

Cystic Fibrosis Research News

Title:

Infection prevention and control in patients with cystic fibrosis – results from a survey in 35 German CF treatment centres

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What was your research question?

Are CF (Cystic Fibrosis) treatment centres complying with current recommendations regarding infection prevention and control? Is there a need for improvement and if so, where?

Why is this important?

In general, infections are the most common cause for complications and increased hospitalization rates in people with CF. Across the world there have been reports of patient-to-patient transmission of CF relevant pathogens within the last 30 years (e.g. *B. cepacia* (LiPuma et al. 1990) and *P. aeruginosa* (Parkins et al. 2018)). It is important for CF treatment clinics, people with the disease and caregivers to be aware of increased risk situations and to know how to solve these situations or work around them. Guidelines for infection prevention and control will help provide direction.

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What did you do?

Based on guidelines released by the KRINKO (German Commission for Hospital Hygiene and Infection Prevention) in 2012, we developed an online survey. It was sent to physicians from German CF centres and posted on the website of the German Society for Paediatric Infectious Diseases. The acquired data were analysed for any relation within size of the centre (small vs. large) and age distribution of the individuals (mainly children, an even distribution or mainly adults).

What did you find?

35 of 107 centres participated in the survey; 97% of them knew the KRINKO recommendations. Overall, 54% have applied the recommendations according to their possibilities. In hospitals treating primarily adults, there was a significant shortage of professional cleaning staff. Isolation of people with CF in single rooms is performed more often in children's hospitals than in adult institutions. In all outpatient clinics, individuals that are colonized with certain pathogens are separated from other people with CF. Disinfection of inhalation equipment in specialized devices was recommended in 97% of the centres. Patients are contacted for seasonal flu vaccinations by only 46%.

What does this mean and reasons for caution?

With a response rate of 33%, we cannot rule out that results would be different if more centres had participated. Nevertheless, about 55% of all registered German CF individuals are represented with the data collected. Overall, the recommendations have been applied to clinical practice in a satisfactory way. Isolation of patients during hospital admission in single rooms and availability of cleaning staff are topics that need to be addressed; the former may be due to a lack of room capacity. A recent study suggests that increased patient contact during flu season may result in better vaccination rates.

What's next?

With research constantly improving, other aspects of infection prevention may become more important in the future. Recommendations should constantly be evaluated and, if necessary, changed according to the latest scientific results. Whether a further study could get a higher response rate is to be discussed.

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