

893. Vancomycin Resistant Enterococcus (VRE) Rates in Ontario, Canada After the Discontinuation of VRE Screening and Control Practices by Some Hospitals: Interim Results

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Background. Since 2009, there has been mandatory public reporting of vancomycin-resistant Enterococcus (VRE) bacteremia by hospitals in the province of Ontario, Canada. Provincial best practice guidelines recommend VRE screening and control practices. In July 2012, 4 of 148 hospital corporations discontinued their VRE screening and control practices; all 4 were acute teaching hospital corporations. Public Health Ontario (PHO) sought to examine trends of VRE-bacteremia incidence in Ontario after July 2012. These are planned interim results; the study ends in December 2015.

Methods. All VRE-bacteremias reported by Ontario hospitals to the provincial Patient Safety Public Reporting database between July 2012 and March 2014 were

validated by PHO. Poisson regression was used to assess changes in incidence of VRE-bacteremia rates per 100,000 patient-days after July 2012. Hospitals were stratified by presence of VRE screening and control practices (screening) or its absence (non-screening); this analysis was repeated for screening and non-screening acute teaching hospitals.

Results. In the study period, 39 hospital corporations reported 134 VRE-bacteremias. Screening and non-screening hospitals reported an increase in the VRE-bacteremia rate (0.4 to 0.7 per 100,000 patient-days and 1.0 to 2.5 per 100,000 patient-days, respectively). The change in rate between screening and non-screening hospitals was statistically significant ($p < 0.0001$). When the analysis was restricted to only acute teaching hospitals, there was a slight decrease in VRE bacteremias in screening acute teaching hospitals (1.3 to 1.2 per 100,000 patient days) although the change in rate between non-screening and screening acute teaching hospitals was not statistically significant ($p = 0.2$).

Conclusion. The interim results show that the change in rate of VRE bacteremias is significantly different for hospitals with and without VRE screening and control practices. PHO will continue to recommend that Ontario hospitals continue their VRE screening and control measures, and to await the final results of this study before making changes to their infection control programs.

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