



AMR in the hospital environment, evaluation, and impact

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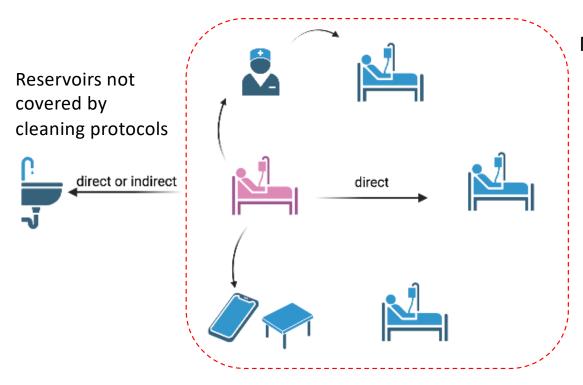
Questions about hospital environment and AMR/infection control

• Is environmental monitoring of multi-resistant pathogens useful?

- When should I suspect an environmental source?
- How to plan environmental sampling?



Immediate surrounding area of patients colonized



Multimodal IPC strategies

- Hand hygiene
- Surveillance for asymptomatic colonization
- Contact precautions
- Environmental cleaning

Is environmental monitoring of multi-resistant pathogens useful?



Guidelines for the prevention and control of carbapenem-resistant Enterobacteriaceae, Acinetobacter baumannii and Pseudomonas aeruginosa in health care facilities

The panel recommends that surveillance cultures of the environment for CRE-CRAB-CRPsA may be considered when epidemiologically indicated.

Conditional recommendation, very low quality of evidence

Recommendation 7

Outbreaks of CRPsA colonization/infection patients among appeared to be more commonly associated with environmental CRPsA contamination involving water and waste-water systems, such as sinks and taps (faucets).

What about *K. pneumoniae, E. cloacae*?

