Figure: Percent of Isolates Nonsusceptible to Trimethoprim-Sulfamethoxazole Among Methicillin-resistant *Staphylococcus aureus* Associated with Surgical Site Infections (SSIs), Central Line-Associated Bloodstream Infections (CLABSIs), and Catheter-Associated Urinary Tract Infections (CAUTIs)—National Healthcare Safety Network, 2012-2018
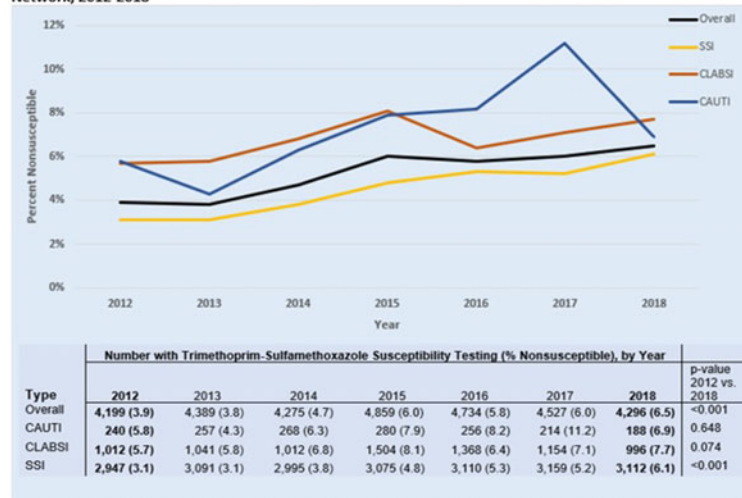
| | Number with Trimethoprim-Sulfamethoxazole Susceptibility Testing (% Nonsusceptible), by Year | | | | | | | p-value 2012 vs. 2018 |
Type	2012	2013	2014	2015	2016	2017	2018	
Overall	4,199 (3.9)	4,389 (3.8)	4,275 (4.7)	4,859 (6.0)	4,734 (5.8)	4,527 (6.0)	4,296 (6.5)	<0.001
CAUTI	240 (5.8)	257 (4.3)	268 (6.3)	280 (7.9)	256 (6.2)	214 (11.2)	188 (6.9)	0.648
CLABSI	1,012 (5.7)	1,041 (5.8)	1,012 (6.8)	1,504 (8.1)	1,368 (6.4)	1,154 (7.1)	996 (7.7)	0.074
SSI	2,947 (3.1)	3,091 (3.1)	2,995 (3.8)	3,075 (4.8)	3,110 (5.3)	3,159 (5.2)	3,112 (6.1)	<0.001

Fig. 1.

Presentation Type:
Poster Presentation

Tuberculosis Exposure and Conversion Rates Can Guide Deimplementation of Annual Tuberculosis Screening

Holly Meacham, University of Iowa Hospital and Clinics; Takaaki Kobayashi, University of Iowa Hospitals and Clinics; Mohammed Alsuhaibani, University of Iowa health care; Stephanie Holley, University of Iowa Hospital & Clinics; Michael Edmond, University of Iowa Hospitals and Clinics; Daniel Diekema, University of Iowa Carver College of Medicine; Angie Dains, University of Iowa Hospital and Clinics; Oluchi Abosi, University of Iowa Hospitals & Clinics; Mary Kukla, University of Iowa Healthcare; Kyle Jenn, University of Iowa Hospitals & Clinics; Patrick Hartely; Jorge Salinas, University of Iowa

Background: The CDC recently updated recommendations on tuberculosis (TB) screening in healthcare facilities, suggesting the discontinuation of annual TB screening. However, hospitals may opt to continue based on their local TB epidemiology. We assessed TB infection control parameters in our facility to guide the implementation of the new CDC recommendations. **Methods:** We retrieved data for patients with an *International Classification of Disease, Tenth Revision* (ICD-10) code for TB treated at the University of Iowa Hospitals and Clinics during 2016–2019. We supplemented our search with microbiology data: culture or PCR for *Mycobacterium tuberculosis*. Based on manual chart review, we adjudicated each patient as active TB, latent TB, previously treated TB, unclear history, or no TB. We further labeled active TB cases based on their risk of transmission (pulmonary or extrapulmonary cases that underwent an aerosol generating procedure). We then calculated the number of exposure events associated with those patients and tuberculin skin test (TST) conversion rates among the exposed. **Results:** During 2016–2019, we identified 197 patients based on ICD-10 codes. In total, 10 additional patients were detected by microbiology data review. Of these 207 patients, 48 (23.2%) had active TB: lung, n = 24 (50%); lymph node, n = 9 (19%);

bone or spine, n = 5 (10%); eye, n = 3 (6%); disseminated, n = 2 (4%); pleura, n = 2 (4%); skin abscess, n = 2 (4%); and meningitis, n = 1 (2%). Of the 24 pulmonary patients, 6 (25%) had either a positive smear or a cavity on imaging. In total, 159 patients were excluded: no TB, n = 22 (14%); latent TB, n = 27 (17%); old or treated TB, n = 93 (58%); and unclear history, n = 9 (6%). Of the 48 cases with active TB, 31 (65%) were deemed potentially infectious. Also, 10 cases (32%) led to the exposure of 204 healthcare workers (HCWs). Baseline and postexposure TST were available for 179 HCWs (88%); 72 (35%) followed up in the employee health clinic within the 8–12 weeks after exposure. Of 161 HCWs with a negative TST at baseline, no conversions occurred. Of 18 HCWs with positive TST at baseline, no HCW developed symptoms during the observation period. **Conclusions:** Nearly one-third of infectious TB cases led to HCW exposures in a low-incidence setting. However, no TST conversions or active TB infections were seen. Exposure and conversion rates are useful indicators of TB infection control in healthcare facilities and may help guide implementation of the new CDC TB control recommendations.

Presentation Type:
Poster Presentation

Two-Year Surveillance of Central-Line–Associated Bloodstream Infections in Non-ICU Wards in a Dutch Teaching Hospital

Veronica Weterings, Amphia hospital; Rinske Boersma, Amphia hospital; Breda Miranda van Rijen, Amphia hospital; Tom Rijpstra, Amphia ziekenhuis Breda Jop Zuidervaart, Amphia hospital; Jan Kluytmans, Amphia Hospital Breda

Background: Central-line–associated bloodstream infections (CLABSIs) are serious complications of modern health care, leading to increased morbidity, mortality, and costs. Since 2012, a multimodal insertion and care bundle for central venous catheters (CVCs) has been implemented in the intensive care