

# Microbiology of Healthcare-associated Infections

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# Goals

- Microorganisms causing healthcare-associated infections
- Microbiological tools that can be used to “fingerprint” microorganisms

# Properties of Microorganisms

	Size	Growth on Non-Living Media	DNA and RNA	Sensitivity to Antibiotics
Mycotic Agents				
Yeasts	3-15 $\mu\text{m}$	+	+	+
Molds	2-20 $\mu\text{m}$	+	+	+
Bacteria	1-5 $\mu\text{m}$	+	+	+
Mycoplasma	0.1-0.25 $\mu\text{m}$	+	+	+
Rickettsiae	0.3-0.7 $\mu\text{m}$	-	+	+
Chlamydiae	0.1-1.5 $\mu\text{m}$	-	+	+
Viruses	20-300nm	-	-	-

# Sources of Healthcare-Associated Pathogens

Weinstein RA. Am J Med 1991;91 (suppl 3B):179S

- Endogenous flora (SSI, UTI, CLABSI): 40-60%
- Exogenous: 20-40% (e.g., cross-infection via contaminated hands [staff, visitors])
- Other (environment): 20%
  - Medical devices/inanimate objects
  - Contact with environmental surfaces (direct and indirect)



# Nosocomial Infections

## Chain of Infection

- Agent
- Mode of transmission
  - Contact (direct, indirect, droplet spread)
  - Airborne
  - Common-vehicle spread
- Host

# Mechanisms of Transmission

- ▣ Airborne-true airborne phase in route of dissemination
- ▣ Contact-victim has contact with source
  - Direct: Person-to-person (physical contact)
  - Indirect: Person-to-object-to-person (contact with contaminated intermediate object)
  - Droplet: <3 feet (brief passage of infection agent through the air)
- ▣ Common-vehicle: Food, water, medical devices (contaminated inanimate vehicles serves as vector of agent to multiple persons)
- ▣ Vector-borne

# HAI PATHOGENS, NHSN, 2011-2014

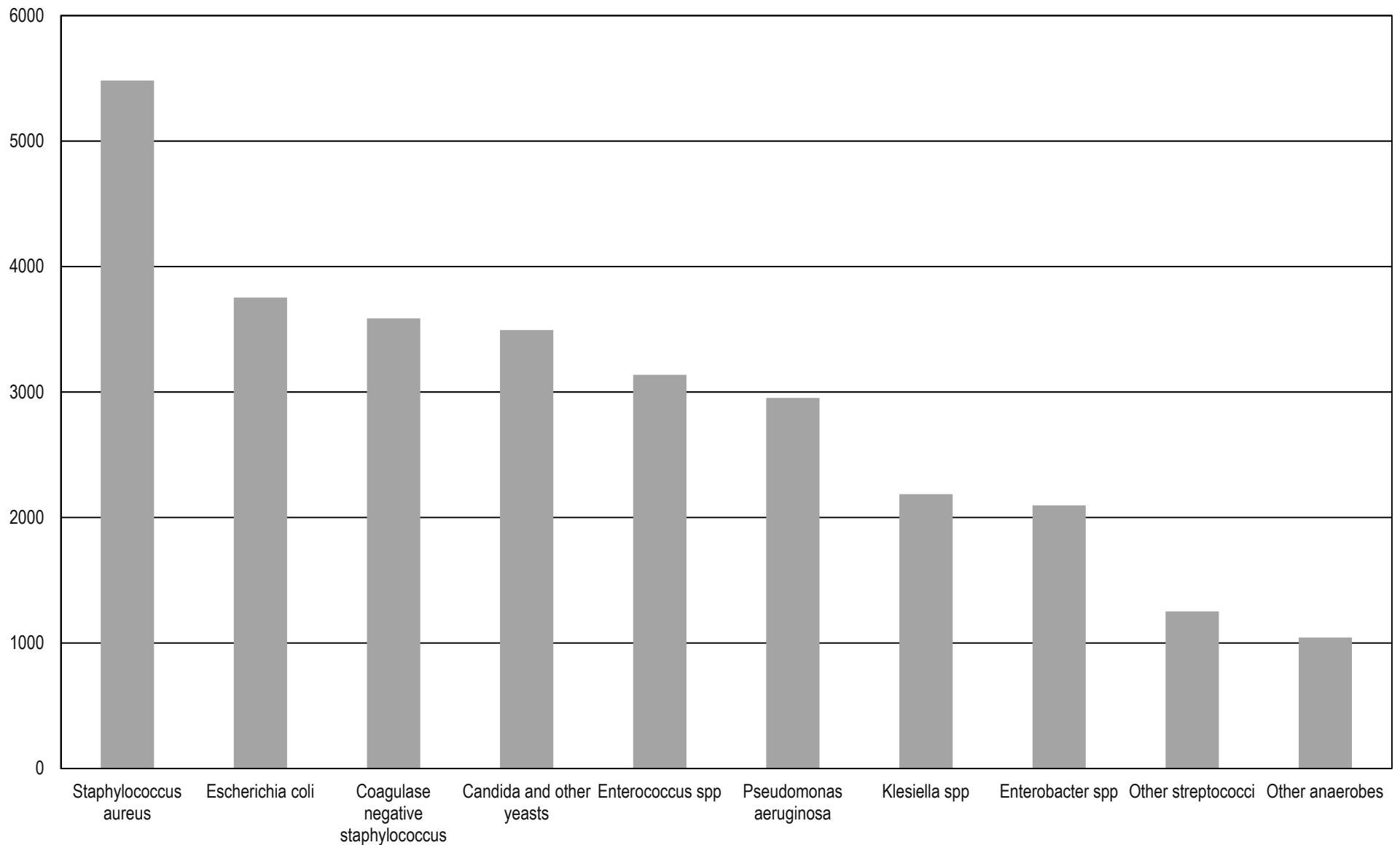
TABLE 4. Distribution and Rank Order of Pathogens Frequently Reported to the National Healthcare Safety Network (NHSN), by Type of Healthcare-Associated Infection (HAI), 2011–2014

Pathogen	Overall		CLABSI		CAUTI		VAP <sup>a</sup>		SSI	
	No. (%) of pathogens	Rank <sup>b</sup>	No. (%) of pathogens	Rank <sup>b</sup>	No. (%) of pathogens	Rank <sup>b</sup>	No. (%) of pathogens	Rank <sup>b</sup>	No. (%) of pathogens	Rank <sup>b</sup>
<i>Escherichia coli</i>	62,904 (15.4)	1	5,193 (5.4)	7	36,806 (23.9)	1	476 (5.4)	6	20,429 (13.7)	2
<i>Staphylococcus aureus</i>	48,302 (11.8)	2	12,706 (13.2)	2	2,515 (1.6)	14	2,179 (24.7)	1	30,902 (20.7)	1
<i>Klebsiella (pneumoniae/oxytoca)</i>	31,498 (7.7)	3	8,062 (8.4)	4	15,471 (10.1)	4	898 (10.2)	3	7,067 (4.7)	6
Coagulase-negative staphylococci <sup>c</sup>	31,361 (7.7)	4	15,794 (16.4)	1	3,696 (2.4)	13	72 (0.8)	13	11,799 (7.9)	3
<i>Enterococcus faecalis</i> <sup>d</sup>	30,034 (7.4)	5	8,118 (8.4)	3	10,728 (7.0)	5	32 (0.4)	21	11,156 (7.5)	4
<i>Pseudomonas aeruginosa</i>	29,636 (7.3)	6	3,881 (4.0)	10	15,848 (10.3)	3	1,449 (16.5)	2	8,458 (5.7)	5
<i>Candida albicans</i> <sup>d</sup>	27,231 (6.7)	7	5,761 (6.0)	6	17,926 (11.7)	2	193 (2.2)	10	3,351 (2.2)	12
<i>Enterobacter spp</i> <sup>c</sup>	17,235 (4.2)	8	4,204 (4.4)	9	5,689 (3.7)	9	727 (8.3)	4	6,615 (4.4)	8
<i>Enterococcus faecium</i> <sup>d</sup>	14,942 (3.7)	9	6,567 (6.8)	5	4,212 (2.7)	11	23 (0.3)	24	4,140 (2.8)	11
Other <i>Enterococcus spp.</i> <sup>d</sup>	14,694 (3.6)	10	1,974 (2.0)	14	6,291 (4.1)	7	19 (0.2)	27	6,410 (4.3)	9
<i>Proteus spp.</i> <sup>c</sup>	11,249 (2.8)	11	820 (0.8)	17	6,108 (4.0)	8	125 (1.4)	12	4,196 (2.8)	10
Yeast NOS <sup>e</sup>	10,811 (2.6)	12	763 (0.8)	18	9,443 (6.1)	6	54 (0.6)	16	551 (0.4)	25
Other <i>Candida spp.</i> <sup>d</sup>	10,641 (2.6)	13	4,730 (4.9)	8	5,178 (3.4)	10	37 (0.4)	19	696 (0.5)	19
<i>Candida glabrata</i> <sup>d</sup>	8,121 (2.0)	14	3,314 (3.4)	11	4,121 (2.7)	12	12 (0.1)	33	674 (0.5)	20
<i>Bacteroides spp.</i>	7,560 (1.9)	15	515 (0.5)	19	2 (<0.1)	130	2 (<0.1)	72	7,041 (4.7)	7
Other pathogen	51,932 (12.7)		14,130 (14.6)		9,771 (6.4)		2,507 (28.5)		25,524 (17.1)	
Total	408,151 (100)		96,532 (100)		153,805 (100)		8,805 (100)		149,009 (100)	

%MRSA by site: CLABSI, 50.7% (2014); VAP, 42.4% (2012); SSI, 42.6% (2014); CAUTI, 52.0% (2014)

