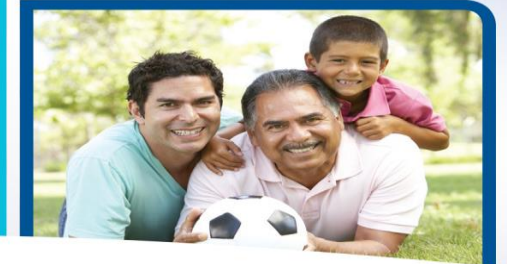


167~~X~~
green topped bottles:
10 years of *Staphylococcus aureus* bloodstream infection
(SABSI) in Tasmania

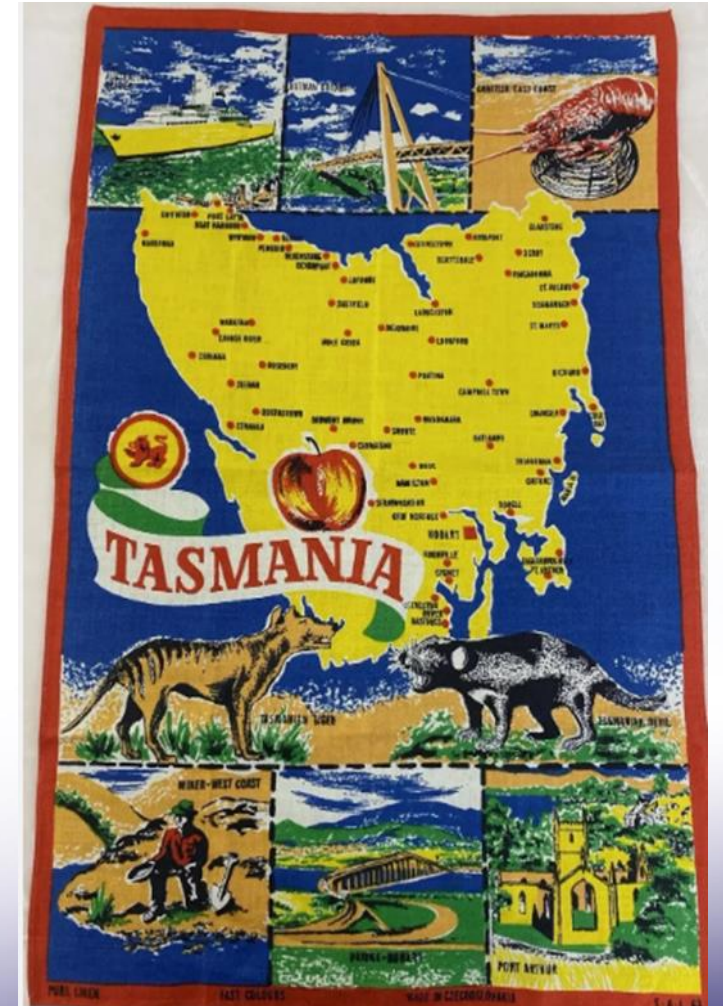


Conflicts of interest

- None to declare

10 years of *Staphylococcus aureus* bloodstream infection (SABSI) in Tasmania

