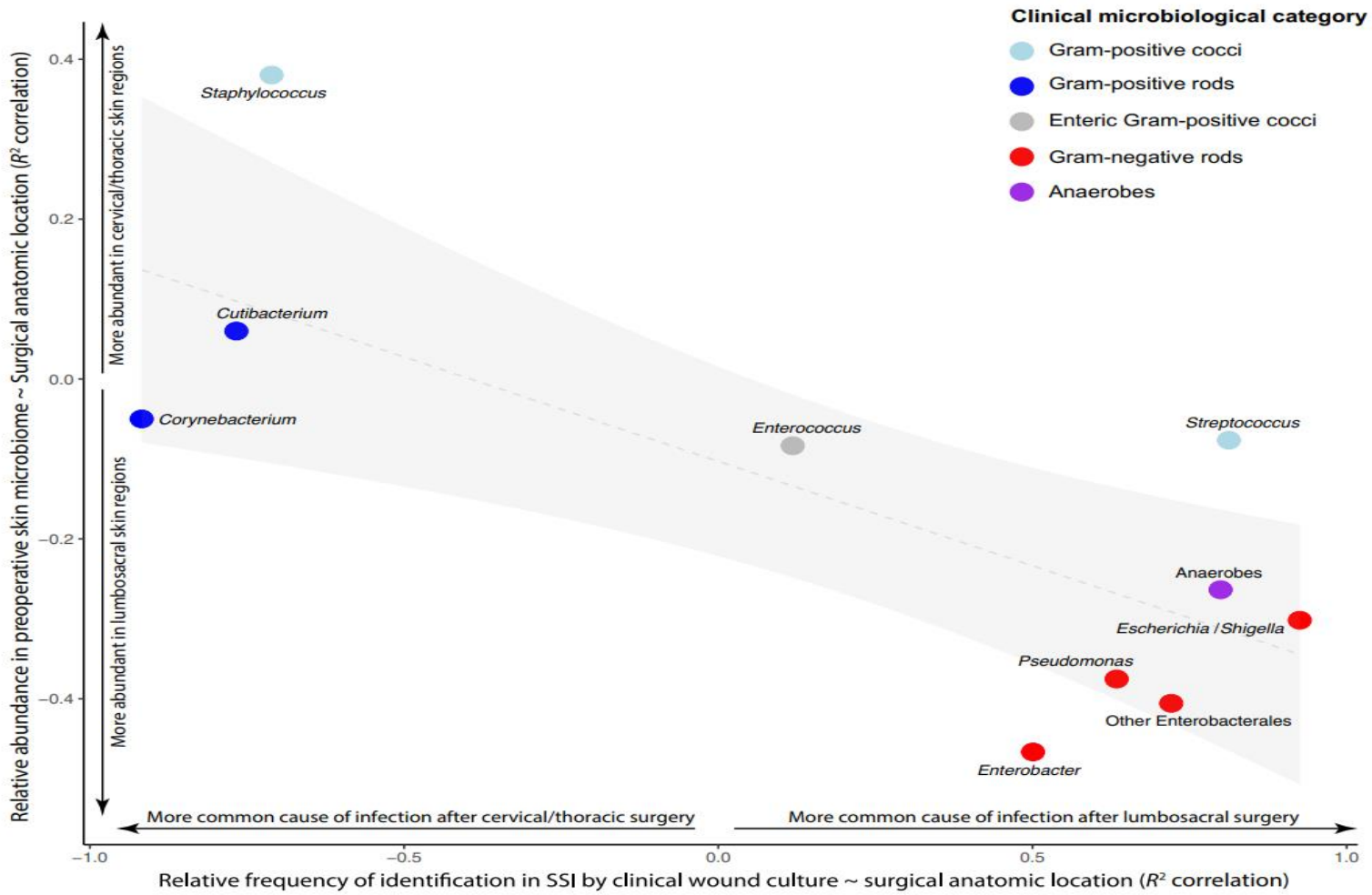
Varierende pre-operativt hudmikrobiom fra cervical- til lumbosakral området



Pre-operative hudpatogener endres gradvis fra oralt (cervikalt) til analt (lumbosakralt)



Pasientenes pre-operativt hudmikrobiom matcher POSI patogener basert på anatomisk lokalisasjon



Resultater

- 86 % (12/14) av POSI-mikrober var fra pasientenes eget pre-operative mikrobiom
- 59 % av POSI-mikrober var resistente mot antibiotikaprofylakse
- AMR-genene i pasientens mikrobiom var sammenliknbare med fenotypisk resistensprofil i POSI-isolatene
- Det ble ikke påvist POSI fra eksogene fellesreservoar i sykehusmiljøet

Diskusjon

- Viktig studie som dokumenterer endogen flora som årsak til POSI blant pasienter som gjennomgikk ryggkirurgi
- Men:
  - Liten studie i kun ett sykehus
  - Lav-patogene mikrober var inkludert
  - Prøvene ble ikke dyrket (må gjøres i fremtidige studier)
  - Metagenom-screening er kostbart

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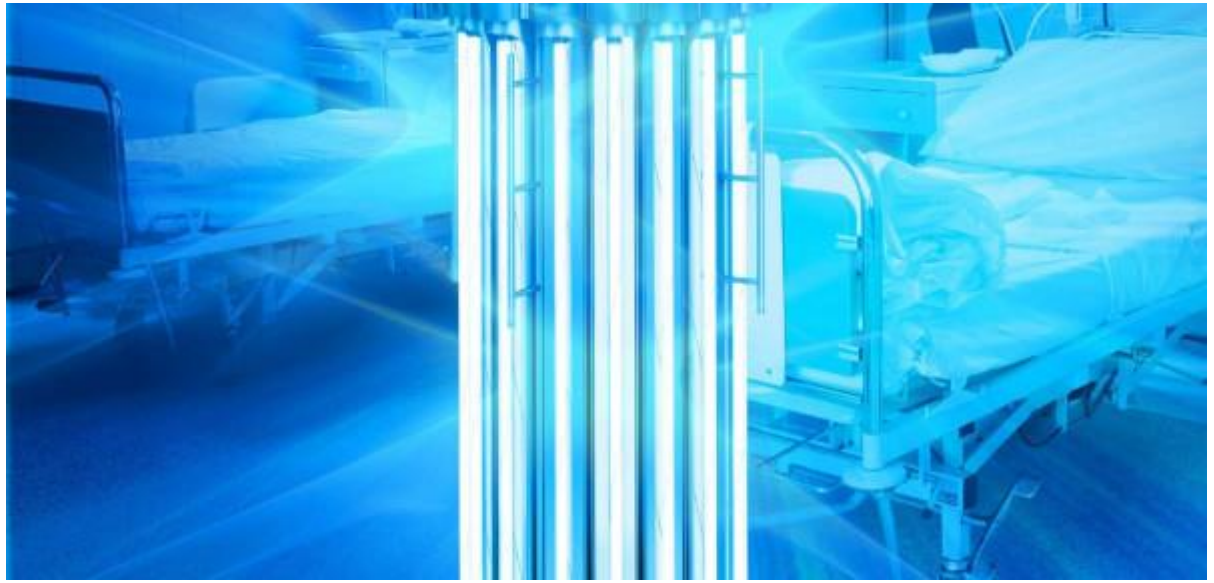
  - Prøvene ble ikke dyrket (må gjøres i fremtidige studier)
  - Metagenom-screening er kostbart
- Forfatterne diskuterer ev paradigmeskifte i forebygging av POSI:
  - Er individuell antibiotikaprofylakse fremtiden?
  - Vurdere profylakse utfra anatomisk lokalisasjon av infeksjon