Weiner LM, et al. ICHE 2016;37:1288-1301

## Top Ten Pathogens Causing Healthcare-Associated Infections, UNC Hospitals (1980-2008)



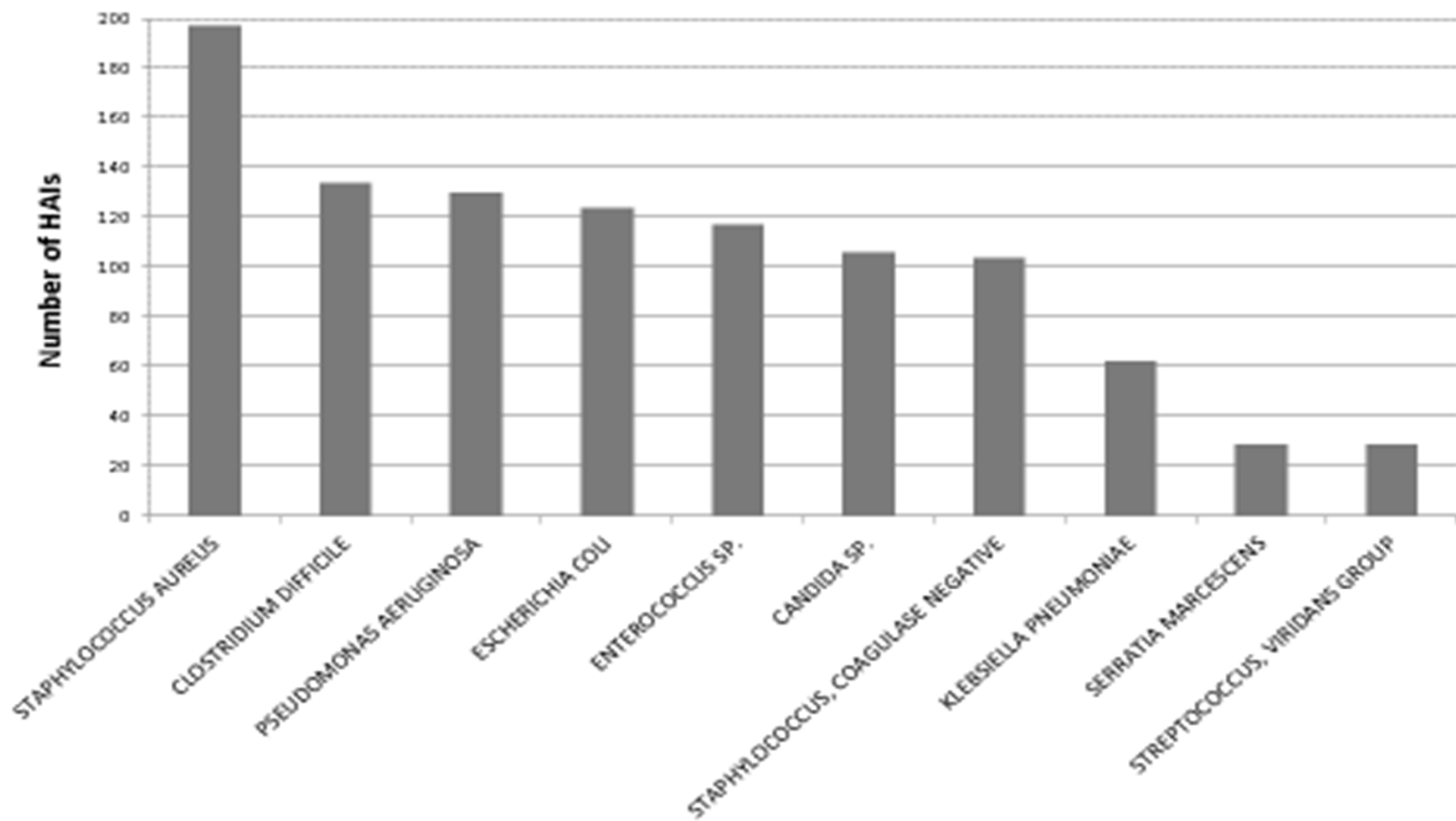
# Relative Frequency of HA Pathogens, 1980-2008

Kang, Sickbert-Bennett, Brown, Weber, Rutala. AJIC, 2012

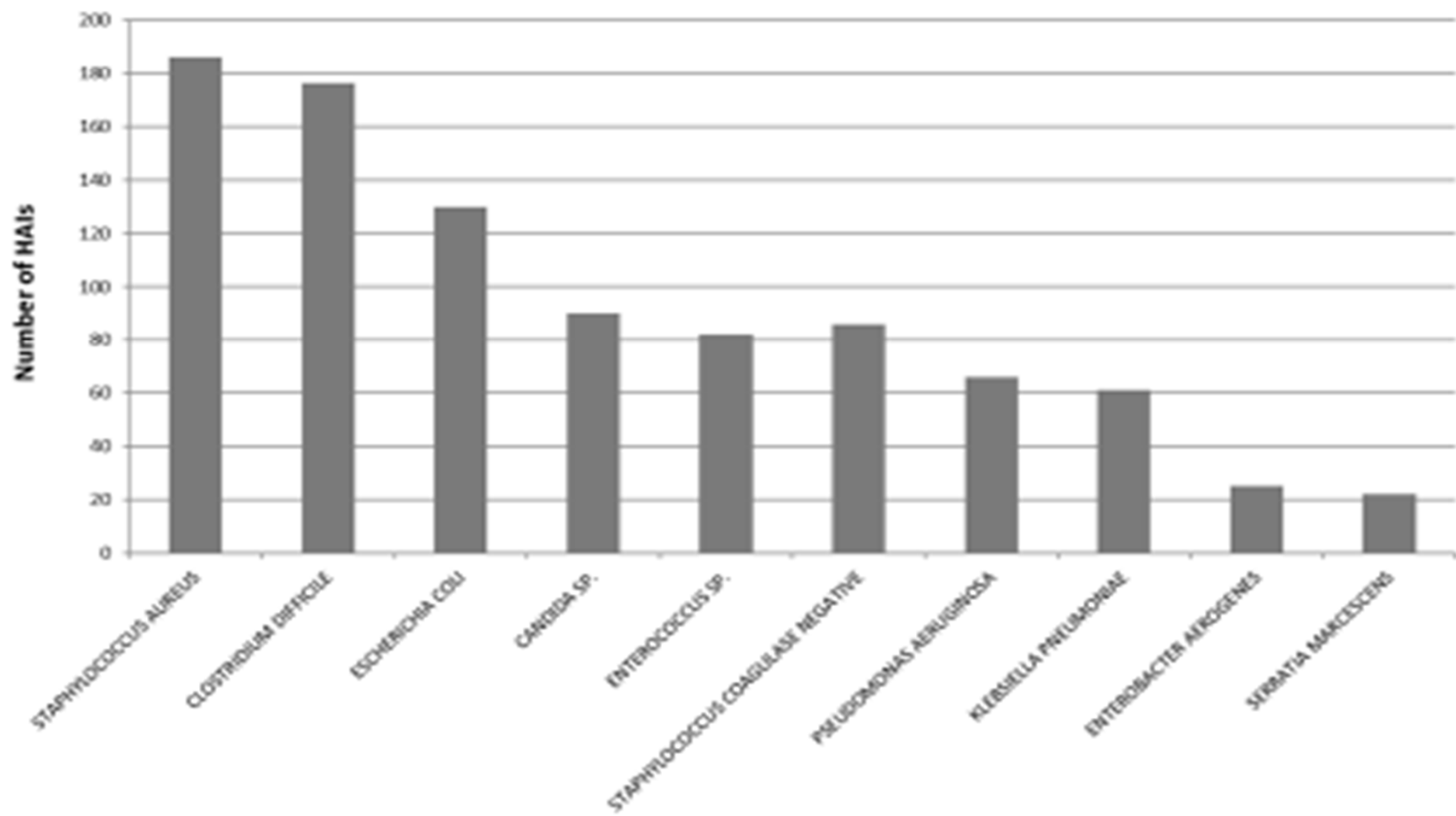
**Table 1**  
Changes in relative frequency of health care-associated pathogens by time blocks from 1980 to 2008

Organism	Total (1980-2008)			Percent of each time blocks						Trend analysis	
	Rank	No.	%	1980-1984	1985-1989	1990-1994	1995-1999	2000-2004	2005-2008	% Change	P value
<i>Staphylococcus aureus</i>	1	5,483	15.4	11.8	11.2	16.0	18.2	17.3	15.5	5.3	<.0001
<i>Escherichia coli</i>	2	3,753	10.6	12.6	12.7	11.3	9.2	8.2	11.5	-3.1	<.0001
Coagulase negative staphylococci	3	3,587	10.1	6.9	7.6	8.1	12.7	13.2	9.2	4.8	<.0001
<i>Candida</i> and other yeasts	4	3,494	9.8	7.7	10.4	11.0	10.3	11.1	8.1	3.0	.1890
<i>Enterococcus</i> spp	5	3,138	8.8	8.1	5.8	8.0	8.8	10.2	10.7	3.8	<.0001
<i>Pseudomonas aeruginosa</i>	6	2,954	8.3	9.5	9.5	9.7	8.6	6.7	7.1	-3.1	<.0001
<i>Klebsiella</i> spp	7	2,186	6.2	7.3	7.7	5.9	6.3	4.9	5.7	-2.4	<.0001
<i>Enterobacter</i> spp	8	2,097	5.9	7.2	8.2	6.3	4.8	4.7	5.7	-2.7	<.0001
Other streptococci	9	1,252	3.5	5.0	4.1	2.8	3.6	3.1	2.9	-1.8	<.0001
<i>Clostridium difficile</i> and other anaerobes	10	1,044	2.9	3.3	3.2	2.9	1.5	1.9	5.5	0.8	.0025
<i>Proteus</i> spp	11	946	2.7	5.4	3.9	2.1	1.6	1.9	2.1	-1.8	<.0001
<i>Serratia</i> spp	12	802	2.3	3.8	2.5	2.1	1.8	2.1	1.7	0.8	<.0001
<i>Acinetobacter</i> spp	13	593	1.7	1.2	1.4	2.2	1.4	2.1	1.6	-1.5	.0163
<i>Haemophilus</i> spp	14	494	1.4	1.6	2.5	2.2	1.1	0.9	0.8	-2.0	<.0001
<i>Bacteroides</i> spp	15	349	1.0	2.6	1.6	1.0	0.3	0.4	0.7	-0.8	<.0001
<i>Citrobacter</i> spp	16	325	0.9	1.1	1.1	0.9	0.8	0.9	0.8	0.5	.0488
Group B streptococci	17	324	0.9	1.4	1.3	1.1	0.5	0.6	0.9	-0.3	<.0001
Other	18	2,689	7.6	3.5	5.2	6.2	8.5	10.0	9.5	6.7	<.0001
Total (n)		35,510		5,217	4,336	4,904	6,964	7,999	6,090		

