The role of chlorhexidine in reducing catheter associated urinary tract infection: a randomised controlled study

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Disclosures

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- Cash support from Avondale College of Higher Education
- Funders play no role in the conduct, design, analysis, interpretation or publication of any results

Other disclosures (not relevant to this talk)

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- Editor-in-Chief, Infection Disease and Health

Overview

• Importance of CAUTI prevention & key prevention strategies

Rationale for the study

• Effectiveness

Cost-effectiveness

Team

- Professor Brett Mitchell
- Professor Allen Cheng (Monash)
- Professor Peter Collignon (Australian National)
- Dr Oyebola Fasugba (ACU)
- Dr Anne Gardner (QUT)
- Dr Jane Keoner (ACU)
- Professor Nicholas Graves (QUT)
- Victoria Gregory (Avondale)















Ethics

- HREC approval Avondale College of Higher Education
- HREC approval for two hospitals under national mutual recognition scheme
- HREC approval by third HREC
- Site special authorisation at three participating hospitals
- Australian and New Zealand Clinical Trial Registry
 - ACTRN12617000373370

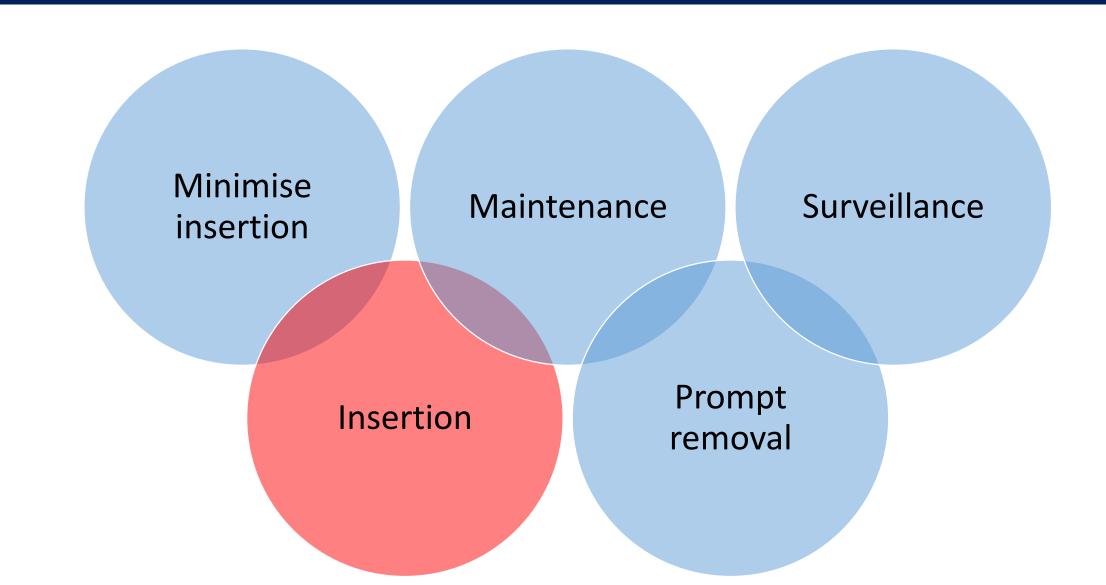
Prevention strategies: Why bother?

1. Frequency

2. Impact

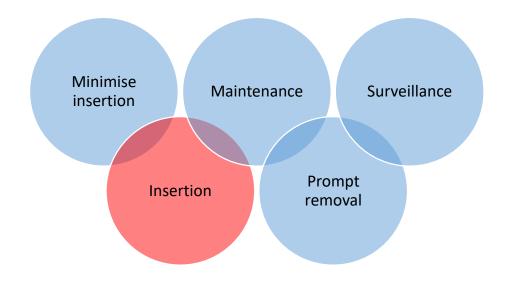
3. Antimicrobial resistance

Prevention strategies



Prevention strategies: Insertion

- Trained/competent
- Sterile equipment
- Aseptic technique
- Use lubricant
- Clean meatal area....