2



Dhar et. al, CID (2024)

Clinical Infectious Diseases

MAJOR ARTICLE

Lowering the Acquisition of Multidrug-Resistant Organisms (MDROs) With Pulsed-xenon (LAMP) Study: A Cluster-Randomized, Controlled, Double-Blinded, Interventional Crossover Trial

Sorabh Dhar,[1,2] Chetan Jinadatha,[3,4] Paul E. Kilgore,[5] Oryan Henig,[6] George W. Divine,[7] Erika N. Todter,[8] John D. Coppin,[9] Marissa J. Carter,[10] Teena Chopra,[1] Steve Egbert,[11] Philip C. Carling,[12] and Keith S. Kaye[13]

[1]Division of Infectious Diseases, Wayne State University, School of Medicine, Detroit, Michigan, USA; [2]Department of Internal Medicine, John D. Dingell Veterans Affairs Medical Center, Detroit, Michigan, USA; [3]Department of Medical Education, School of Medicine, Central Texas Veterans Healthcare System, Texas A&M University, Bryan, Texas, USA; [4]Department of Medicine, Central Texas Veterans Healthcare System, Temple, Texas, USA; [5]Department of Pharmacy Practice, Eugene Applebaum College of Pharmacy and Health Sciences, Department of Family Medicine and Public Health Sciences, School of Medicine, Wayne State University, Detroit, Michigan, USA; [6]Infection Prevention and Control Unit, Tel Aviv Sourasky Medical Center, Tel Aviv, Israel; [7]Department of Epidemiology and Biostatistics, Michigan State University, Henry Ford Health, Detroit, Michigan, USA; [8]Department of Public Health Sciences, Henry Ford Health, Detroit, Michigan, USA; [9]Department of Research, Central Texas Veterans Health Care System, Temple, Texas, USA; [10]Strategic Solutions, Inc, Bozeman, Montana, USA; [11]XENDELLA Facilities Management, Hawthorn Woods, Illinois, USA; [12]Department of Infectious Diseases, Boston University School of Medicine, Boston, Massachusetts, USA; and [13]Division of Allergy, Immunology, and Infectious Diseases, Robert Wood Johnson Medical School, New Brunswick, New Jersey, USA

PICOT	
Design & Population	• Klynge-randomisert, kontrollert, dobbelblindet cross-over studie • 15 kliniske avdelinger i 2 sykehus i USA og Israel
Intervention	• Gi tillegg av pulserende UV-lys desinfeksjon etter standard sluttrengjøring av pasientrommet.
Control	• «Sham UV» (inaktiv UV-kilde) etter standard sluttrengjøring
Outcome	• Forskjell i forekomst av helsetjenesteassosierte infeksjoner (HAI) med MDRO/ *C. difficile*
Time	• Mai 2017- januar 2020

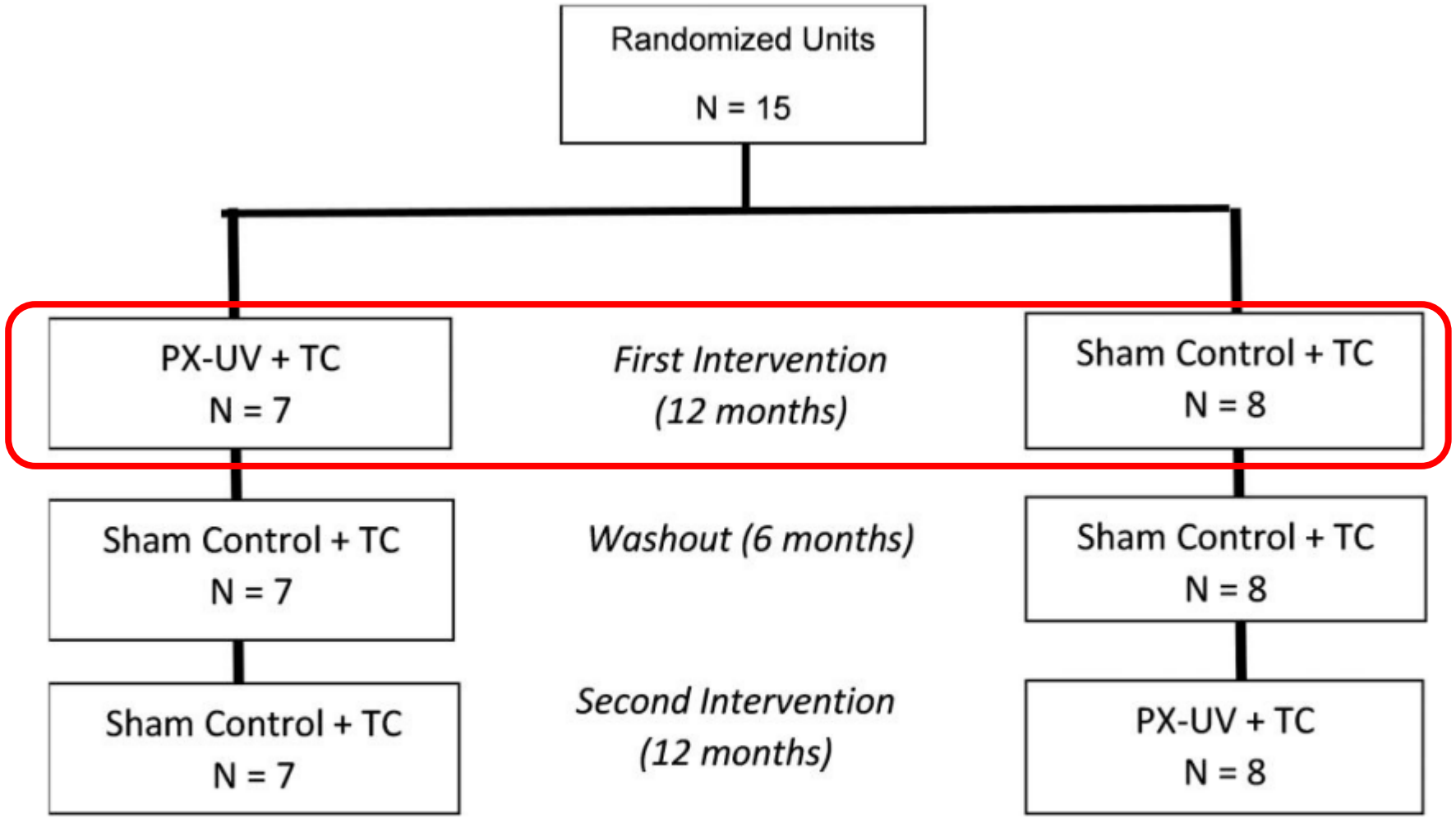
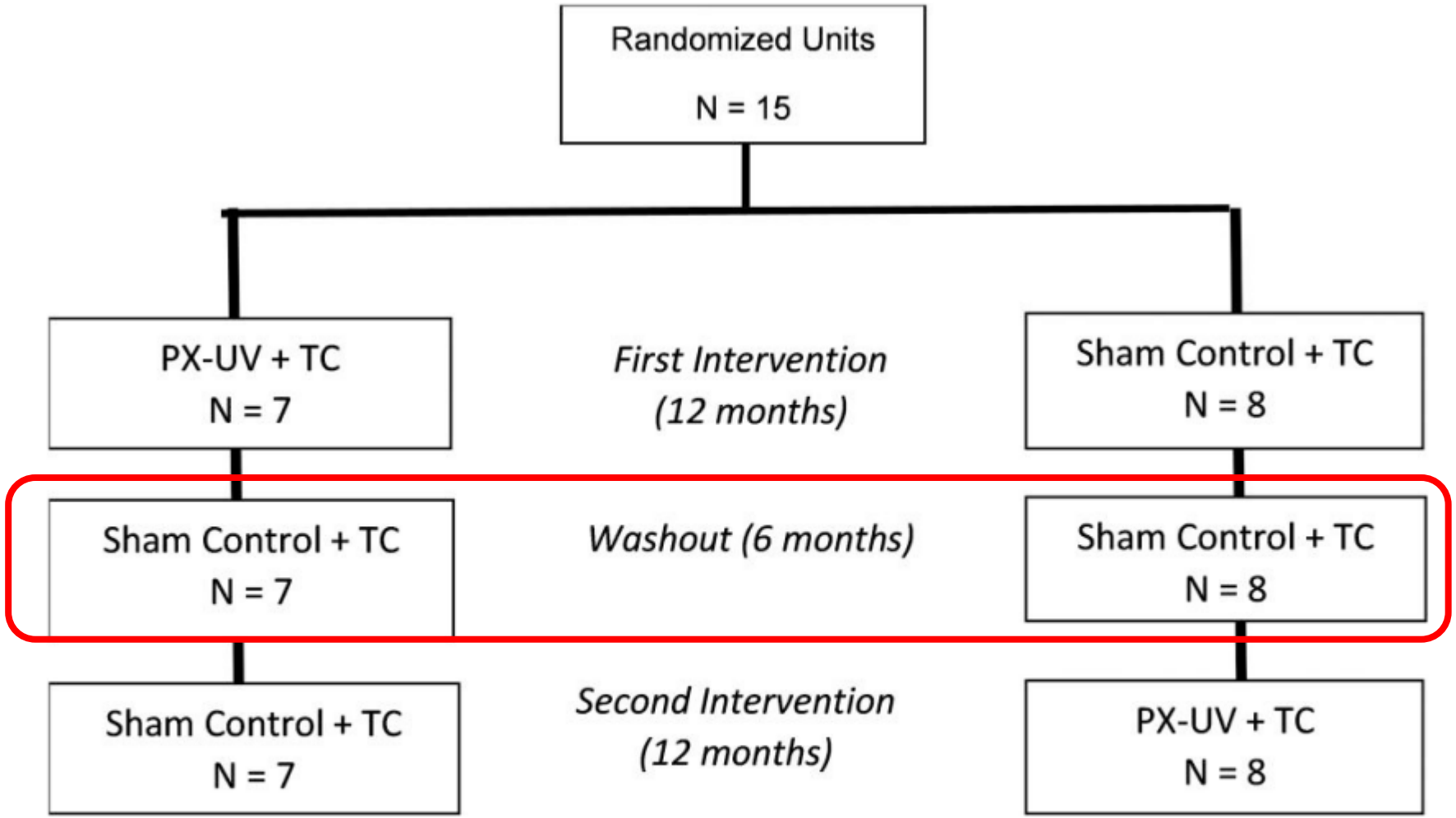