### Top Ten Pathogens Causing Healthcare Associated Infections, 2017

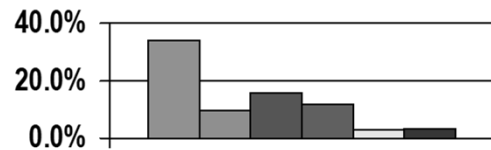


### Top Ten Pathogens Causing Healthcare Associated Infections, 2018

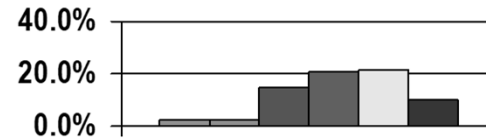


# PATHOGENS CAUSING HAIs, NHSN, 2006-2007

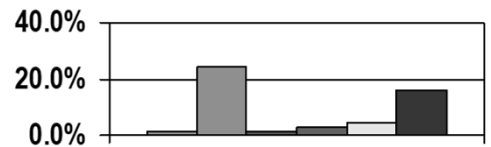
CLA-BSI



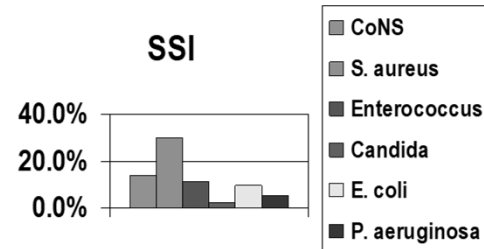
CA-UTI



VAP

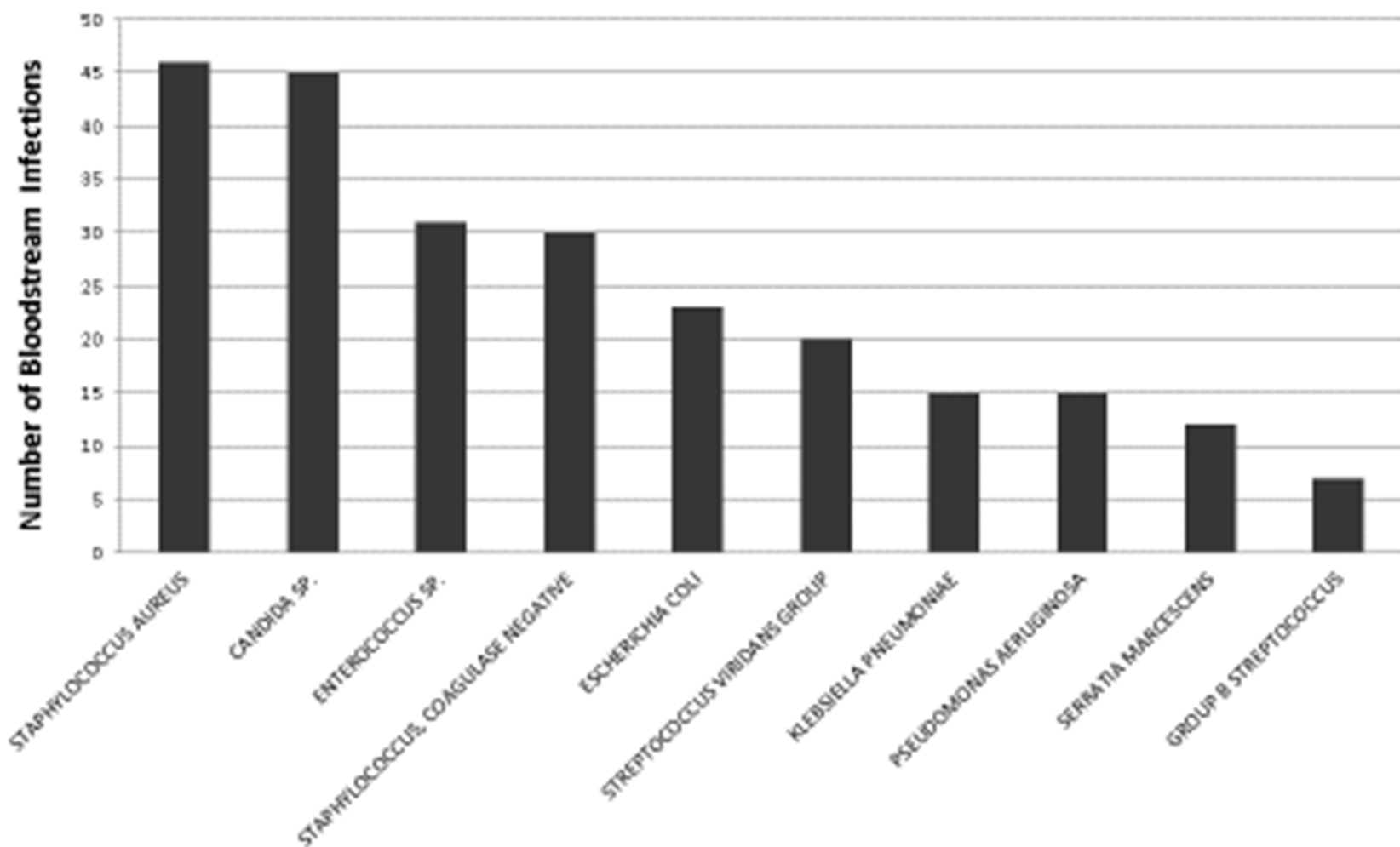


SSI

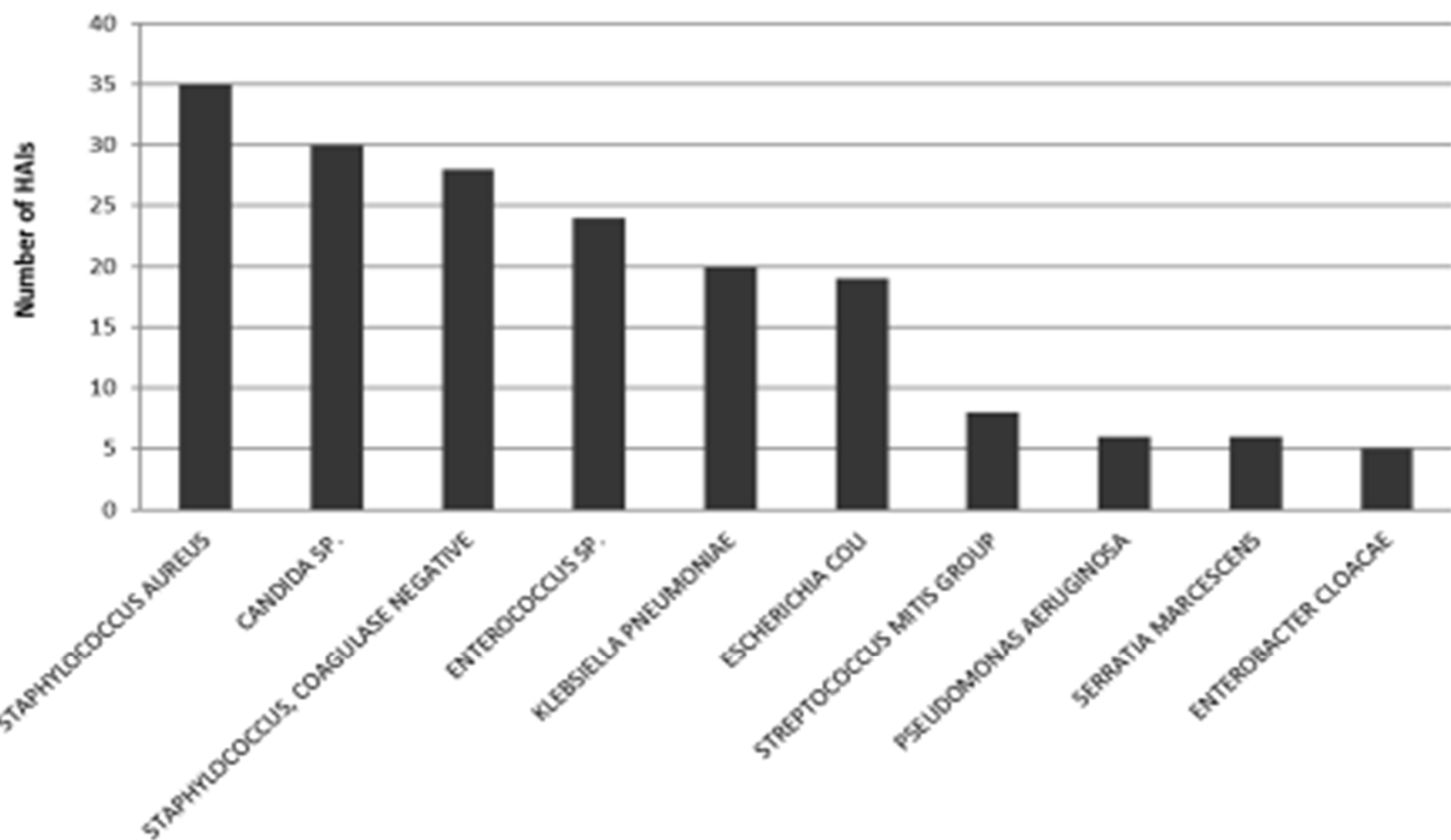




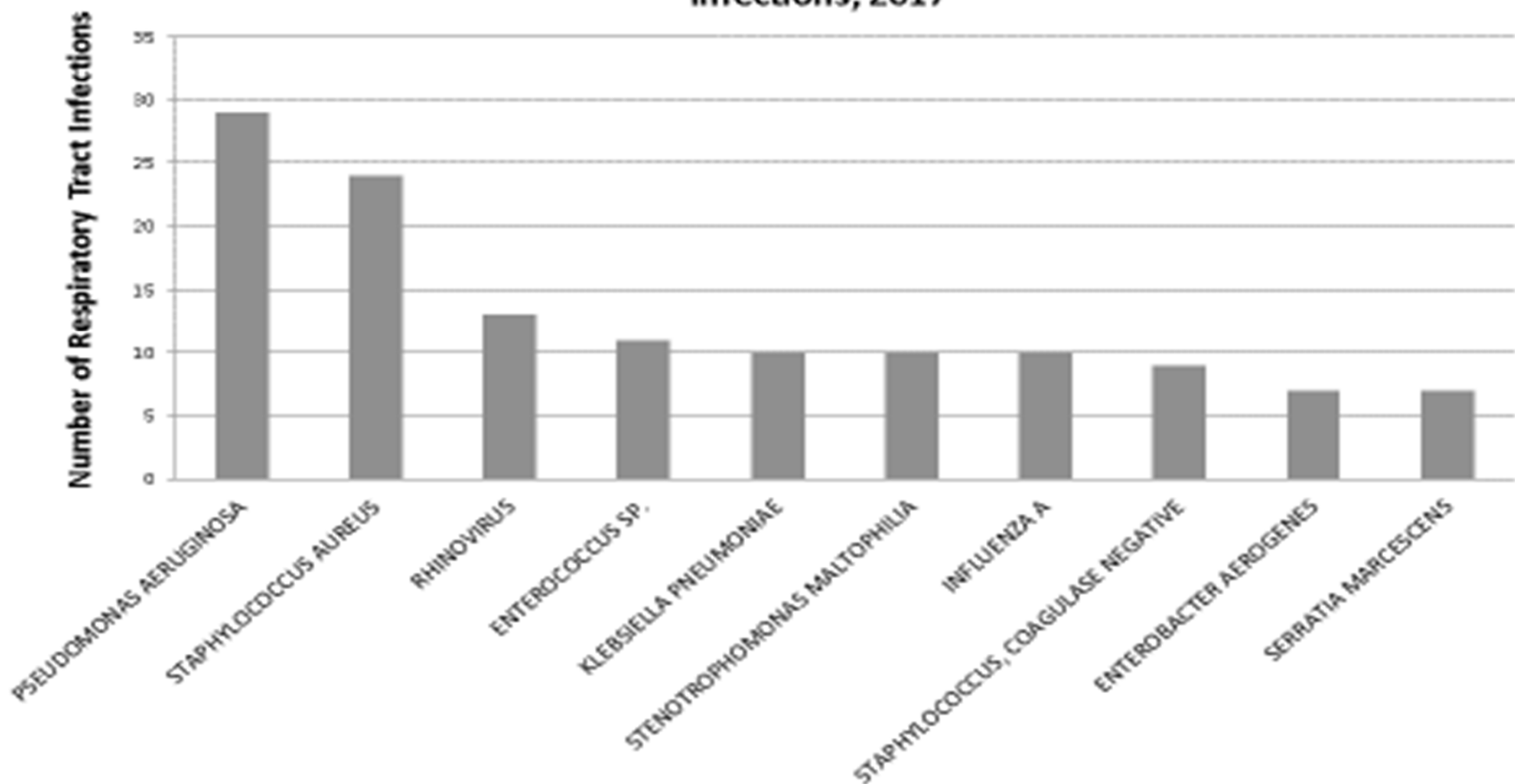
### Top Ten Pathogens Causing Healthcare Associated Bloodstream Infections, 2017



