

<u>.</u>

Background

- Individual exposure to antibiotics is the crucial risk factor for C. difficile infection (CDI).
- Ward-level use of antibiotics also associates with risk for CDI.
- When the previous occupant of a given hospital room has CDI, the subsequent patient in that room is at increased risk for CDI.

Aims

To determine whether receipt of antibiotics by prior bed occupants is associated with increased risk for CDI in subsequent patients who occupy the same bed.

Methods

- Retrospective cohort study in adults admitted to any one of 4 large hospitals from 2010-2015.
- Exclusion criteria: recent CDI (90 days), CDI within 48 hours, spent <48 hours in the first hospital bed after admission, prior bed occupant spent <24 hours in the bed.
- The primary exposure was receipt of non-CDI antibiotics by the prior bed occupant.
- The outcome was incident CDI in the subsequent patient in the same bed, defined as a positive stool PCR for toxin B and receipt of treatment for CDI.

Receipt of antibiotics in hospitalized patients increases risk for COLUMBIA UNIVERSITY <u>d</u> MEDICAL CENTER C. difficile infection in subsequent patients who occupy the same bed Daniel E. Freedberg, MD,¹ MS, Hojjat Salmasian, MD, PhD,² Bevin Cohen, MPH,³ Julian A. Abrams, MD, MS,¹ Elaine L. Larson, RN, PhD⁴

¹Division of Digestive and Liver Diseases, Columbia University Medical Center, ²Department of Biomedical Informatics, New York-Presbyterian Hospital, Department of Epidemiology, ³Mailman School of Public Health, ⁴School of Nursing, Columbia University

Results			Table 2. Characteristics of prior bed occupants,				
				organized accordin	g to wheth	ner or not	the
Table 1 . Characteristics of study subjects. subsequent patient in the same bed developed CDI.							
Characteristics of	Patient	Patient Did Not	P-	Characteristics of the	Subsequent	Subsequent	P-
subjects	Developed CDI	Develop CDI	value	prior bed occupant	Patient	Patient Did	value
	(n=576)	(n=100,039)			Developed	Not Develop	
Sex					CDI	CDI	
Male	279 (48%)	49,192 (49%)	0.73		(n=576)	(n=100,039)	
Female	297 (52%)	50,847 (51%)		Sex			
Age				Male	293 (51%)	49,494 (49%)	0.51
Under 55	142 (25%)	34,183 (34%)	< 0.01	Female	283 (49%)	50,545 (51%)	
55 to 70	175 (31%)	29,116 (29%)		Age			
Over 70	259 (45%)	36,740 (37%)		Under 55	161 (28%)	32,922 (33%)	0.04
Race/ethnicity				55 to 70	178 (31%)	29,648 (30%)	
White	240 (42%)	39,316 (39%)	0.17	Over 70	237 (41%)	37,469 (37%)	
Black	47 (8.2%)	10,208 (10%)		Race/ethnicity			
Hispanic	119 (21%)	22,790 (23%)		White	247 (43%)	38,605 (39%)	0.07
Other	170 (30%)	27,725 (28%)		Black	66 (11%)	10,513 (11%)	
Ward type				Hispanic	135 (23%)	24,709 (25%)	
Medical	193 (34%)	40,830 (41%)	< 0.01	Other/Unknown	128 (22%)	26,212 (26%)	
Cardiac	72 (13%)	15,308 (15%)		Charlson Index	1 (0-3)	1 (0-2)	< 0.01
ICU	178 (31%)	12,109 (12%)		Lab values			
Surgical	100 (17%)	21,788 (22%)		Creatinine	1.0 (0.8-1.3)	0.9 (0.7-1.3)	0.13
Neurological	33 (5.7%)	10,004 (10%)		Albumin	3.5 (2.9-4.3)	3.8 (3.2-4.5)	< 0.01
Charlson Index	2 (0-3)	1 (0-2)	< 0.01	WBC	8.9 (6.5-12.4)	8.3 (6.3-11.5)	0.01
Lab values				Treatments			
Creatinine	1.0 (0.8-1.7)	0.9 (0.7-1.2)	< 0.01	Antibiotics	353 (61%)	48,720 (49%)	< 0.01
Albumin	3.2 (2.7-3.7)	3.9 (3.3-4.5)	< 0.01	Hemodialysis	41 (7.1%)	3,960 (4.0%)	< 0.01
WBC	10.6 (7.3-14.5)	8.6 (6.3-11.7)	< 0.01	Acid suppression	368 (64%)	54,959 (55%)	< 0.01
LOS (days)	17 (11-26)	6 (4-10)	< 0.01	medications			
Treatments				Immunosuppressants	172 (29%)	21,718 (22%)	< 0.01
Antibiotics	386 (67%)	27,045 (27%)	< 0.01	C. difficile infection			
Hemodialysis	75 (13%)	2,434 (2.4%)	< 0.01	Within 90 days prior to	1 (0.17%)	146 (0.15%)	0.57
Acid suppression	441 (77%)	45,949 (46%)	< 0.01	admission			
Immunosuppressants	178 (31%)	13,750 (14%)	< 0.01	During room admission	11 (1.9%)	1,339 (1.3%)	0.24

Figure 1. Kaplan-Meier plot showing survival from *Clostridium* free difficile infection (CDI) through 14 days, stratified according to the antibiotics received by the prior bed occupant.



Number at risk No Antibiotics 51542 Antibiotics 49073



17674

Table **Risk F** Prior b Antibi Subject Age (Und 55 1 Ove Ward Mec Car Inte Sur Neu Antibi Acid s Immu Creat Albun

> Figure 2. Multiple risk factors were identified related to the subsequent patient but, of all the potential risk factors examined that were related to the prior bed occupant, only antibiotics associated with increased risk for CDI in subsequent patients.



6426

Results (contd.)

3 . Final Cox proportional hazards model.						
ictors	Subjects with CDI/ Total Exposed (%)	Hazard Ratio (95% CI)				
ed occupant						
otics	353/49,073 (0.7%)	1.21 (1.02-1.44)				
risk factors						
years)						
ler 55	142/34,325 (0.4%)	Ref				
o 70	175/29,291 (0.6%)	1.14 (0.91-1.42)				
er 70	259/36,999 (0.7%)	1.42 (1.15-1.75)				
type						
lical	193/41,023 (0.5%)	Ref				
diac	72/15,380 (0.5%)	0.87 (0.65-1.13)				
nsive care unit	178/12,287 (1.4%)	1.75 (1.42-2.17)				
gical	100/21,888 (0.5%)	1.11 (0.87-1.42)				
rological	33/10,037 (0.3%)	0.88 (0.61-1.23)				
otics	386/27,431 (1.4%)	4.18 (3.50-4.99)				
uppression	441/46,390 (1.0%)	2.13 (1.74-2.60)				
nosuppressants	178/13,928 (1.3%)	1.58 (1.31-1.91)				
inine		1.07 (1.04-1.11)				
nin		1.30 (1.17-1.45)				



Conclusions

1) Receipt of antibiotics by prior bed occupants increases risk for CDI in subsequent patients who later occupy the same bed.

More generally, antibiotics given to one patient may alter the local microenvironment to influence a different patient's risk for CDI.