Figure 1. Crossover trial profile. Abbreviations: PX-UV, pulsed-xenon ultraviolet; TC, terminal cleaning.



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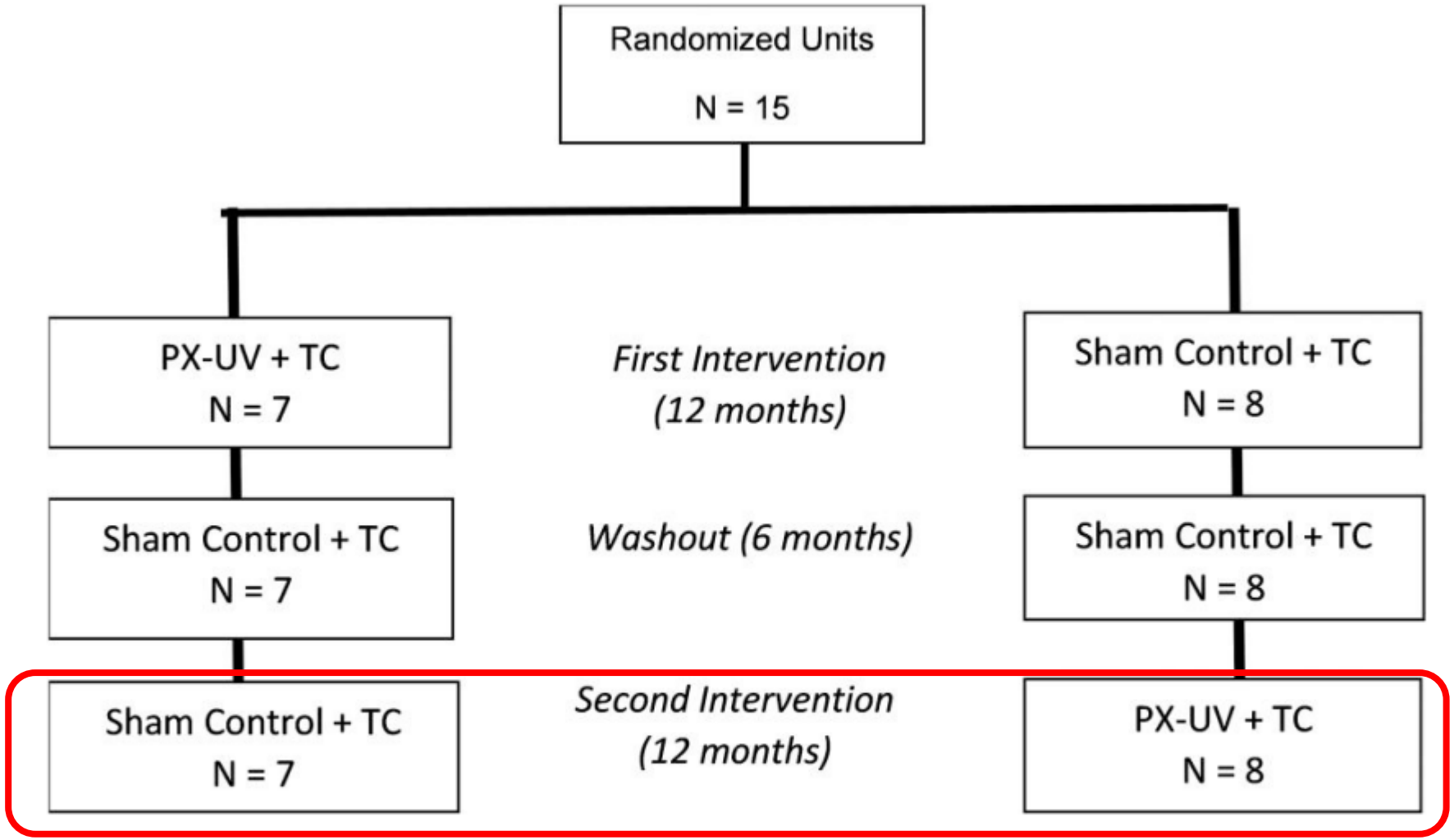

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Resultater

CAUTI: Catheter-associated UVI
CLABSI: Central-line associated BBI

Table 3. Rates of Pathogens and Device Infections in the Sham and Intervention (PX-UV) Group