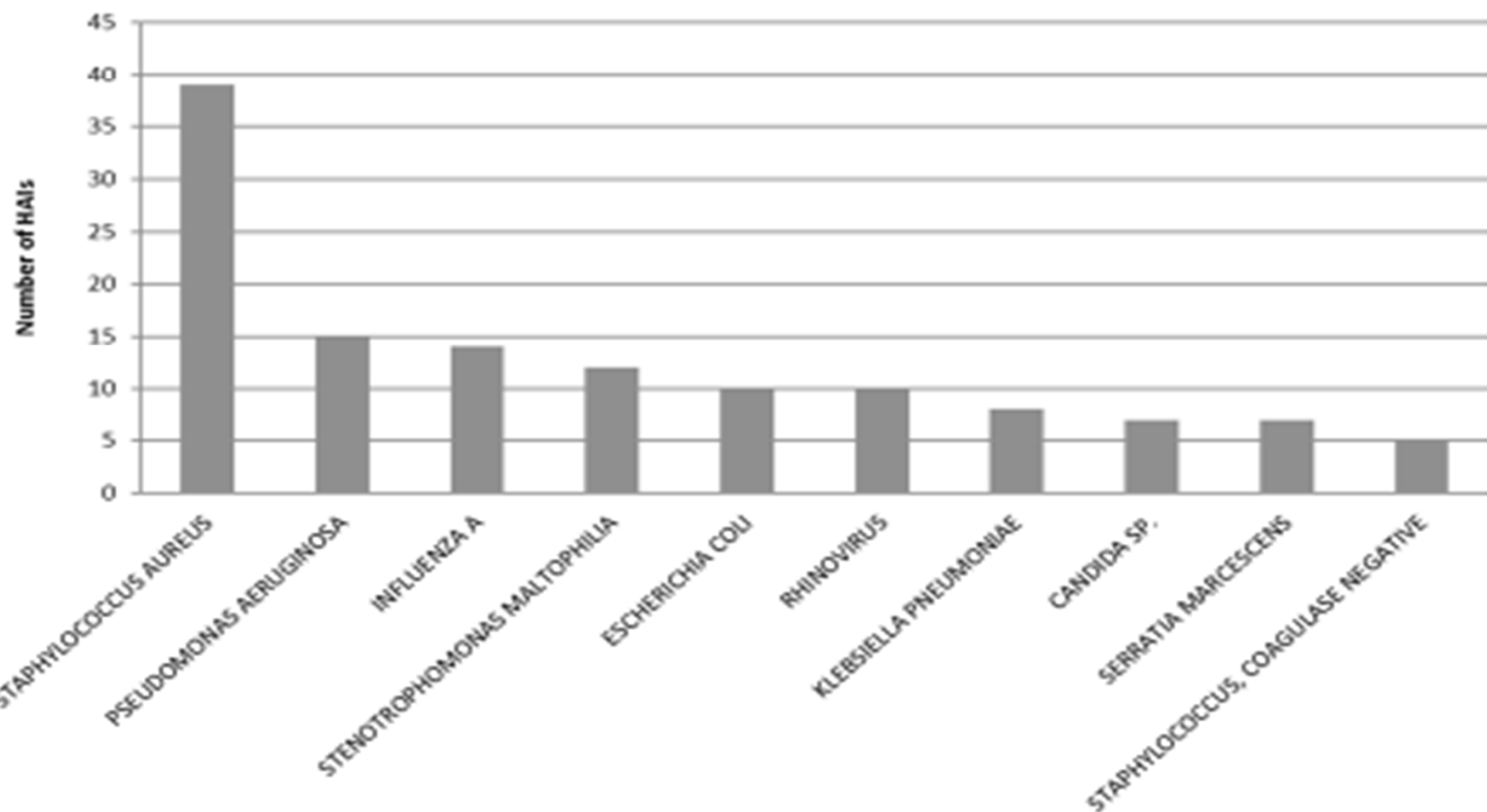
## Top Ten Pathogens Causing Healthcare Associated Bloodstream Infections, 2018



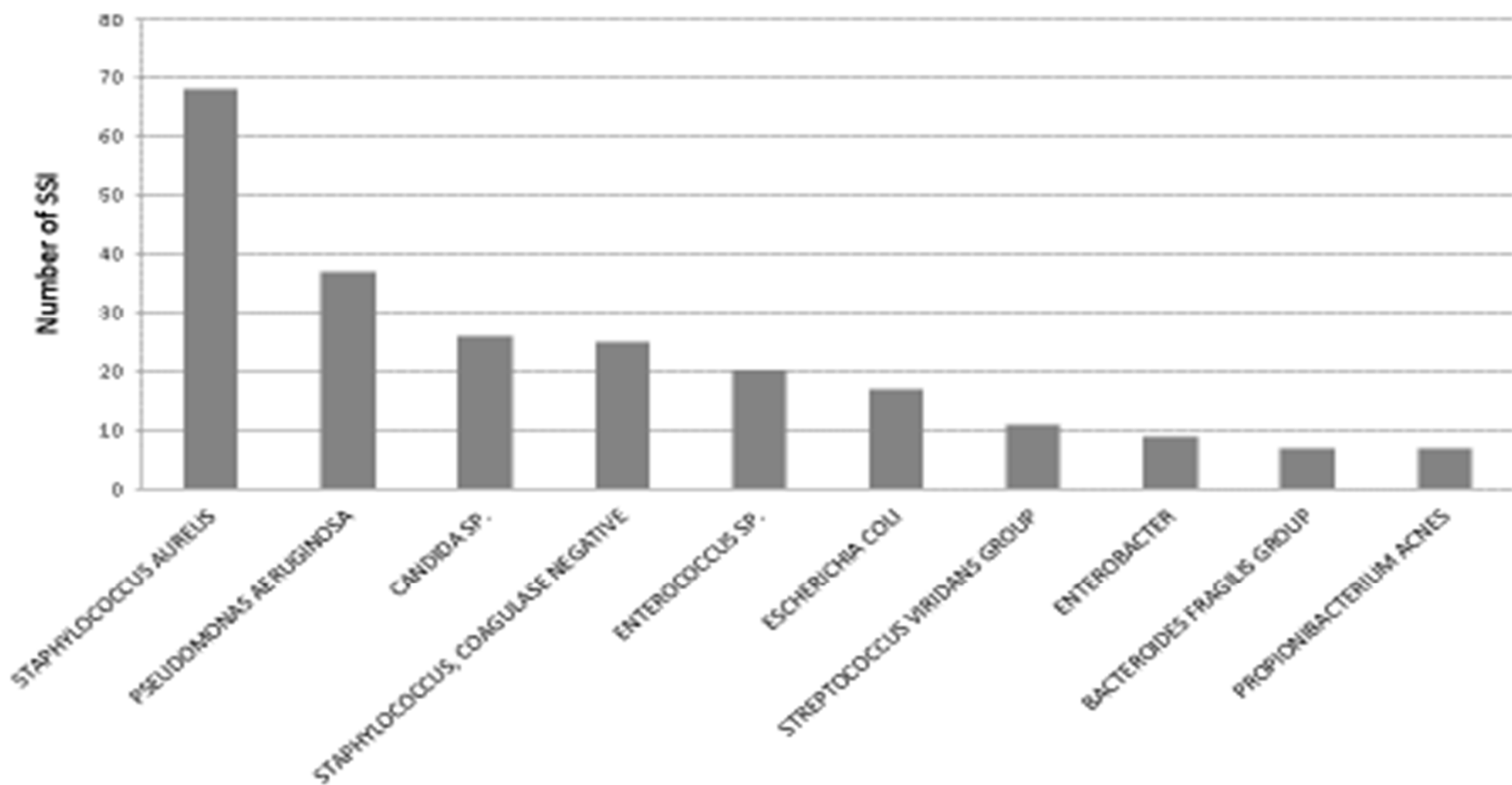
### Top Ten Pathogens Causing Healthcare Associated Respiratory Tract Infections, 2017



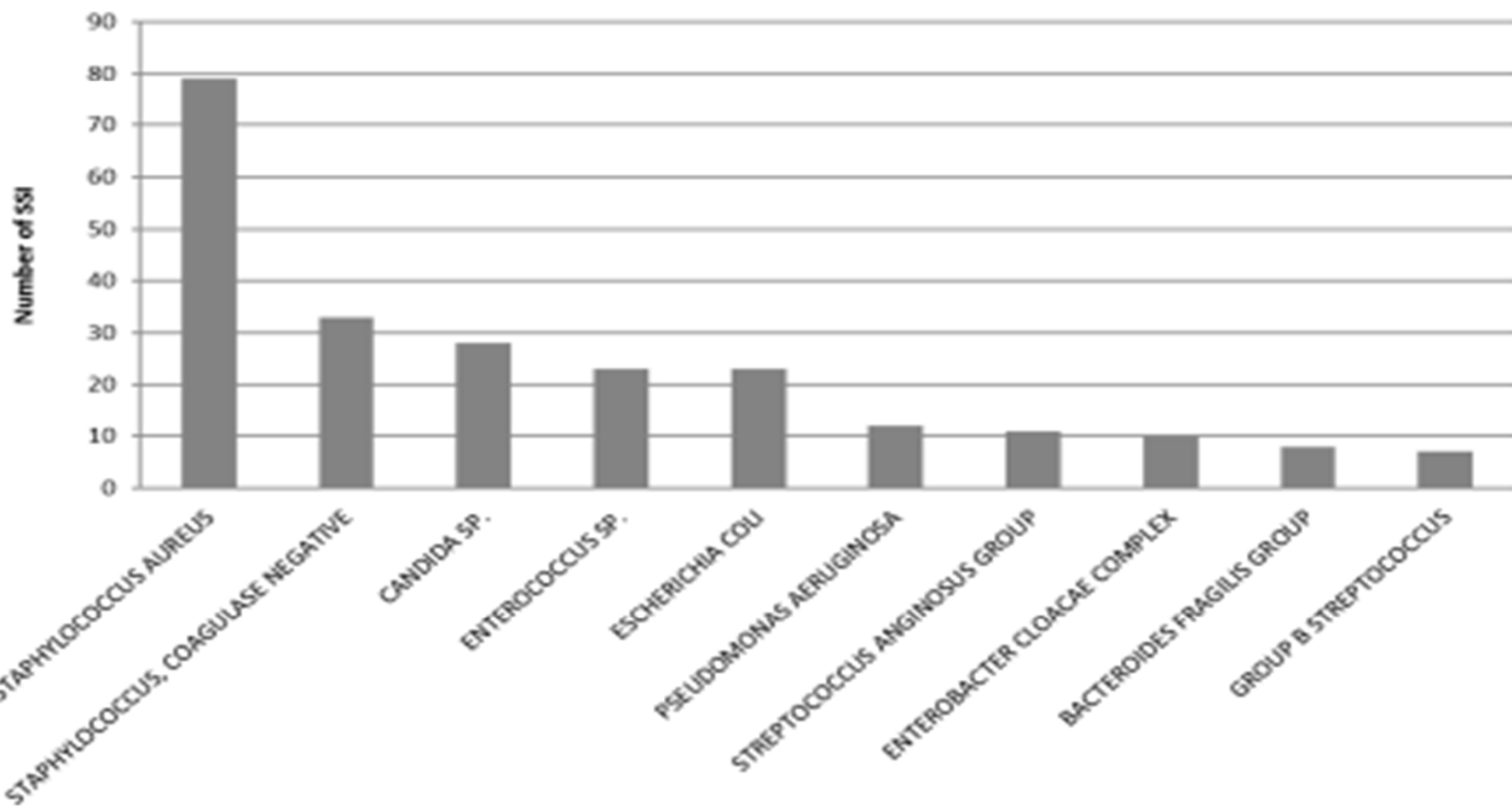
## Top Ten Pathogens Causing Healthcare Associated Respiratory Tract Infections, 2018