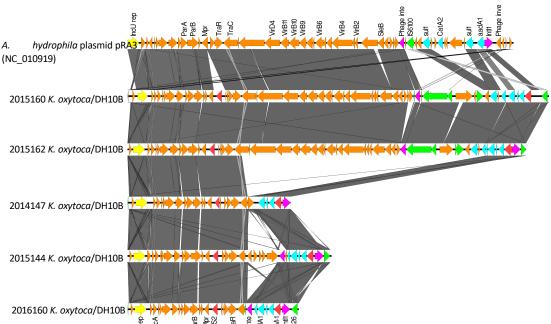
2017

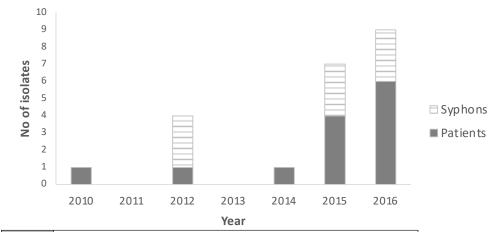


1. Persistent colonisation of siphons, but also of pipes.

K. oxytoca ST202/VIM-1+qnrS1

>30 SNPs of difference between isolates



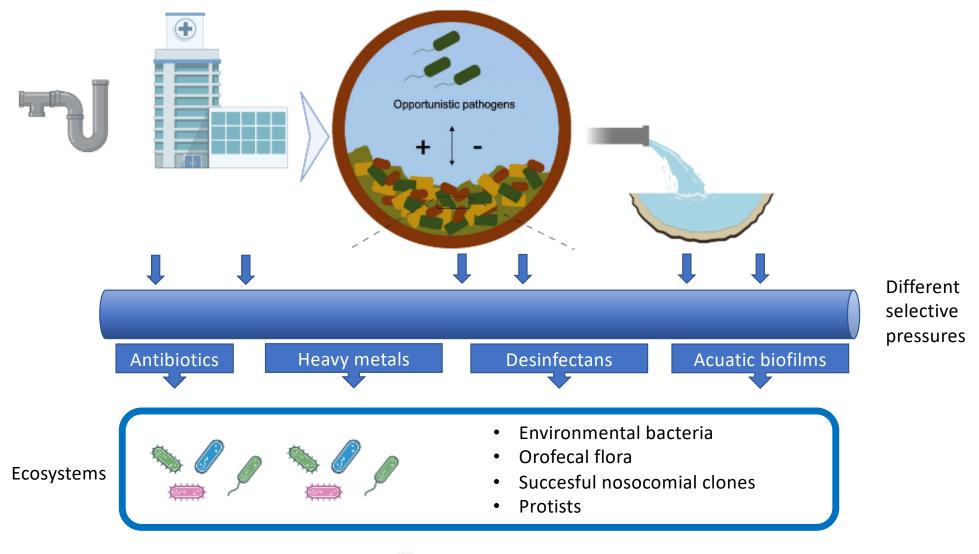


ICU-A	BOX-7		
	BOX-10		
ICU-B		BOX-1	BOX-1
	BOX-2		
			BOX-5
	BOX-6	BOX-6	
			BOX-7
		NC	NC

- Sinks of every box were not connected to each other
- · Independent drains to a common collector



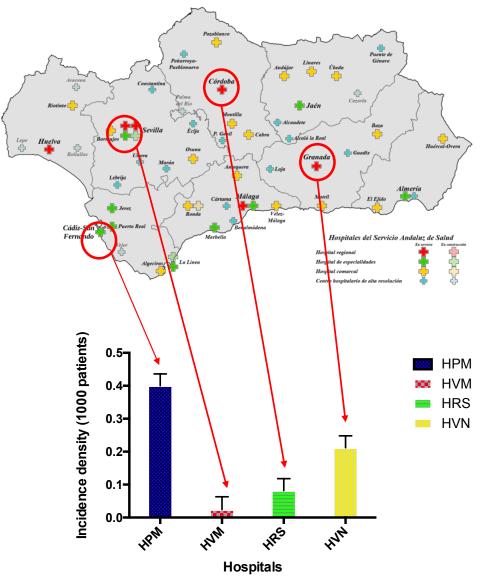




Canalis project

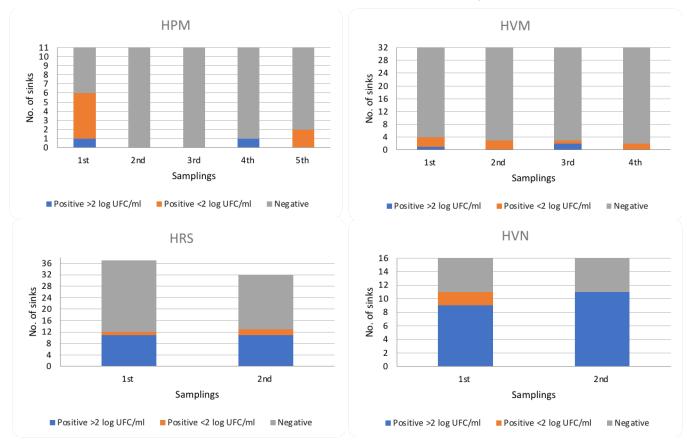
4 hospitals

- Different Incidence Density of Carbapenemase infection cases
- No current outbreaks at the ICU
- No current desinfections interventions





2. Universal CRE colonisation of the siphons of the 4 ICUs



2. Universal and persistent of some clones

Few cases of patient colonization, difficult to trace with the siphon

	No. of different positive siphons											
	Months											
	1	2	3	4	5	6	7	8	9	10	11	12
HRS												
K. pneumoniae ST512	1			2	2	1	2	1	3	1		3
K. pneumoniae ST3362			1					1				
K. oxytoca ST329								1	1			
E. cloacae ST523			1	1	3				1	2		3
C. freundii ST95				1				2	3			
E. cloacae ST24									1			2
P. aeruginosa ST155		1		6	7			2	3	1		2
P. putida ST122				1				1				
P. putida ST115		1		6	7			2	3	1		2
HVM												
K. oxytoca ST202			1	3	3			2	1		2	5
K. pneumoniae ST392	1				1		1	1	1			4
K. pneumoniae ST512						1	1					
P. putida ST119						1						1
HPM												
E. cloacae ST96	2							1				
HVN												
C. freundii ST125	2	2	1									
P. aeruginosa ST253	2		2		2	3			4	1	1	1
P. putida ST115	1	1	1									
P. putida ST103				2	2							
P.putida ST17				1	4	2	1	2	1	3	1	1
P. putida ST15	1	2	1									