	Sham Arm			Intervention (PX-UV) Arm				
	No. of Cases	No. of Patient-Days	Infection Rate (per 1000 Patient-Days)	No. of Cases	No. of Patient-Days	Infection Rate (per 1000 Patient-Days)	Relative Risk (95% CI)	*P*
eiHAIs								
Overall	298	94 153.5	3.17	303	86 800.4	3.49	1.10 (.94, 1.29)	.23
Acinetobacter baumannii	53	94 153.5	0.56	55	86 800.4	0.63	1.13 (.77, 1.64)	.54
Clostridiodes difficile	57	94 153.5	0.61	59	86 800.4	0.68	1.12 (.78, 1.62)	.53
ESBL *Escherichia coli*	25	94 153.5	0.27	20	86 800.4	0.23	.87 (.48, 1.56)	.64
ESBL KP	34	94 153.5	0.36	31	86 800.4	0.36	0.99 (.61, 1.61)	.96
MRSA	116	94 153.5	1.23	122	86 800.4	1.41	1.14 (.88, 1.47)	.31
VRE	13	94 153.5	0.14	16	86 800.4	0.18	1.34 (.64, 2.78)	.44
Device infections[a]								
Overall	36	86 858.3	0.41	35	81 721.0	0.43	1.03 (.65, 1.65)	.89
CAUTI	19	86 858.3	0.22	17	81 721.0	0.21	.95 (.49, 1.83)	.88
CLABSI	17	86 858.3	0.20	18	81 721.0	0.22	1.13 (.58, 2.18)	.73

Abbreviations: CAUTI, catheter-associated urinary tract infection; CI, confidence interval; CLABSI, central line–associated bloodstream infection; eiHAI, environmentally implicated healthcare-associated infection; ESBL, extended-spectrum beta-lactamase–producing; KP, *Klebsiella pneumoniae*; MRSA, methicillin-resistant *Staphylococcus aureus*; PX-UV, pulsed-xenon ultraviolet; VRE, vancomycin-resistant *Enterococcus*.

[a]CAUTI and CLABSI infection data were provided from the Infection Control Department by unit by month; however, exact dates of infection were not provided. Therefore, for infections that occurred during months that included a transition from 1 period to another (pre-study to intervention period 1, intervention period 1 to washout, washout to intervention period 2, and intervention period 2 to post-study), it is not possible to determine whether the infection occurred during a study period or washout/non-study period. Due to this limitation in the data, any months that included a transition period were excluded from the CAUTI and CLABSI analyses. The number of patient-days was adjusted accordingly.

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Ingen statistisk signifikant forskjell i forekomst av HAI forårsaket av MDROs for catheter-associated UVI eller central line-associated BBI mellom pasienter i rom med UV-lys vs. Sham

Abbreviations: CAUTI, catheter-associated urinary tract infection; CI, confidence interval; CLABSI, central line–associated bloodstream infection; eiHAI, environmentally implicated healthcare-associated infection; ESBL, extended-spectrum beta-lactamase–producing; KP, *Klebsiella pneumoniae*; MRSA, methicillin-resistant *Staphylococcus aureus*; PX-UV, pulsed-xenon ultraviolet; VRE, vancomycin-resistant *Enterococcus*.

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Diskusjon

- Viktig studie fordi den dokumenterer at bruk av UV-lys etter standard sluttrengjøring ikke hadde effekt på forekomst av HAI forårsaket av MDROs, catheter-associated UVI eller central line-associated BBI.
- Pasientoppfølging i sykehus inkluderte 180,000 pasientdager

3

Foto: Chine Nouvelle/SIPA/NEWSCOM

3

Sutjipto el al. 2025

JAMA Network Open

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Original Investigation | Infectious Diseases

Plastic Waste and COVID-19 Incidence Among Hospital Staff After Deescalation in PPE Use

Stephanie Sutjipto, MBBS, MRCP[1,2]; Aung Hein Aung, MBBS, MPH[3]; Margaret M. L. Soon, BHSN, MPH, PhD[1] ; et al

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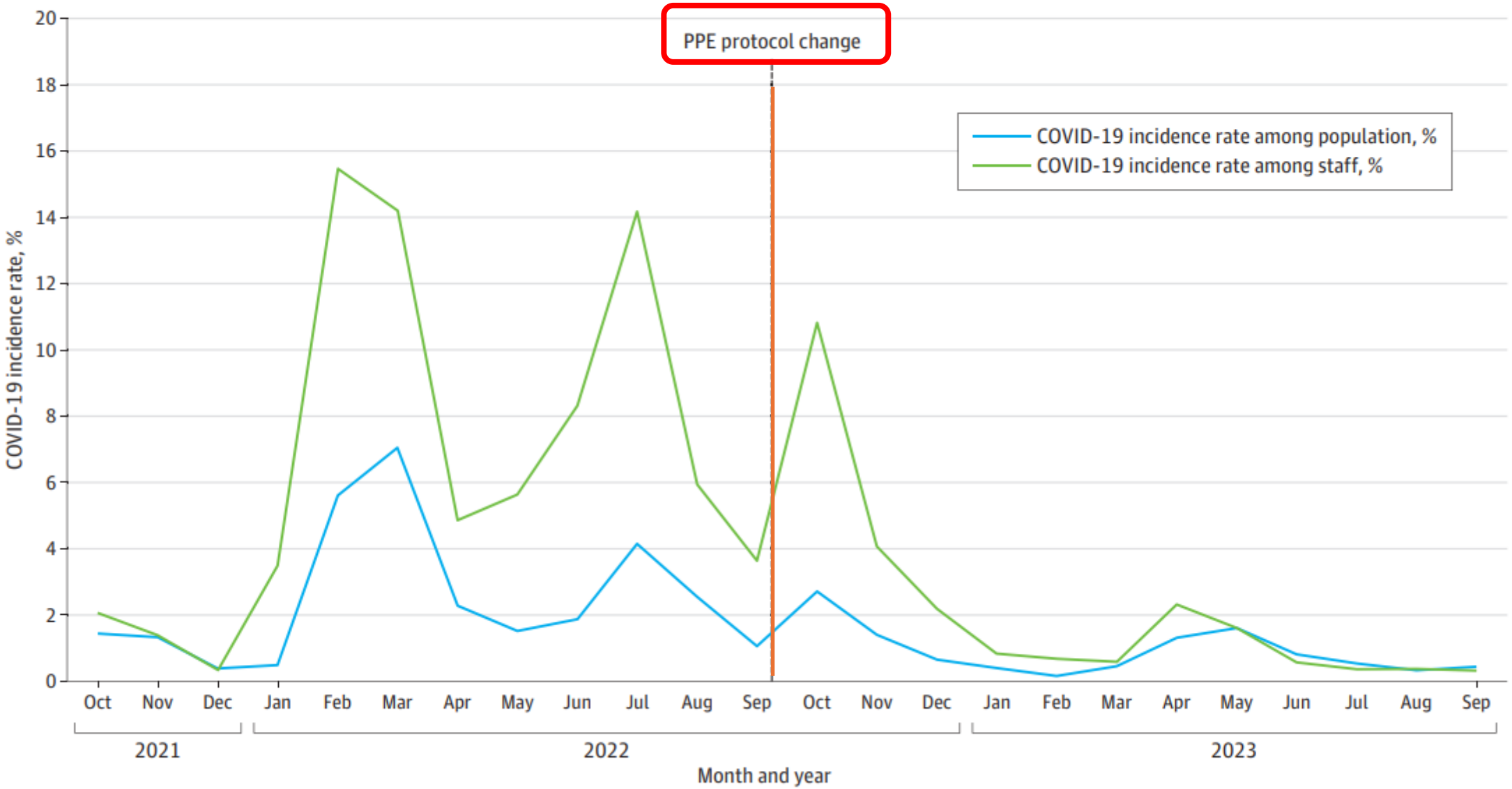
JAMA Netw Open
Published Online: April 15, 2025
2025;8;(4):e255264.
doi:10.1001/jamanetworkopen.2025.5264