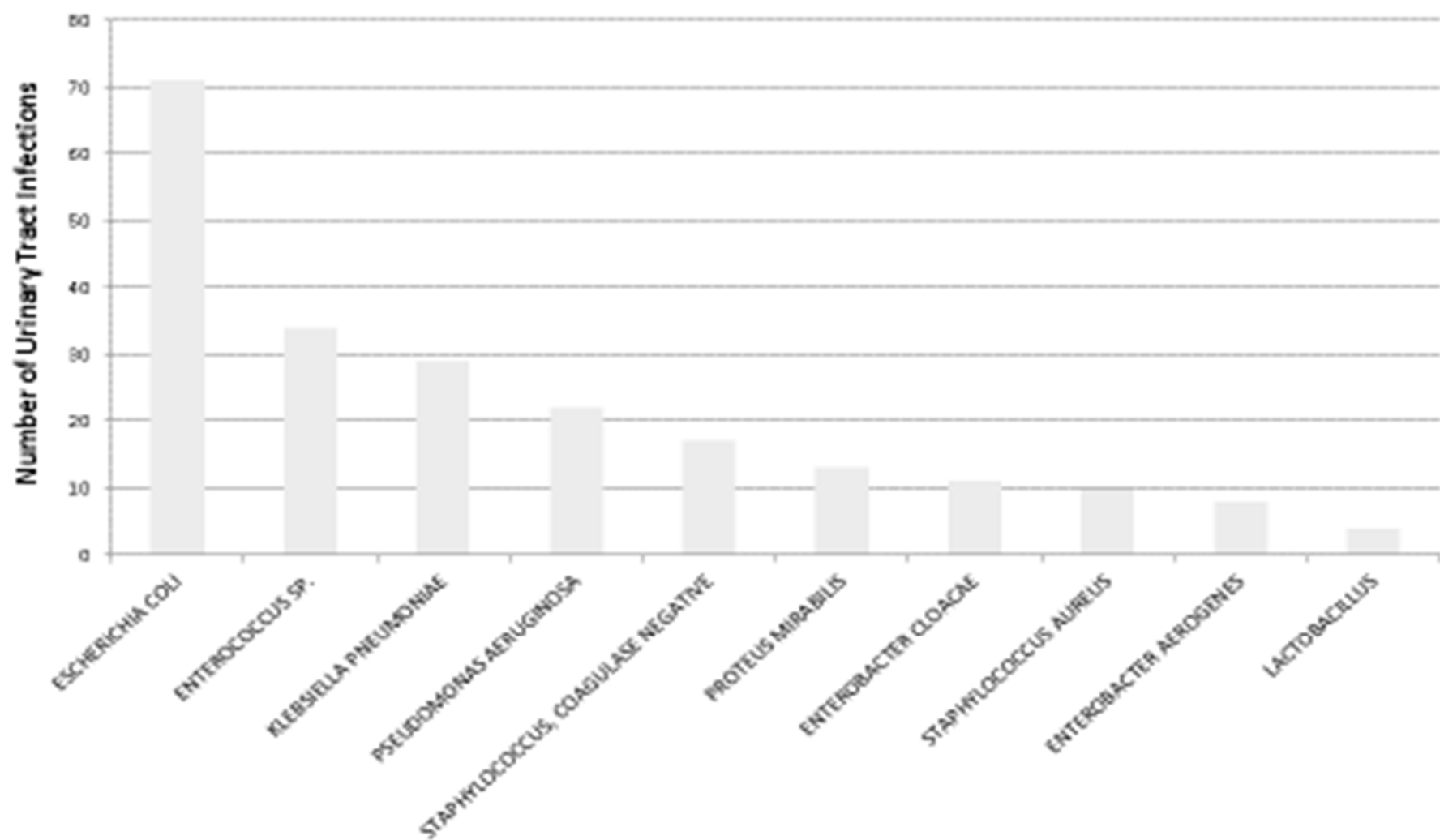
### Top Ten Pathogens Causing Healthcare Associated Surgical Site Infections, 2017



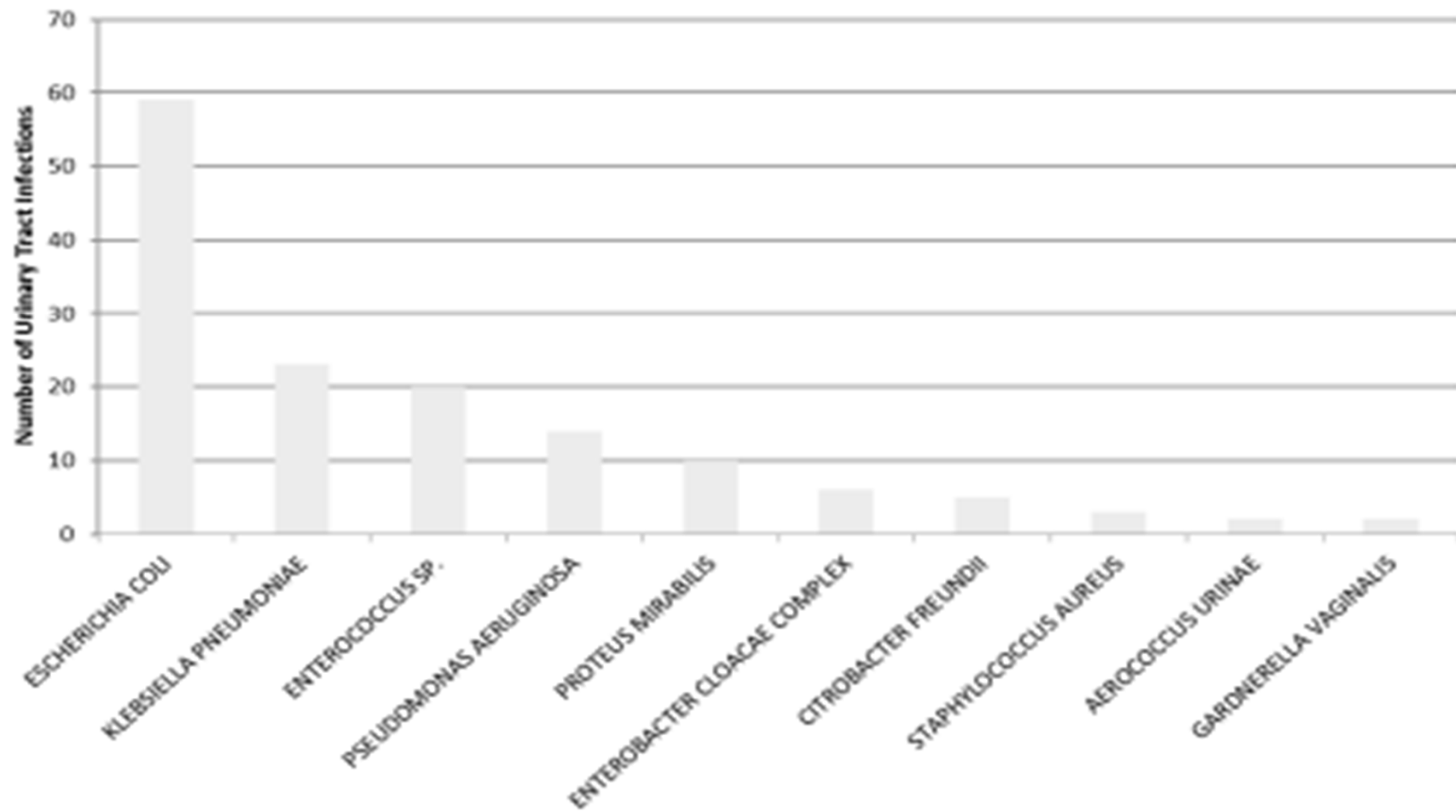
## Top Ten Pathogens Causing Healthcare Associated Surgical Site Infections, 2018