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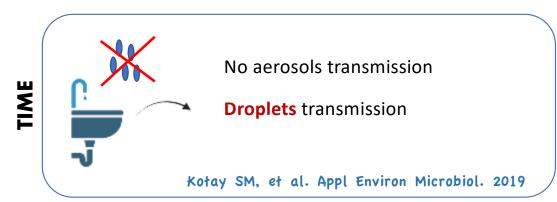
When to suspect environmental reservoir involvement?

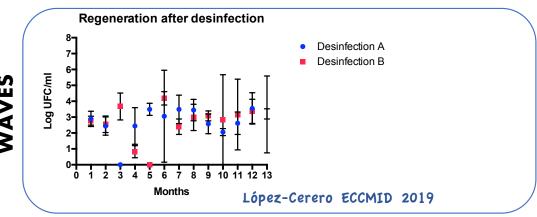
Characteristics of scenarios

- Outbreaks that are sustained over time like waves of the same lineage
- Hypothetical endemics
- Re-emergence of lineages after successful interventions
- Several different species or lineages with identical genetic platform

Factors affecting

- Use of sinks
- Locations of sinks
- Bacterial load
- Drainage



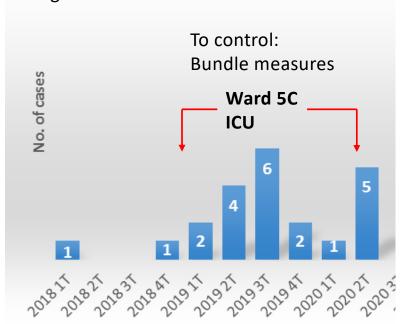


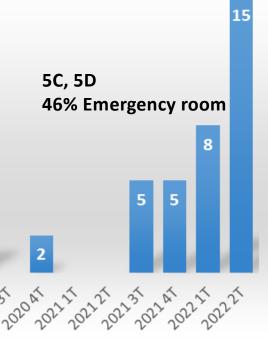


How to plan environmental sampling?

The importance of targeted sampling

K. pneumoniae ST15/VIM-1+OX—48+CTX-M-15 H. Virgen Macarena





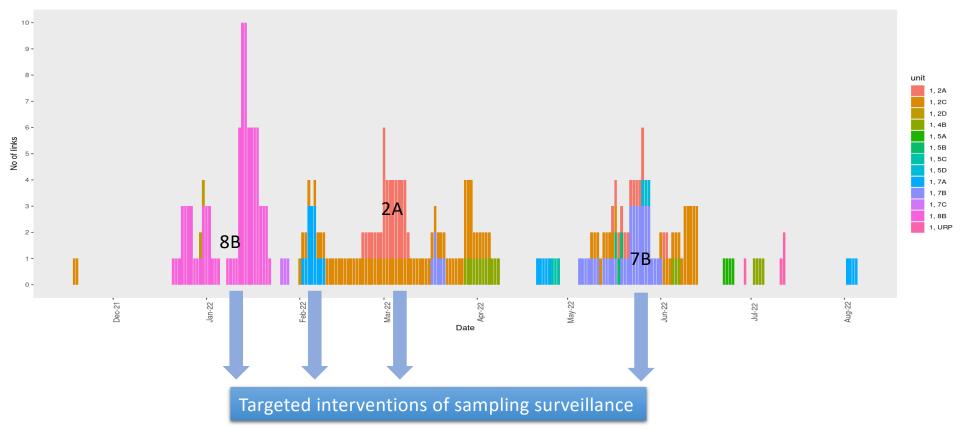
- Does the outbreak occurring in 5C and 5D?
- Should we go to these wards to look for hidden reservoirs?

Look for links one year before the occurrence of the second wave

No. links between patients: coincidence of 2 positive patients in the same ward at the same time

(https://nrar.shinyapps.io/epilinx_web/)

Epicurve based on direct epilinks



Targeted sampling: the outbreak was previous