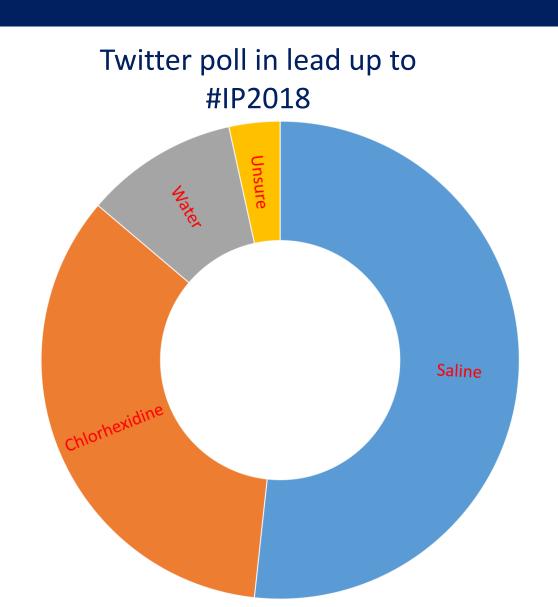


Loveday, et al, (2014); *Journal of Hospital Infection*, *86*, S1-S70. Lo, et al (2014). *Infection Control & Hospital Epidemiology*, *35*(5), 464-479.

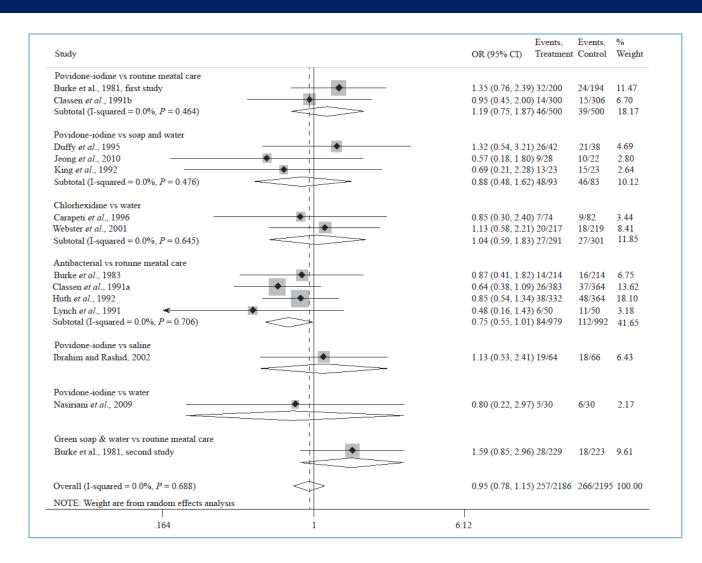
Meatal cleaning prior to catheter insertion: Practice

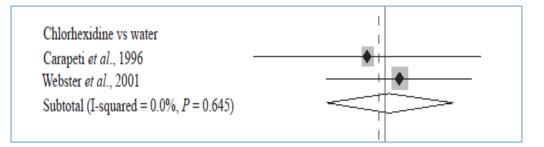
When cleaning the meatal area prior immediately prior to catheter insertion do you?

- A) Use saline
- B) Use chlorhexidine
- C) Use water
- D) Use iodine



Meatal cleaning prior to catheter insertion: Evidence







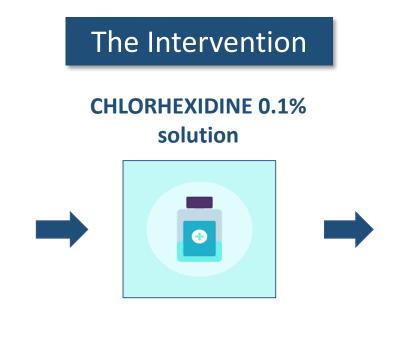
Fasugba et al (2016) Journal of Hospital Infection, 95(3), 233-242.