### Top Ten Pathogens Causing Healthcare Associated Urinary Tract Infections, 2017

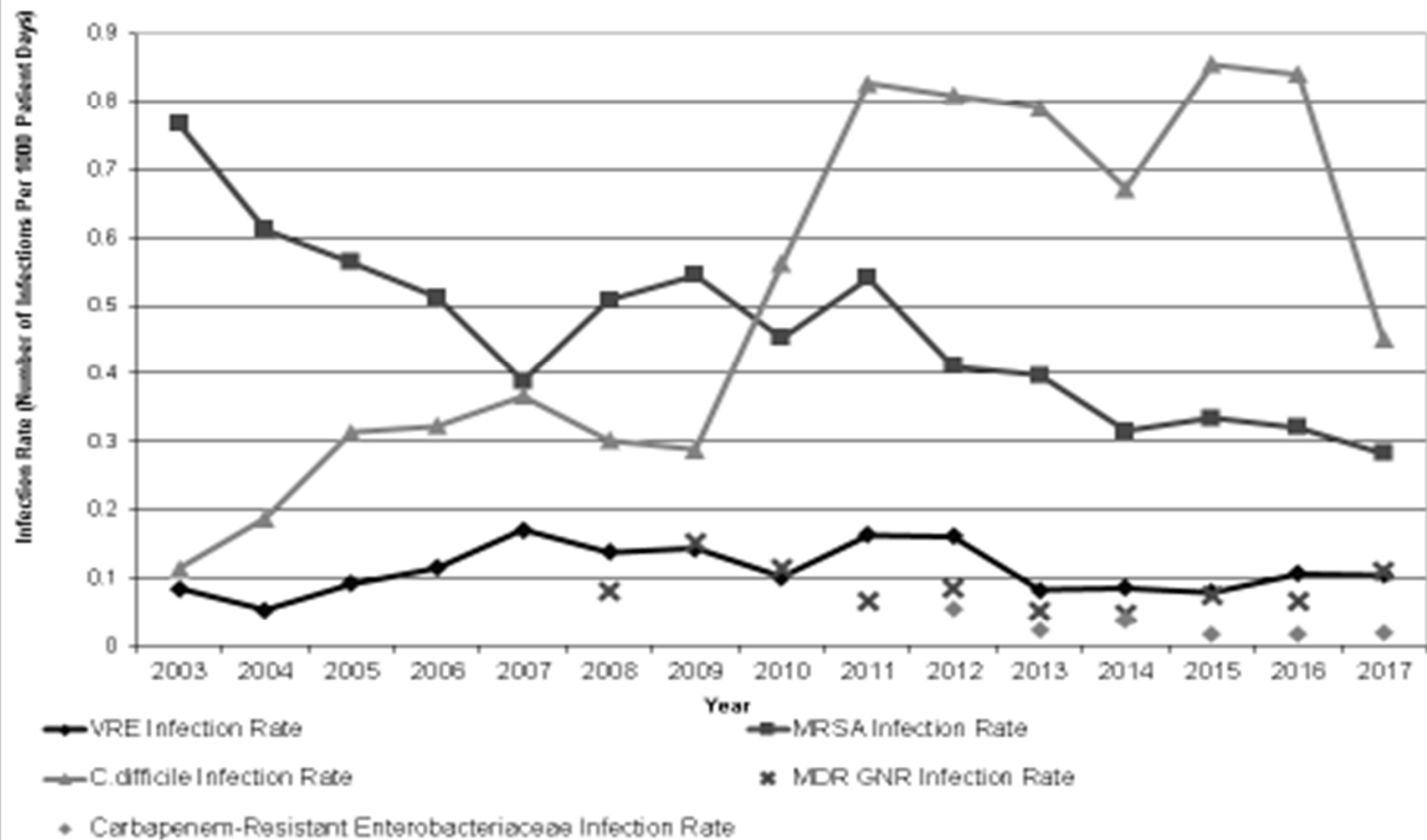


### Top Ten Pathogens Causing Healthcare Associated Urinary Tract Infections, 2018





Healthcare Associated Infection Rates for Multi Drug Resistant and Other Epidemiologically Important Pathogens



Healthcare Associated Infection Rates for Multi Drug Resistant and Other Epidemiologically Important Pathogens

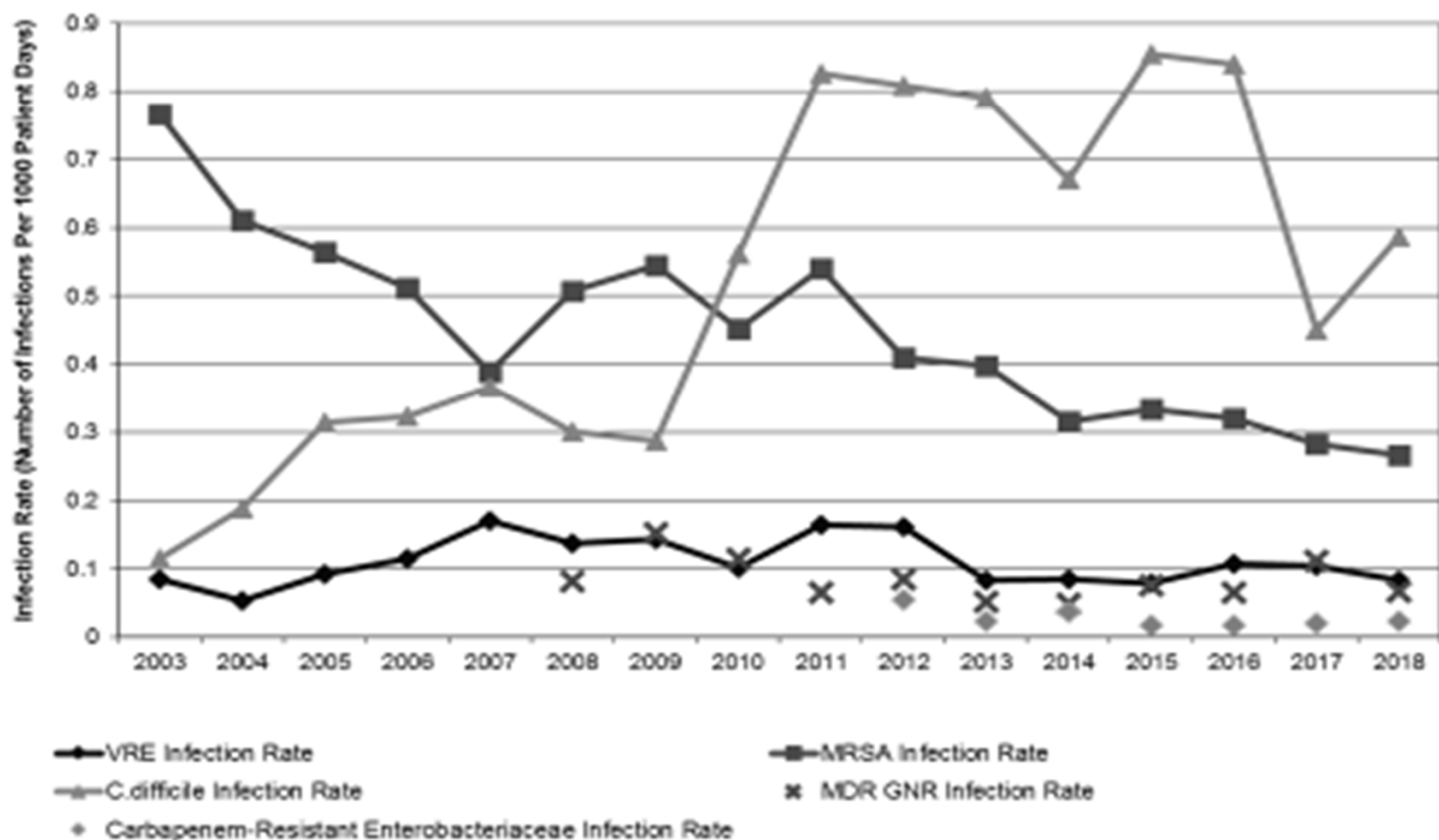
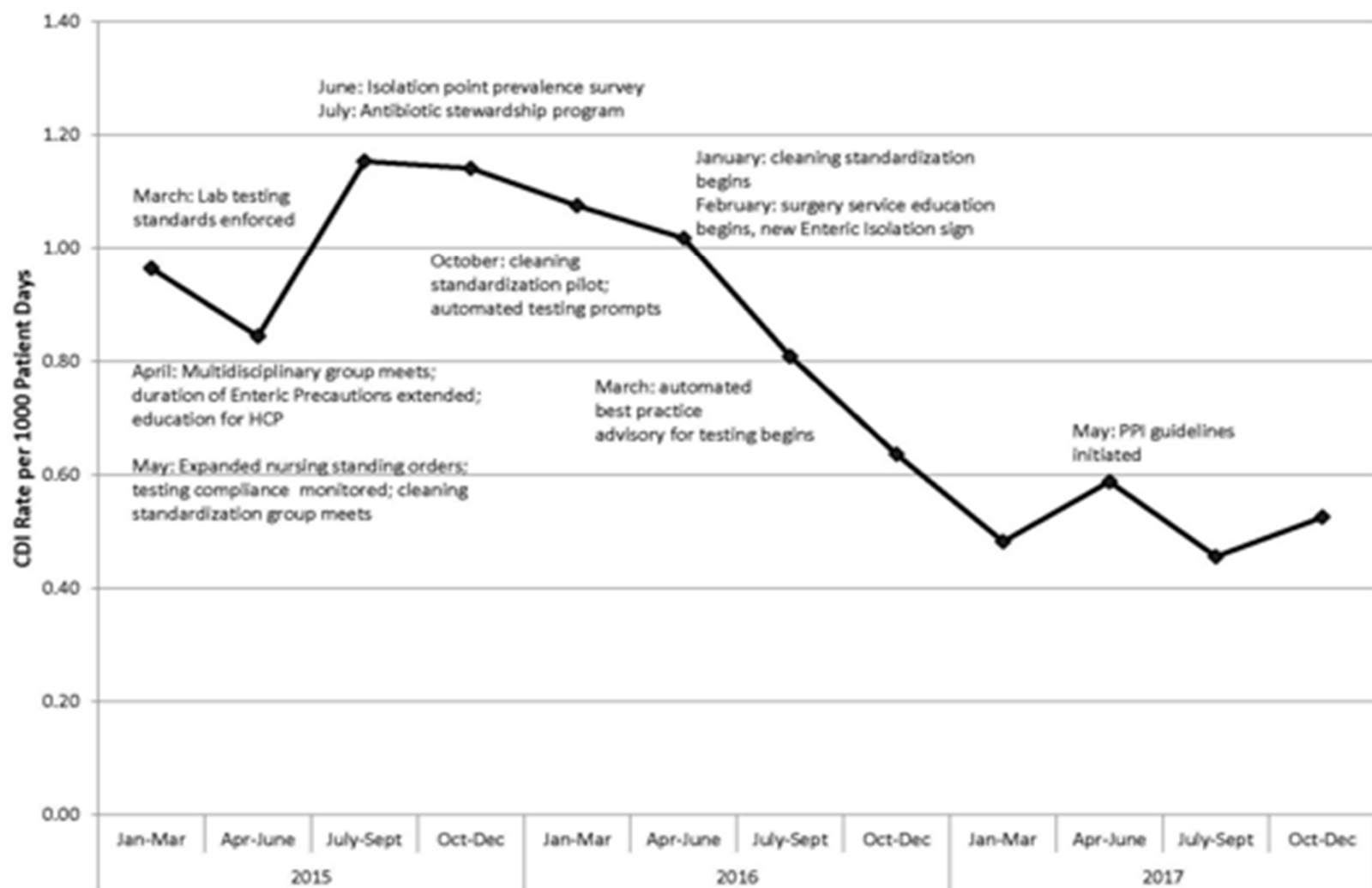