PICOT	
Design & Population	• Retrospektiv kvalitetsforbedringsstudie. • Ansatte i 2 store sykehus, samt personer i samfunnet i Singapore.
Intervention	• Sykehusansatte sluttet med engangs frakker/-hansker/-øyebeskyttelse ved arbeid med Covid-19 pasienter iht. revidert nasjonal retningslinje
Control	• Før- og etter-studie
Outcome	• Covid-19 insidensrate blant sykehusansatte og personer i samfunnet • Endringer i frakker brukt, kostnader, karbonavtrykk, mengde plastavfall
Time	• Oktober 2021- september 2022 (før intervensjon) • Oktober 2022-september 2023 (etter intervensjonen)

Figure 2. Monthly Rates of COVID-19 in the Community and Among Staff, 12 Months Before and After the Change in the National Personal Protective Equipment (PPE) Protocol



Resultater etter 12 måneders intervensjon

Table 2. Mean Gowns Per Patient-Day Used at National Centre for Infectious Diseases During the 12 Months Before and After Implementation of Personal Protective Equipment (PPE) Deescalation Protocol

Location	Mean gowns per patient-day (SD)		Reduction of gowns used per patient-day after PPE deescalation (estimated 95% CI)	Total patient-days in postimplementation period (October 2022 and September 2023)	Estimated No. of gowns saved after PPE deescalation
	Preimplementation period (October 2021 to September 2022)	Postimplementation period (October 2022 to September 2023)			
General wards	12.09 (6.54)	1.46 (1.00)	10.63 (6.67-14.59)	38 326	407 405
Intensive care unit	40.19 (16.55)	19.29 (5.14)	20.90 (10.52-31.27)	1585	33 127
Total	13.22 (6.38)	2.17 (0.90)	11.04 (7.68-15.39)	39 911	440 532

JAMA Network Open. 2025;8(4):e255264. doi:10.1001/jamanetworkopen.2025.5264 April 15, 2025 6/10

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440 532 frakker spart

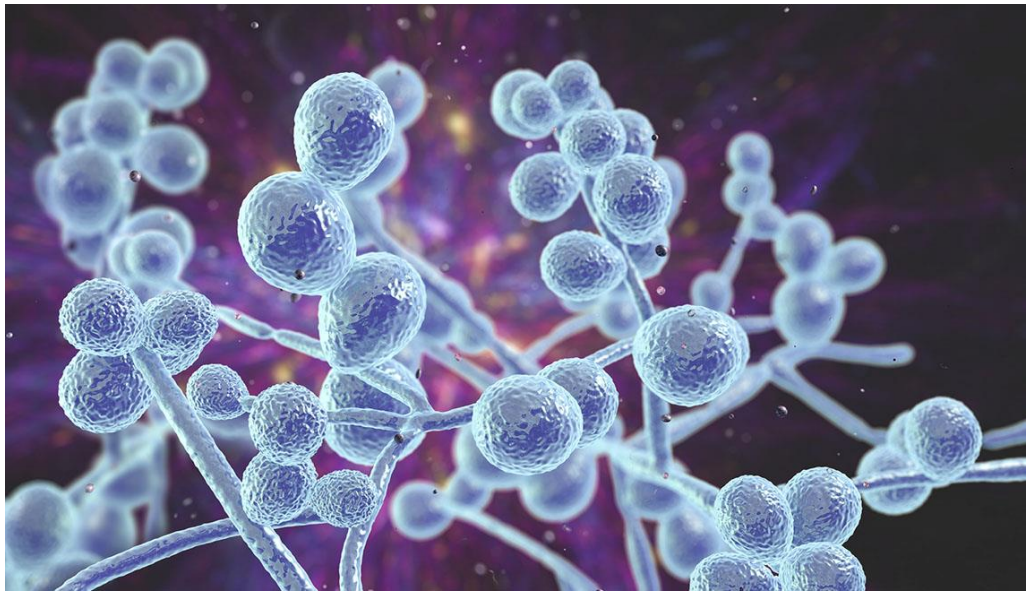
Resultater etter 12 måneders intervensjon

- Karbonavtrykk av 440,532 frakker: **398 681 kg CO_2e**
- Plastavfall fra 440,532 frakker: **66 080 kg**
- Sparte kostnader frakker: **USD 333,970**

Diskusjon

- Stor studie som viser at bruk av personlig verneutstyr ved covid-19 trygt kan reduseres etter pandemien, noe som vil redusere plastavfall og karbonavtrykk betydelig.