- Background
- Surveillance
- Epidemiology
- Classification



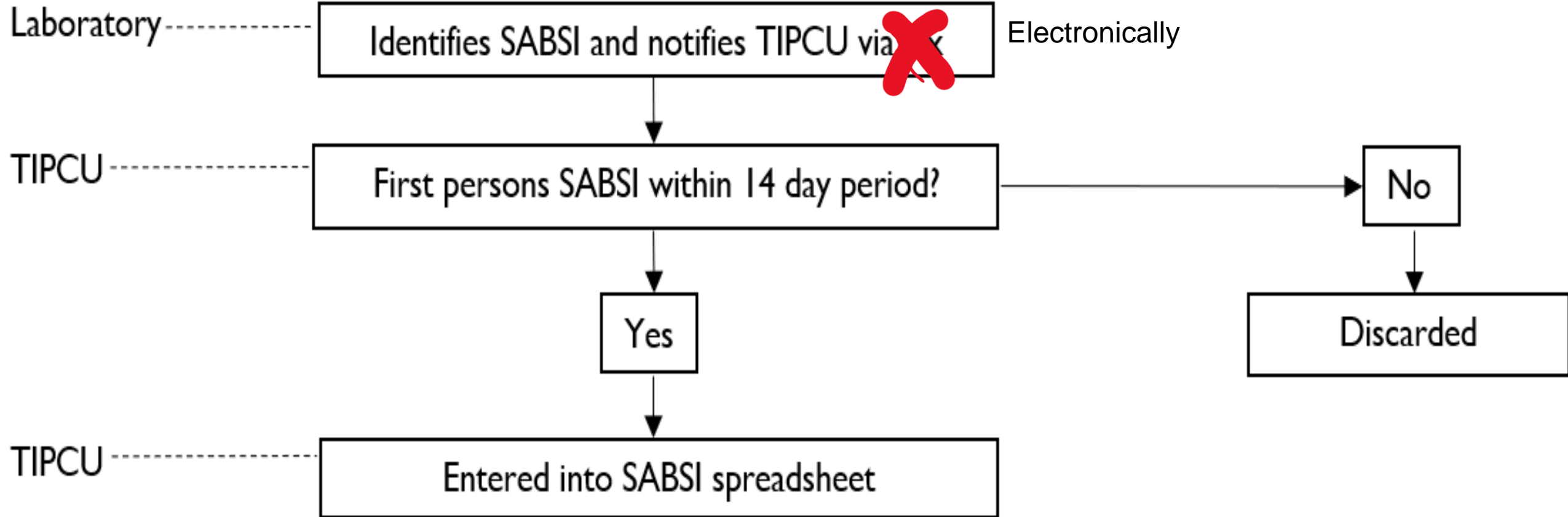
Background



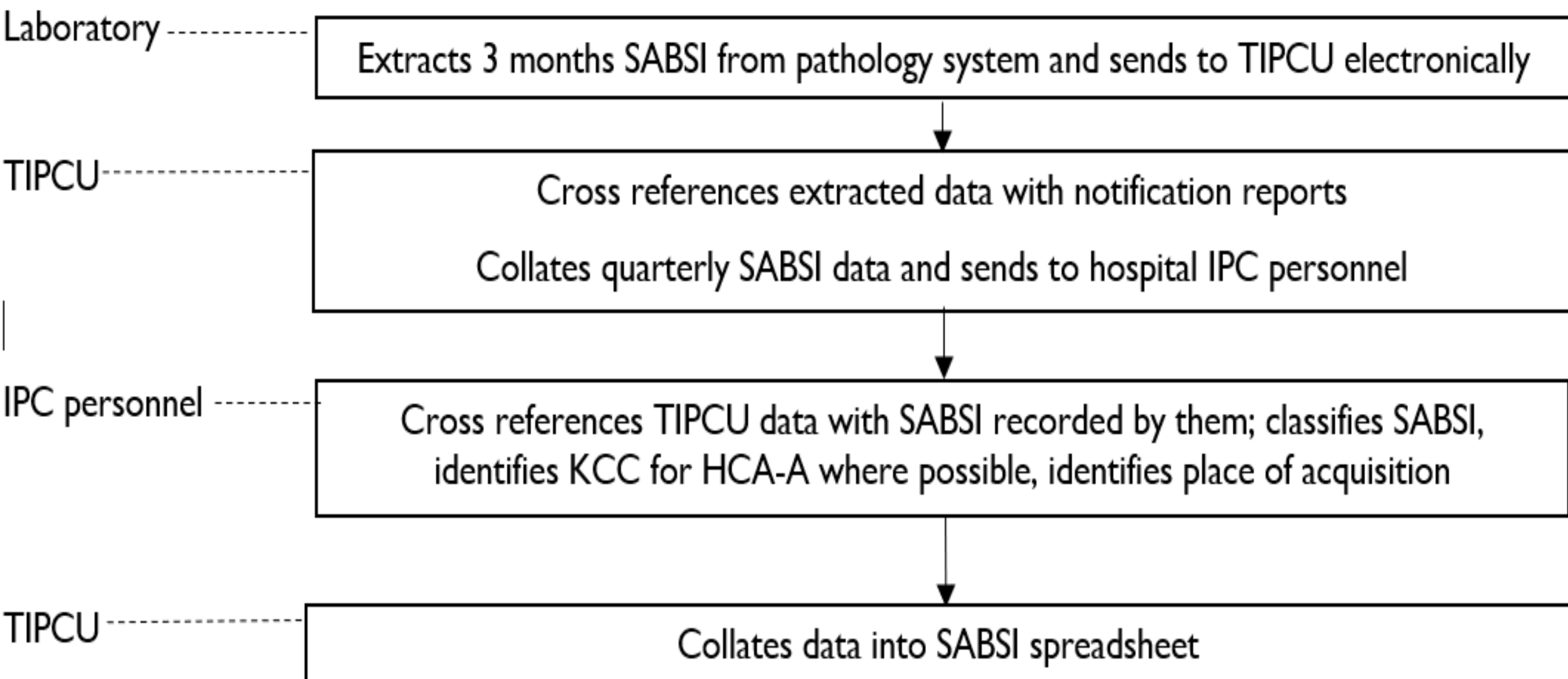
Surveillance program process

- Notification
- Validation
- Reporting

Notification



Validation



Reporting

TIPCU