FIG 3 UNC MC *C. difficile* Rate and Interventions, 2015 - 2017

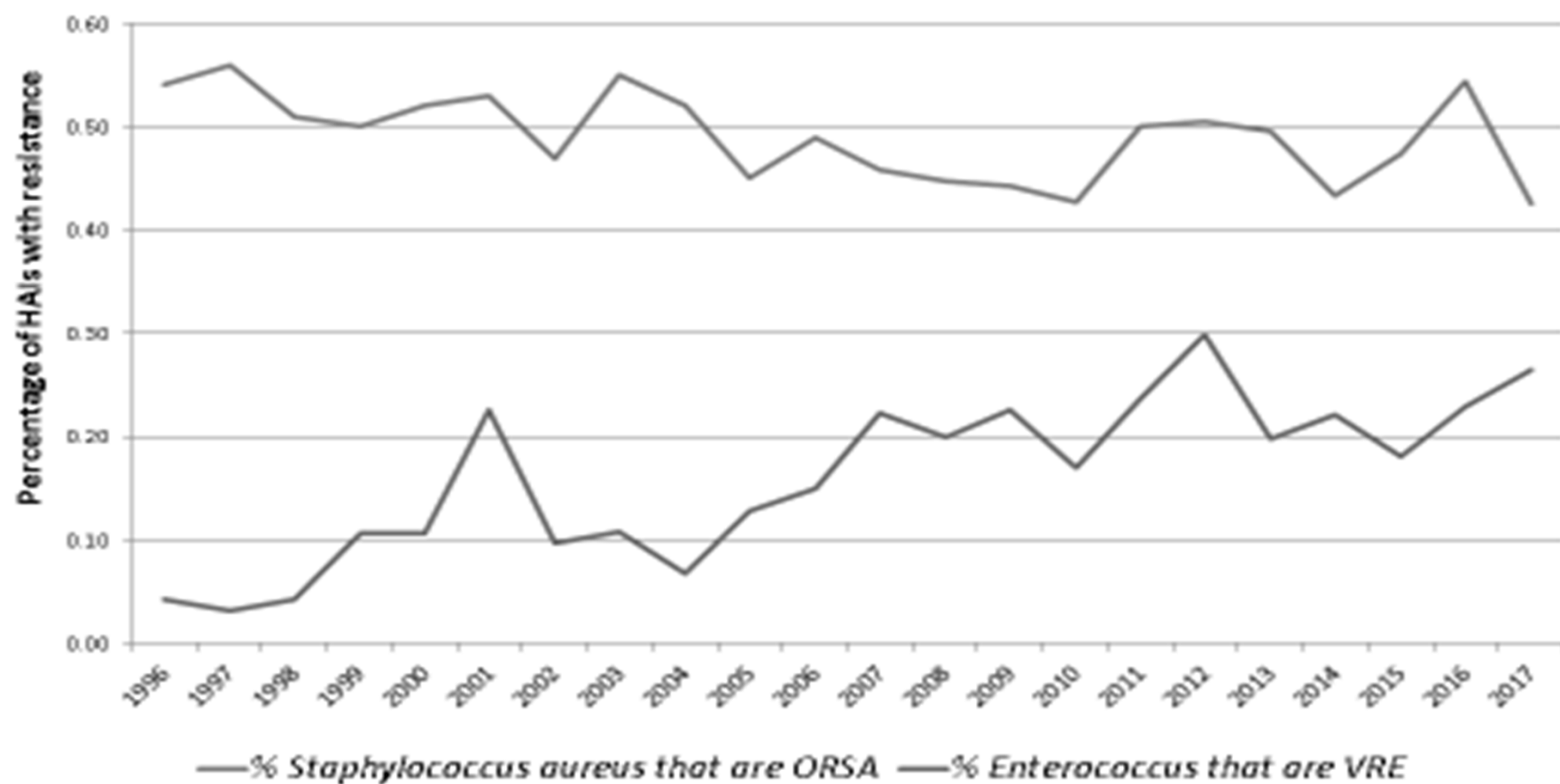


# Bundled Approach to Reduce *C. difficile*

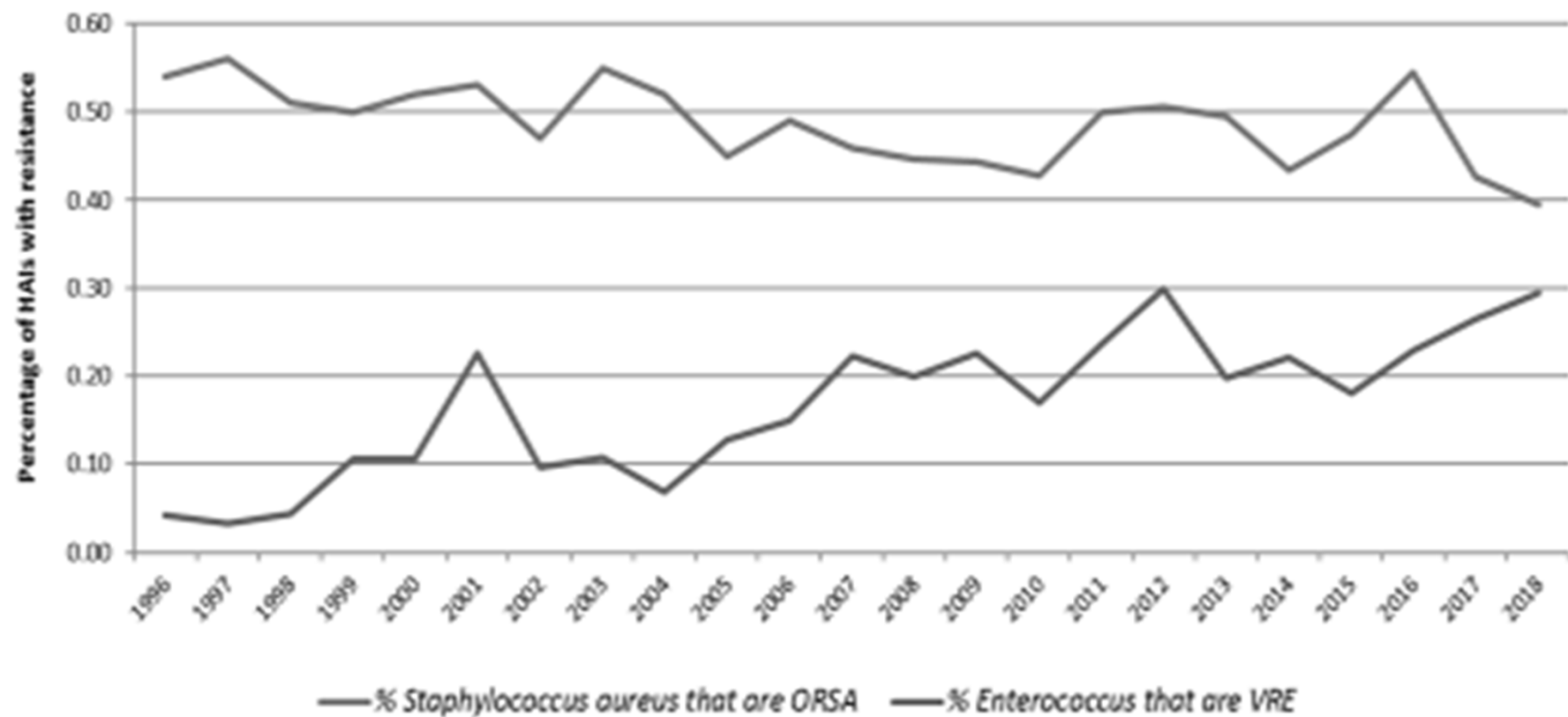
(two-step GDH-glutamate dehydrogenase/toxin and NAAT-nucleic acid amplification)

- Diagnostic Stewardship
  - Only unformed liquid stool tested
  - No testing from patients with positive *C. difficile* test in previous 14 days
  - Testing restricted for patients with negative *C. difficile* in previous 7 days
  - Discouraged testing patients who received laxatives and/or stool softeners in previous 48 hours
- Enhanced Isolation-to 30 days after cessation of antibiotics
- Environmental C/D-standardized plan; UV
- Antimicrobial stewardship-reduce 3<sup>rd</sup>/4<sup>th</sup> generation cephalosporins and fluoroquinolones
- Hand Hygiene-clean in, clean out; immediate feedback

Percentage of resistance among  
*Staphylococcus aureus* and *Enterococcus* HAIs



### Percentage of resistance among *Staphylococcus aureus* and *Enterococcus* HAIs



# Pathogens of Epidemiologic Importance

- **Carbapenem resistant**
  - 1 of 8 (12%) *Morganella morganii*
  - 3 of 62 (5%) *Klebsiella pneumoniae*
  - 1 of 21 (5%) *Enterobacter aerogenes*
  - 1 of 26 (4%) *Enterobacter cloacae*
- **Multi-drug resistant**
  - 19 of 130 (14.6%) *Pseudomonas aeruginosa*
  - 6 of 124 (5%) *Escherichia coli*
  - 1 of 62 (1.6%) *Klebsiella pneumoniae*
  - 1 of 5 (20%) *Acinetobacter baumannii*
- **Other drug resistant**
  - 31 of 117 (27%) *Enterococcus* were vancomycin resistant
  - 84 of 197 (43%) *Staphylococcus aureus* were oxacillin resistant

## Pathogens of Epidemiologic Importance

- **Carbapenem resistant**
  - 4 of 61 (6.5%) *Klebsiella pneumoniae*
  - 2 of 130 (1.5%) *Escherichia coli*
- **Multi-drug resistant**
  - 11 of 66 (17%) *Pseudomonas aeruginosa*
  - 3 of 61 (5%) *Klebsiella pneumoniae*
  - 5 of 130 (4%) *Escherichia coli*
  - 1 of 4 (25%) *Acinetobacter baumannii*
- **Other drug resistant**
  - 25 of 82 (30%) *Enterococcus* were vancomycin resistant
  - 80 of 186 (43%) *Staphylococcus aureus* were oxacillin resistant



# Pathogens of Epidemiologic Importance

- **Others**
  - 134 *Clostridium difficile*
  - 16 Group B *streptococcus*
  - 13 Rhinovirus
  - 10 Influenza A
  - 8 Norovirus
  - 7 Parainfluenza virus
  - 6 Coronavirus
  - 6 Respiratory Syncytial Virus
  - 5 *Haemophilus influenzae*
  - 4 *streptococcus pneumoniae*
  - 2 *Mycobacterium abscessus*
  - 2 *rhizopus*
  - 1 *Mycobacterium chelonae*
  - 1 *Aspergillus* sp.
  - 1 Rotavirus

## Pathogens of Epidemiologic Importance

- **Others**
  - 176 *Clostridium difficile*
  - 22 Group B streptococcus
  - 14 Influenza A
  - 10 Rhinovirus
  - 5 Respiratory Syncytial Virus
  - 4 *Haemophilus influenzae*
  - 3 Norovirus
  - 3 *streptococcus pneumoniae*
  - 3 Parainfluenza virus
  - 2 *Mycobacterium abscessus*
  - 2 Aspergillus sp.
  - 1 *rhizopus*
  - 1 *Mycobacterium chelonae*
  - 1 *Mycobacterium fortuitum*
  - 1 Coronavirus

## Conclusions and Recommendations

- Nosocomial pathogens recovered at UNC Hospitals are similar in spectrum to nationally reported data.
- The proportion of vancomycin-resistance among *Enterococcus* and the VRE HAI rate slightly increased in 2017 compared to 2016.
- There was a slight decrease in the proportion of oxacillin-resistance among *Staphylococcus aureus* and in the MRSA HAI rate in 2017 compared to 2016.
- HAI rates of MDR Gram negative bacteria and CRE remain low.