Open Access Protocol BMJ Open Reducing catheter-associated urinary tract infections in hospitals: study protocol for a multi-site randomised controlled study Brett G Mitchell, 1,2 Oyebola Fasugba, 1,3 Anne Gardner, 4 Jane Koerner, 4 Peter Collignon, 5,6 Allen C Cheng, 7,8 Nicholas Graves, 9 Peter Morey, 10 Victoria Gregory¹

The role of chlorhexidine in reducing catheter associated urinary tract infection: a randomised controlled study

Hospital acquired infections (& CAUTIs)



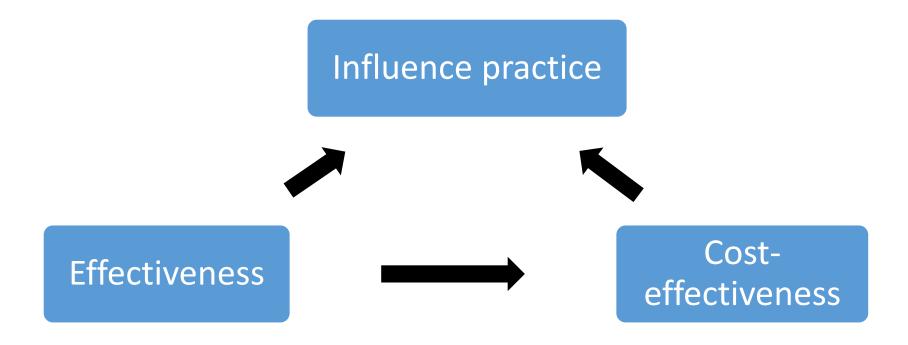


For cleaning the urethral meatal area before catheter insertion

32 week clinical trial



Chlorhexidine V saline for meatal cleaning Study outcomes



- Incidence of CA-ASB & CAUTI
- Incidence of BSI associated with a urinary tract infection

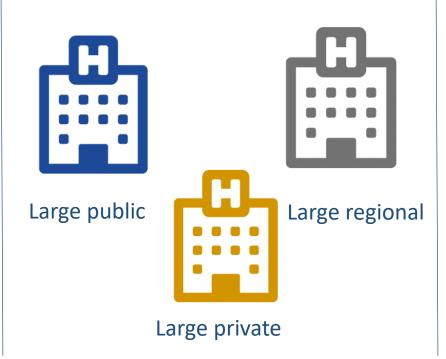
 Changes to health services costs and quality adjusted life years (QALY) from a decision to adopt the intervention.

Design

Stepped wedge design



3 Australian hospitals



August 2017 - March 2018



<u>Intervention</u>



CHLORHEXIDINE 0.1% solution

 All patients (except theatre patients in some circumstance)

Vs

 Training focussed on use of chlorhexidine immediately prior to switch to intervention

SALINE 0.9% solution

• Chlorhexidine incorporated into practice e.g. catheter packs

Methods

- Data were prospectively collected by hospital personnel from participants' medical records and microbiology department
- Data on UTI symptoms and signs were used to differentiate between CA-ASB and CAUTI
- A Poisson regression model was used to estimate the effect of the intervention on the outcome.
- Sensitivity analysis: excluding a hospital & logistic regression model



Stepped wedge design (Red=intervention; green control)