Monthly – enters individual public hospital HA-SABSI into the Department of Health (DoH) Agency Indicator Repository as a KPI

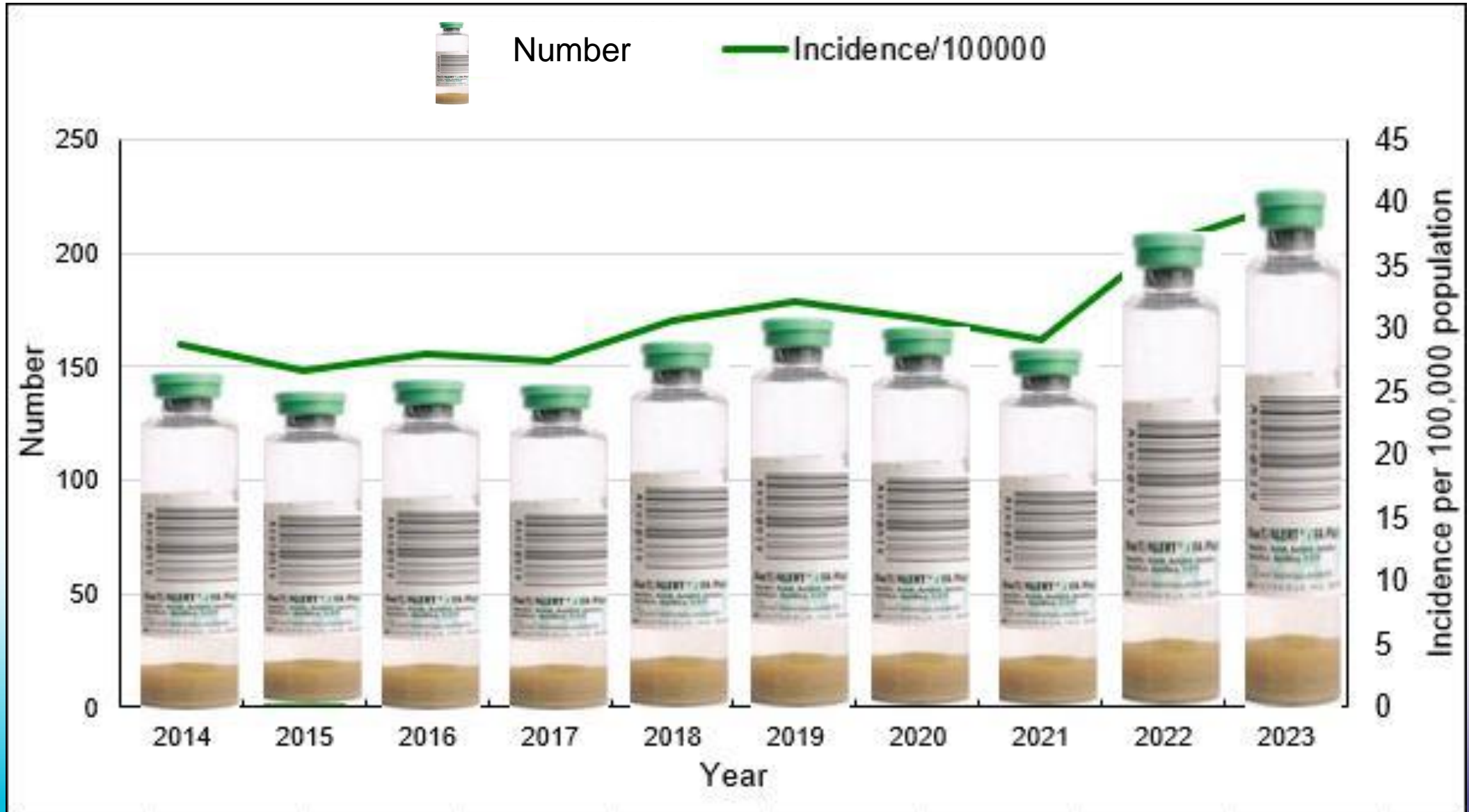
Annually – provides individual hospital HCA-SABSI data to DoH System Management and Reform (SMR) to submit to AIHW for publication on MyHospitals website