# Goals

- Microorganisms causing healthcare-associated infections
- Microbiological tools that can be used to “fingerprint” microorganisms

# Microbiological Tools That Can Aid an Infection Control Professional

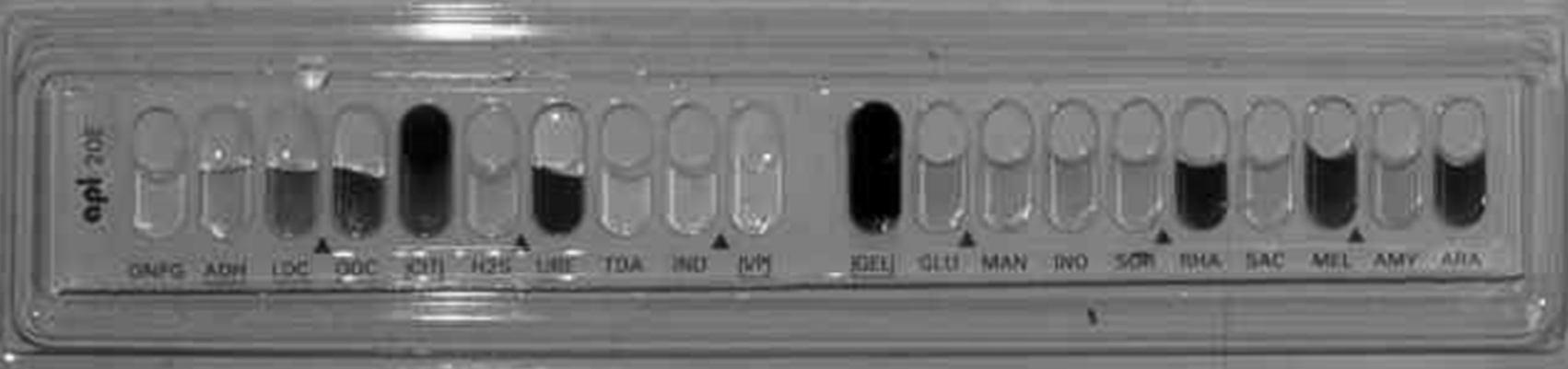
- Biotyping: use of biochemical reactions to differentiate bacteria
- Antibigrams: antimicrobial susceptibility
- Phage Typing: certain bacteria under bacterial phage attachment and subsequent lysis
- Serotyping: whole microorganism or its components can be used as antigenic sources for a variety of serologic schemes
- Molecular Typing: microbial DNA fingerprinting (e.g., PFGE, whole genome sequence analysis)
- MALDI-TOF mass spectrometry for organism ID (peptide map used to search sequence database)

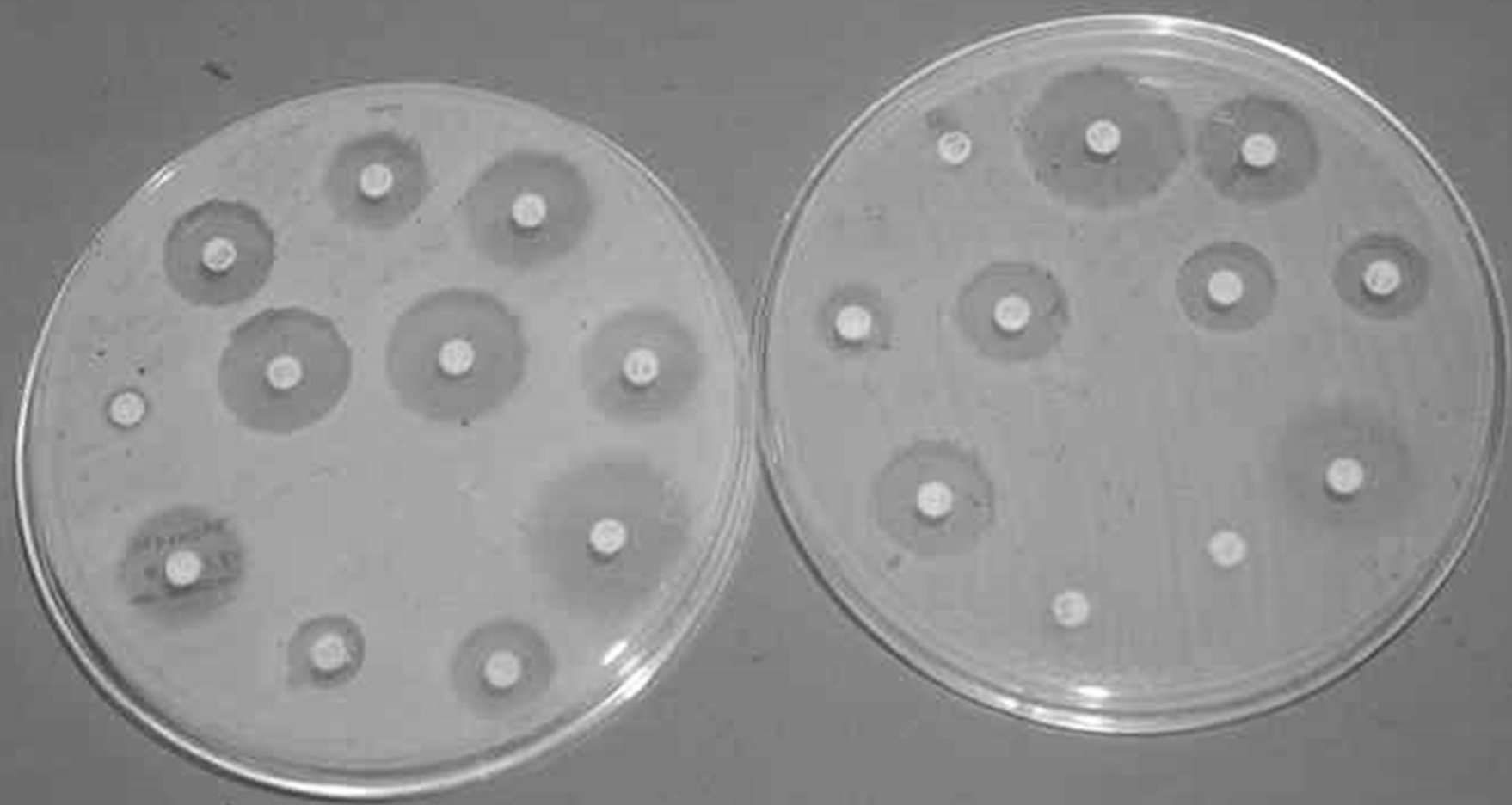
opt 201



opt 202















0 10 20 30 40 50 60

BALLOON DISPLACEMENT cc's

RECHARGE WITH WATER PRIOR TO EVERY USE

RESET

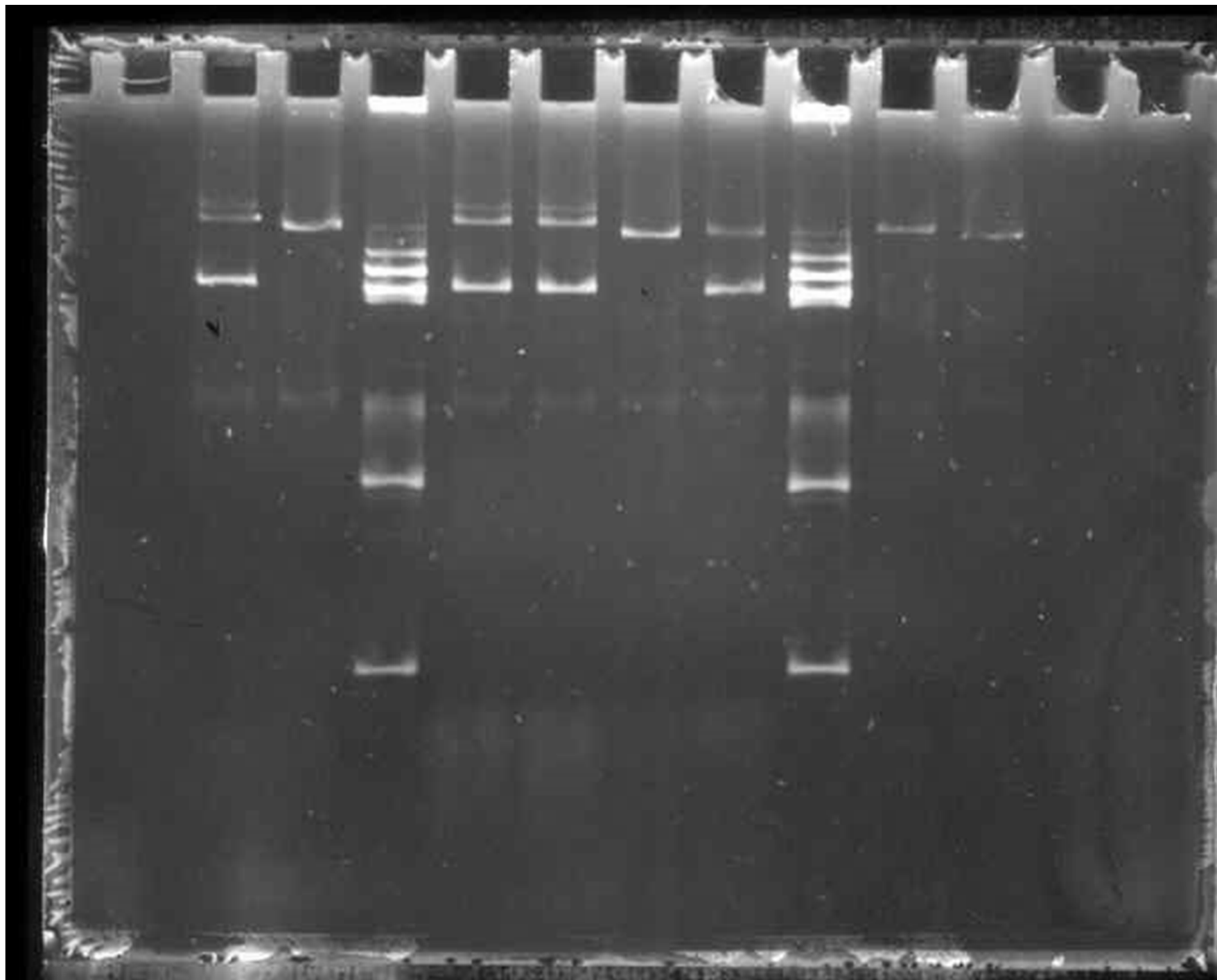
BALLOON OFF

ON

INFLATED  
> 2 Sec.

VOLUME  
GAIN

VOLUME  
LOSS



M 1 2 3 4 5 6 7 8 9 10 11 12 13 14

S. MALTOPHILIA



# PCR Tests Done at UNC Health Care

(PCR-multiple copies of segments of DNA used to ID microbes)

- HIV, quantitative
- HCV, quantitative
- HBV, quantitative
- Enterovirus
- HSV 1 and 2
- VZV
- CMV, quantitative and qualitative
- EBV, quantitative
- HHV-6
- BK, quantitative
- Adenovirus
- Parvovirus
- Influenza A/B
- RSV A/B
- Respiratory Viral Panel (12):
  - influenza A (H1, H3)
  - influenza B
  - RSV
  - parainfluenza 1-3
  - Metapneumovirus
  - Adenovirus
  - rhinovirus/enterovirus
- *Bordetella pertussis/parapertussis*
- *Mycobacterium tuberculosis*
- *Chlamydia trachomatis*
- *Neisseria gonorrhoeae*
- *Toxoplasma*