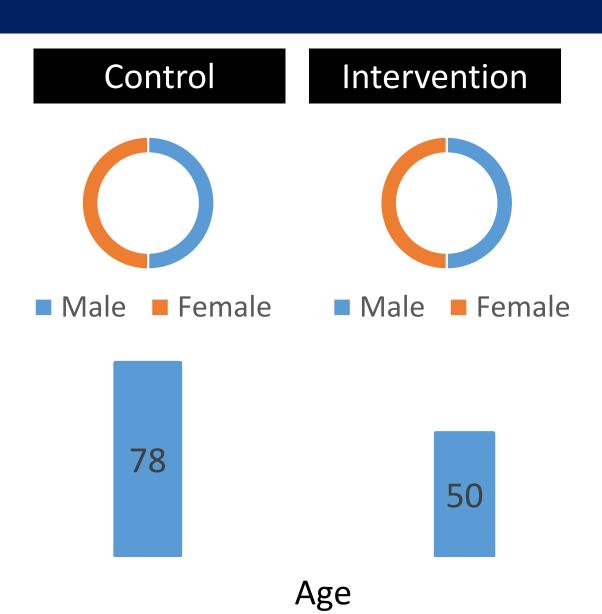
Cost-effectiveness modelling study

Participants

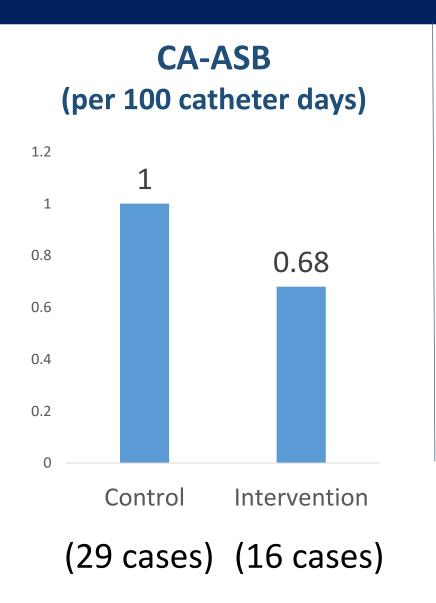
1642 participants

(697 control / 945 intervention)

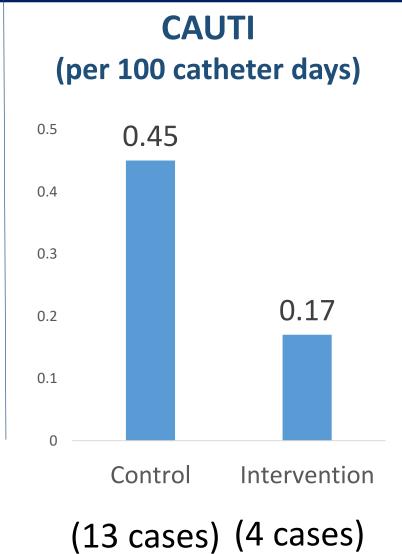
58% female



Effectiveness results



No blood stream infections



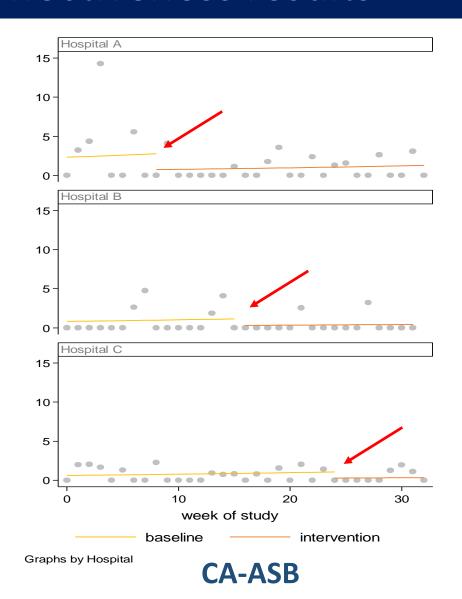
Chlorhexidine V saline for meatal cleaning Effectiveness results