Annually – all SABSI data published in the annual TIPCU Healthcare Associated Infection Surveillance Report

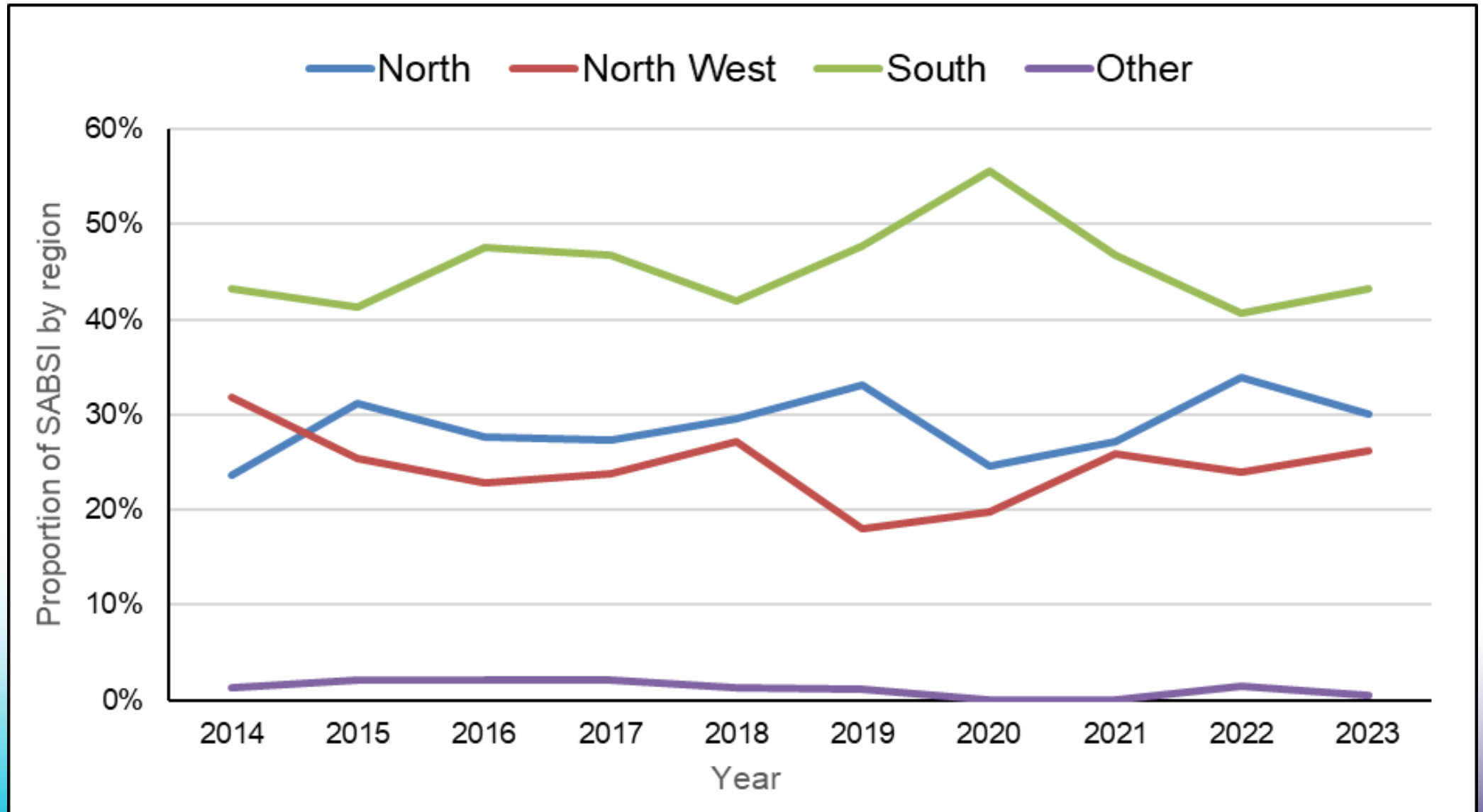