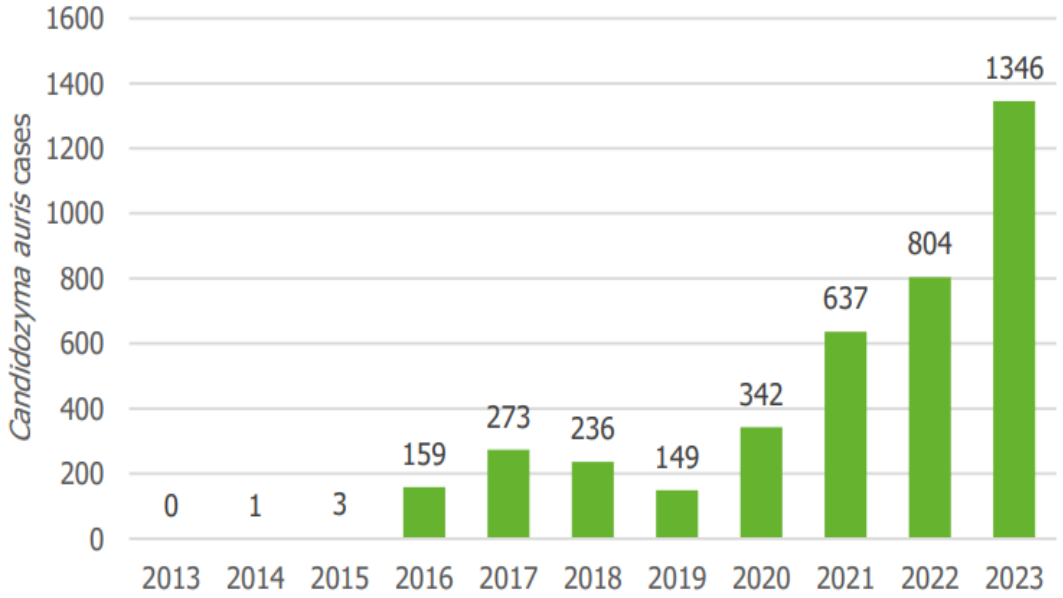
4

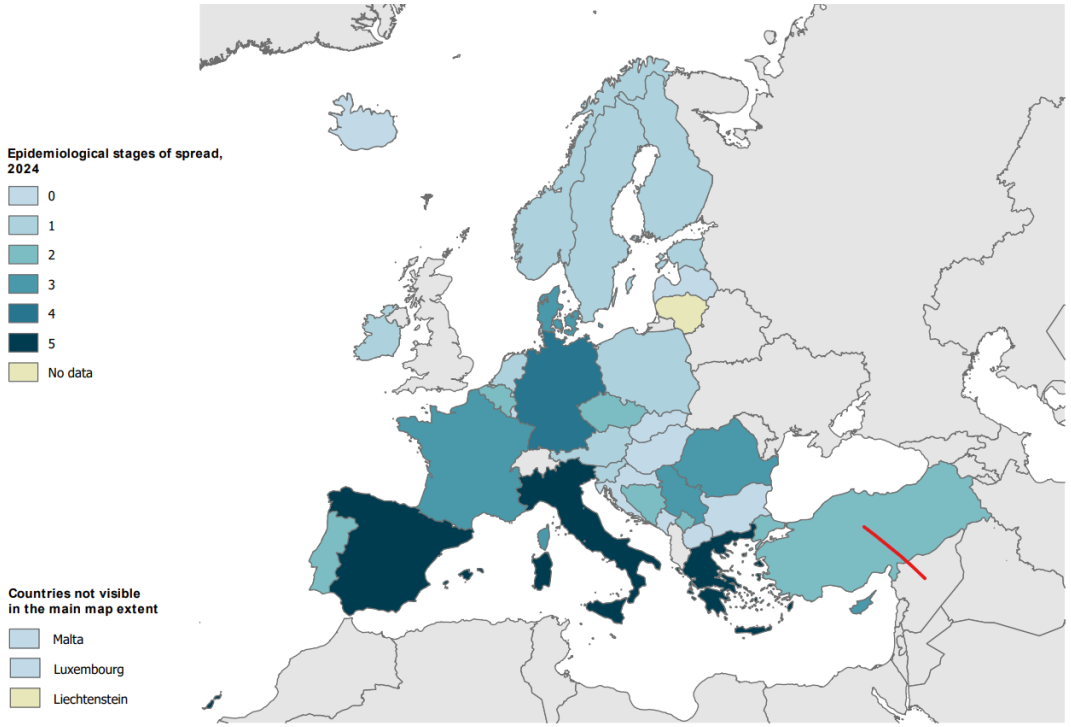


Candidozyma auris/ Kateryna Kon/ Science Photo Library

4 Epidemiological situation, laboratory capacity and preparedness for *Candidozyma (Candida) auris, 2024*

Figure 1. Reported cases of *Candidozyma auris*, EU/EEA, 2013-2023*





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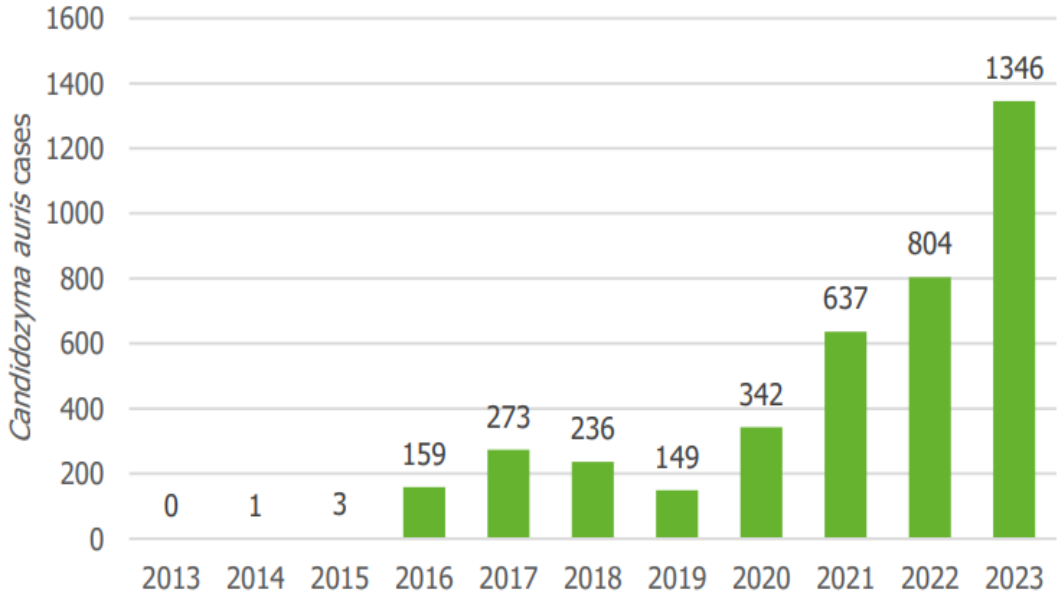

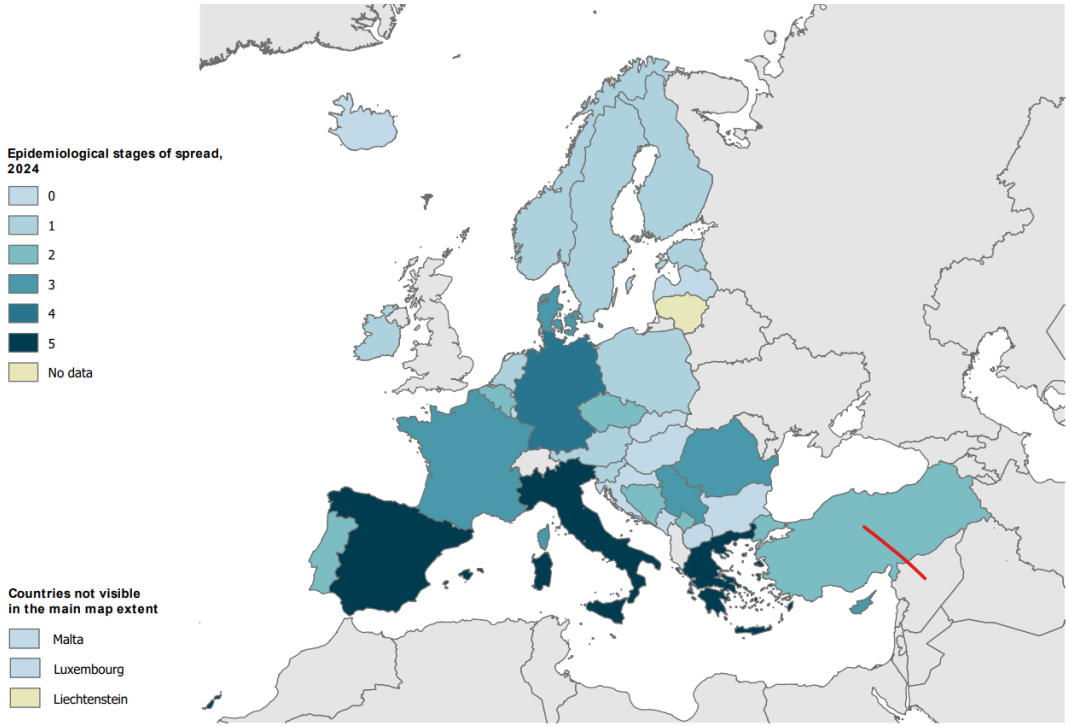

- Nylige utbrudd i 3 land: Kypros, Frankrike, Tyskland
- Endemisk i 4 land: Hellas, Italia, Romania, Spania
- Tid fra første påviste tilfelle i et land til endemisk regional forekomst: 5-7 år

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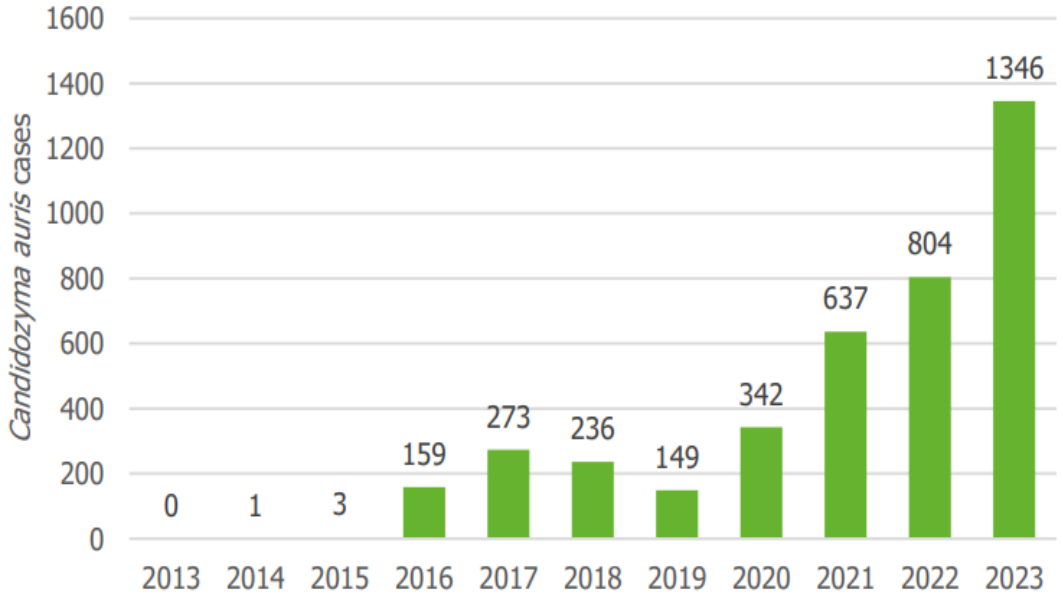