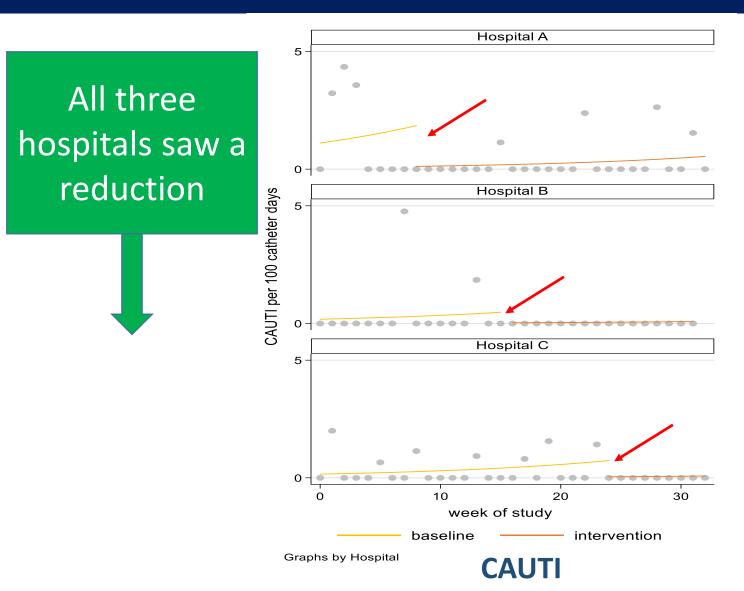
	CA-ASB		CAUTI	
	Incidence rate ratio (95% CI)	p value	Incidence rate ratio (95% CI)	p value
Intervention	0.26 (0.08-0.86)	0.026	0.06 (0.01-0.32)	<0.001
Week	1.02 (0.97-1.07)	0.374	1.07 (0.98-1.16)	0.132
Hospital				
Hospital A	1 (referent)		1 (referent)	
Hospital B	0.35 (0.12-1.03)	0.056	0.17 (0.04-0.73)	0.018
Hospital C	0.27 (0.09-0.78)	0.015	0.14 (0.04-0.51)	0.003

74% reduction of CA-ASB

94% reduction of CAUTIS

Chlorhexidine V saline for meatal cleaning Effectiveness results





Chlorhexidine V saline for meatal cleaning Effectiveness results – sensitivity

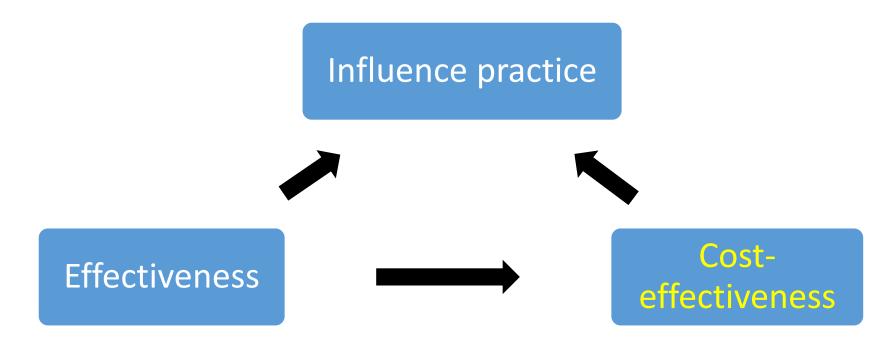
 With exclusion of hospital A, the intervention significantly reduced the risk of CAUTI

- Logistic regression model, adjusting for age, sex, and clustering by hospital, the use of chlorhexidine was associated with a significantly
 - reduced risk of CA-ASB, OR 0.42 (95%CI 0.33-0.53, p<0.001) and
 - CAUTI, OR 0·17 (95%CI 0·05-0·55, p=0·003)

Chlorhexidine V saline for meatal cleaning Limitations and considerations

Hawthorn effect

7 day follow-up of participants



- Incidence of CA-ASB & CAUTI
- Incidence of BSI associated with a urinary tract infection

 Changes to health services costs and quality adjusted life years (QALY) from a decision to adopt the intervention.

Concluding thoughts

The outcomes will:



help patients

inform clinical policy and practice



national and international impact



Acknowledgments

 Infection prevention and control co-ordinators at participating hospitals

 Data collectors / infection control staff at participating hospitals

HCF Foundation

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