

# Central line-associated bloodstream infections increased in 2020

23 March 2021



2019 to 1.04 in 2020), followed by a 13 percent increase in ward locations. There were increases in SIR for hospitals in all bed size categories. At the same time, the reporting of data on CLABSIs decreased across all regions with 609 fewer hospitals reporting in 2020 Q2.

"Reducing the frequency of contacts with patients and of maintenance activities for [central catheters](#) (e.g., chlorhexidine bathing, scrubbing the hub, site examinations) as well as alterations to processes of care (such as risking disrupting catheter dressings when placing patients in a [prone position](#)) all have the potential to contribute to an increase in CLABSIs," the authors write.

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(HealthDay)—The national standardized infection ratio (SIR) for central line-associated bloodstream infections (CLABSIs) increased significantly in the second quarter (Q2) of 2020 compared with Q2 in 2019, with COVID-19 potentially being a factor in the increase, according to a study published online March 15 in *Infection Control & Hospital Epidemiology*.

Prachi R. Patel, M.P.H., from the U.S. Centers for Disease Control and Prevention in Atlanta, and colleagues used data on CLABSIs in acute care hospitals reported to the National Healthcare Safety Network for April, May, and June of 2019 and 2020 (13,136 inpatient units from 2,986 acute care hospitals).

The researchers found that 936 facilities had at least one predicted CLABSI and an SIR calculated. Overall, there was a 28 percent increase in the national SIR, from 0.68 in 2019 Q2 to 0.87 in 2020 Q2. The greatest percentage increase (39 percent) in SIR was seen in critical care units (from 0.75 in

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