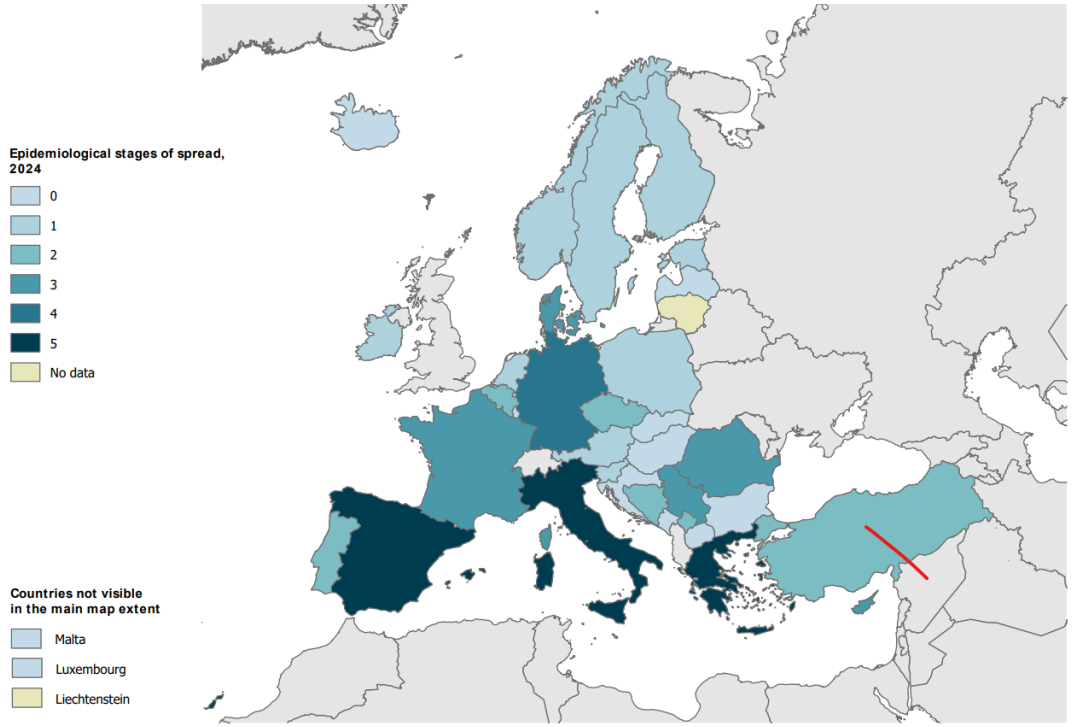

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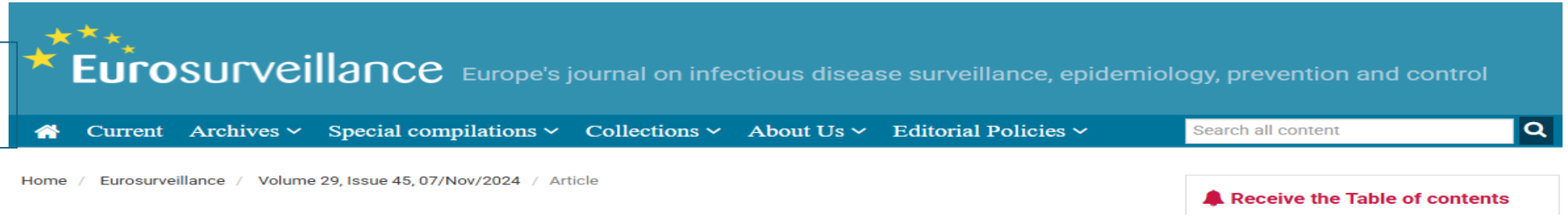
- Tid fra første påviste tilfelle i et land til endemisk regional forekomst: 5-7 år

- De fleste land har sopp referanselaboratorium
- 17 av 36 land har nasjonalt overvåkingssystem
- 15 av 36 har nasjonale retningslinjer
- 9 av 36 land har meldeplikt for *C. auris*

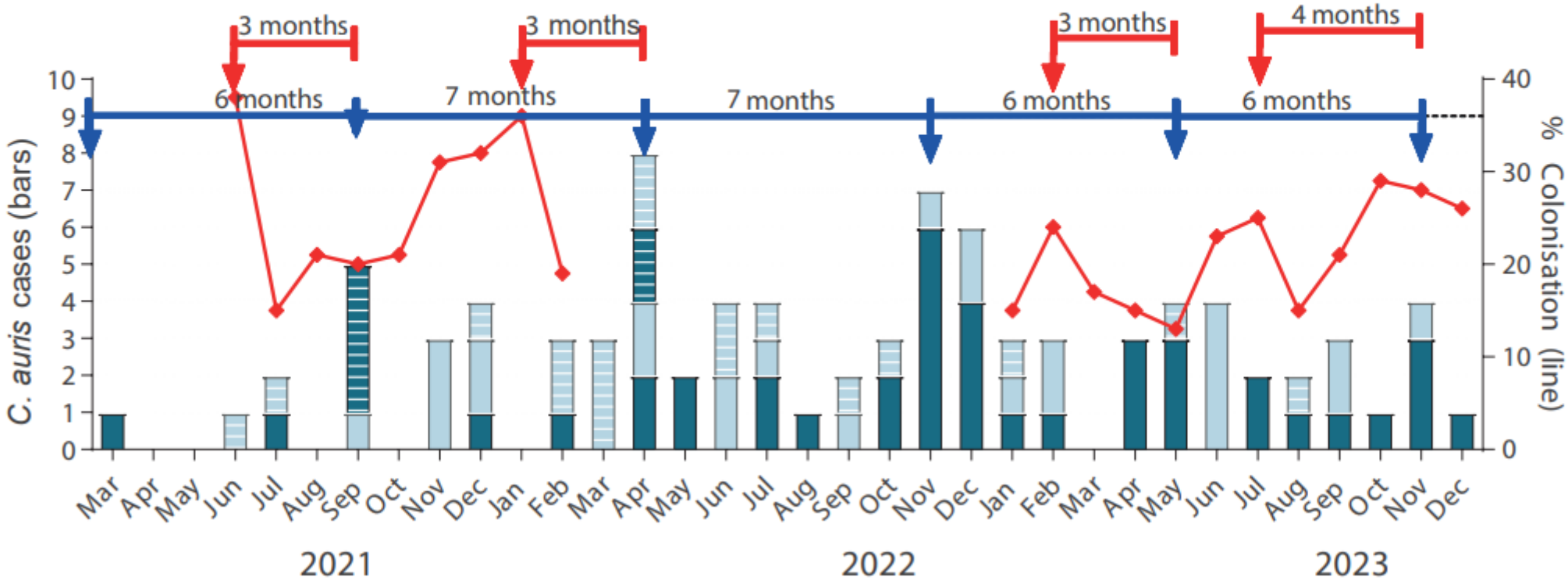
4



- Pågående utbrudd med *C. auris* blodbaneinfeksjoner (BBI) utbrudd i sykehus i Hellas over 3 år

FIGURE 1

Epidemiological curve of *Candida auris* bloodstream infections during the COVID-19 transmission waves in different patient populations, Greece, 2021–2023 (n = 89)



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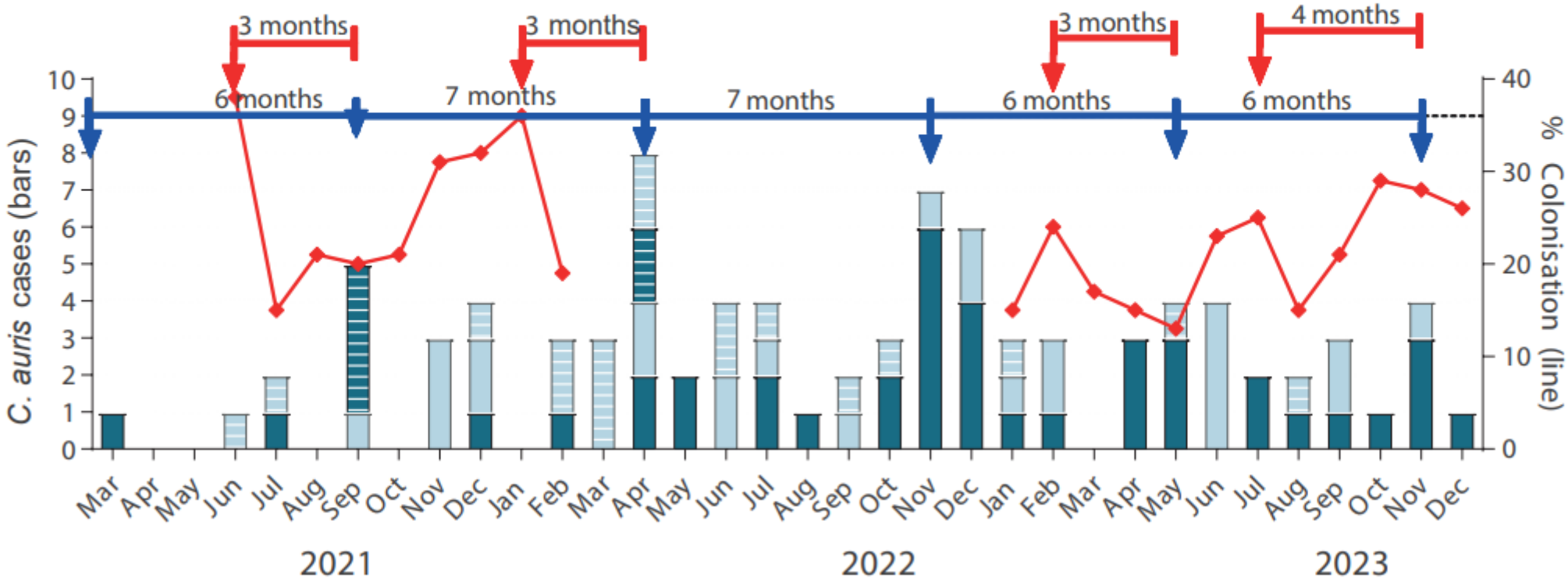

- 89 tilfeller *C. auris* blodbaneinfeksjoner (BBI)
- For hver BBI, påvist 5-10 koloniserte pasienter med *C. auris*
- Liggetid i sykehus før påvist kolonisering: 18 – 24 dager
- 50 % av utbruddstilfeller hadde samtidig bakteriemi med MDR-gramneg. bakterier
- Nært genetisk slektskap mellom alle *C. auris* isolater
- Ett isolat utviklet **pan-echiocandin resistens**

Utbruddstiltak

- Aktiv innkomst screening (aksiller og lysker) av pasienter på ICU
- Enerom, dedikert personell og utstyr, alternativt kohortisolering
- Klorin (5000 ppm) til rengjøring /desinfeksjon
- Klorheksidin helkroppsvask («bath») av pasienter før utskriving

Årsaker til utbruddet

- Mangel på personlig verneutstyr under pandemien
- Gjenbruk av hansker og utstyr
- Ikke *C. auris* innkomst screening
- Ikke screening av pasienter ved flytting mellom sykehus
- Kontaktsmitte isolering kun mulig hvis < 5 % av pasienter var kolonisert, ellers kohortisolering
- *C. auris* er ikke meldepliktig i Hellas

- Utbruddsstammen er nå endemisk i flere sykehus i regionen

Foto: Helseforskning

Foto: Øystein Horgmo, UiO

5

Open Forum Infectious Diseases

MAJOR ARTICLE

Empiric Antibiotic Therapy in Suspected Sepsis: Impact of Gentamicin-Based Regimens on Incident Renal Failure and Mortality

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Background. The efficacy and safety of administering a narrow-spectrum β-lactam and gentamicin as empirical therapy for community-acquired sepsis has been questioned. We compared the efficacy and safety of this combination with that of broad-spectrum β-lactams (cefotaxime, piperacillin-tazobactam, or meropenem) in patients with suspected sepsis.

PICOT	
Design & Population	• Retrospektiv studie, Akershus universitetssykehus • 1917 pasienter som ble innlagt på Ahus med mistenkt sepsis
Intervention	• Oppstart med smalspektret β-laktamantibiotika/ gentamicin *eller* bredspektret β-laktamantibiotika (cefotaxim, piperacillin-tacobactam, meropenem) for mistenkt sepsis
Control	
Clinical outcome	• 30 dagers dødelighet • Akutt nyreskade
Time	• Januar 2017-desember 2022

Data

- Alle data ble automatisk hentet ut fra Ahus sitt lokale datavarehus (DIPS, Metavision)

Resultater

- Studiepopulasjon: 1917 pasienter
- 33 % fikk smalspektret β-laktamantibiotika/gentamicin og 67 % fikk bredspektret β-laktamantibiotika
- Pasienter på bredspektret β-laktamantibiotika hadde:
  - Mer komorbiditet, høyere kreatinin ved innkomst, hyppigere behov for pustestøtte og innleggelse på intensiv/intermediær enhet.
  - Behandlingen var assosiert med høyere grad av akutt nyreskade og/eller død (AOR 1,61 (95% KI 1,27-2,04)).
- Ikke påvist sammenheng mellom kumulativ dose av gentamicin og maksverdi av kreatinin.
- Pasienter som ble behandlet med gentamicin og fikk nyresvikt, fikk normalisering av kreatinin ila. 30 dager.

Konklusjon

- Empirisk behandling med smalspektret β-laktamantibiotika/ gentamicin av pasienter med mistenkt sepsis var ikke assosiert med økt risiko for akutt nyresvikt eller død.
- Hvis lokale resistensforhold tillater, kan behandling med smalspektret β-laktamantibiotika/ gentamicin redusere bruk av bredspektret β-laktamantibiotika
  - Gir mindre resistensutvikling og bedre utkomme for pasienten.

Takk for oppmerksomheten!

Egenskaper	PX-UV (LAMP trial)	Traditonal UVC
Lyskilde	Pulsert xenon gas	Low-pressure mercury lamp or UVC LEDs
Bølgelengde	Bred-spektret 200-320 nm	Smalspektret 254 nm
Levering av UVC lys	Høy-intensitet pulser	Kontinuerlig lys
Virketid	Korte lyspulser, rask syklus	Typisk lengre syklus
Markedsføres som..	«raskere» og mer intens	Flere studier, mer utbredt bruk

Fra Gabriel Birgand, FR, ICPIC