Epidemiology



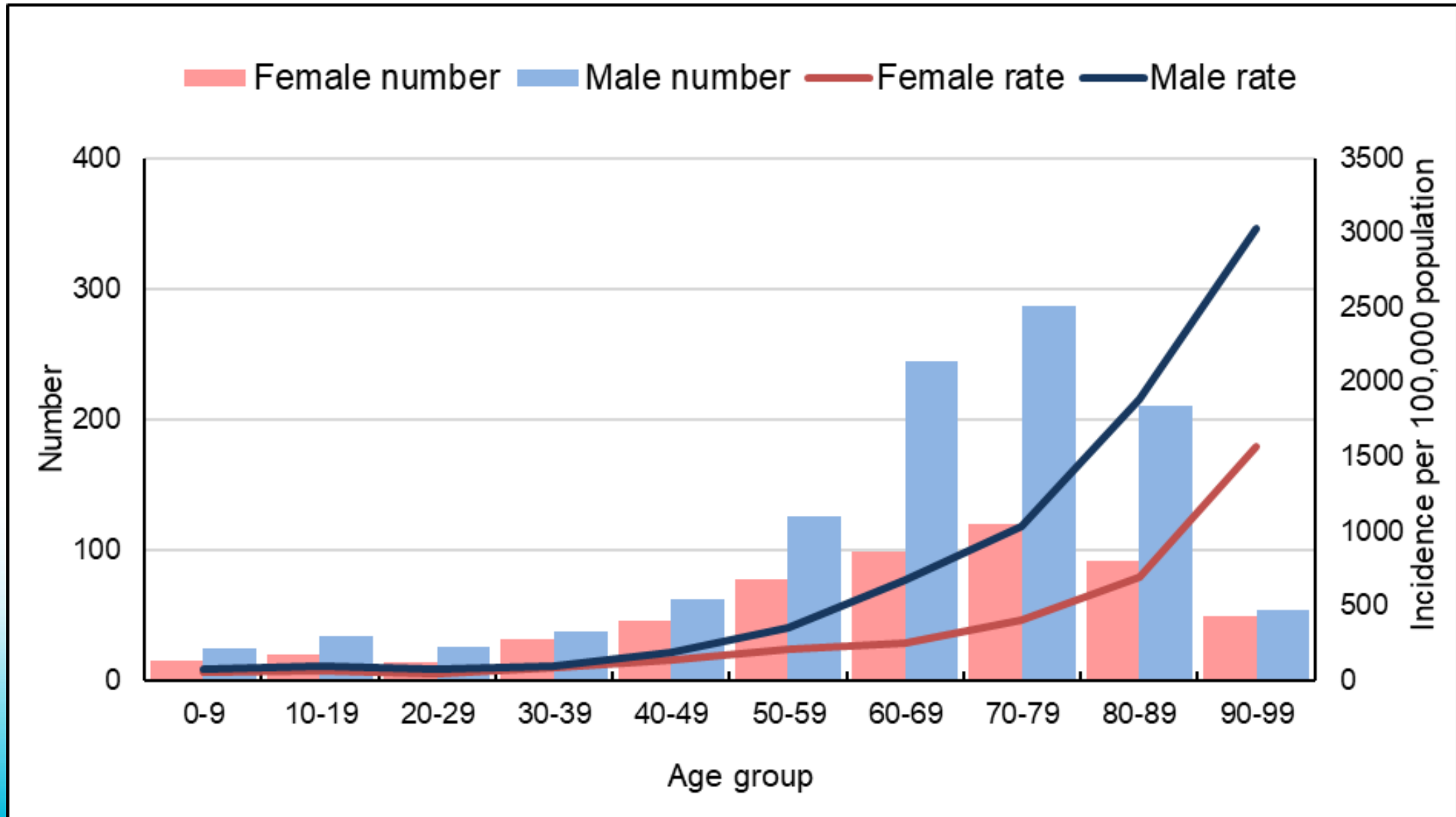
SABSI number and rate by year



SABSI proportion by region of case by year



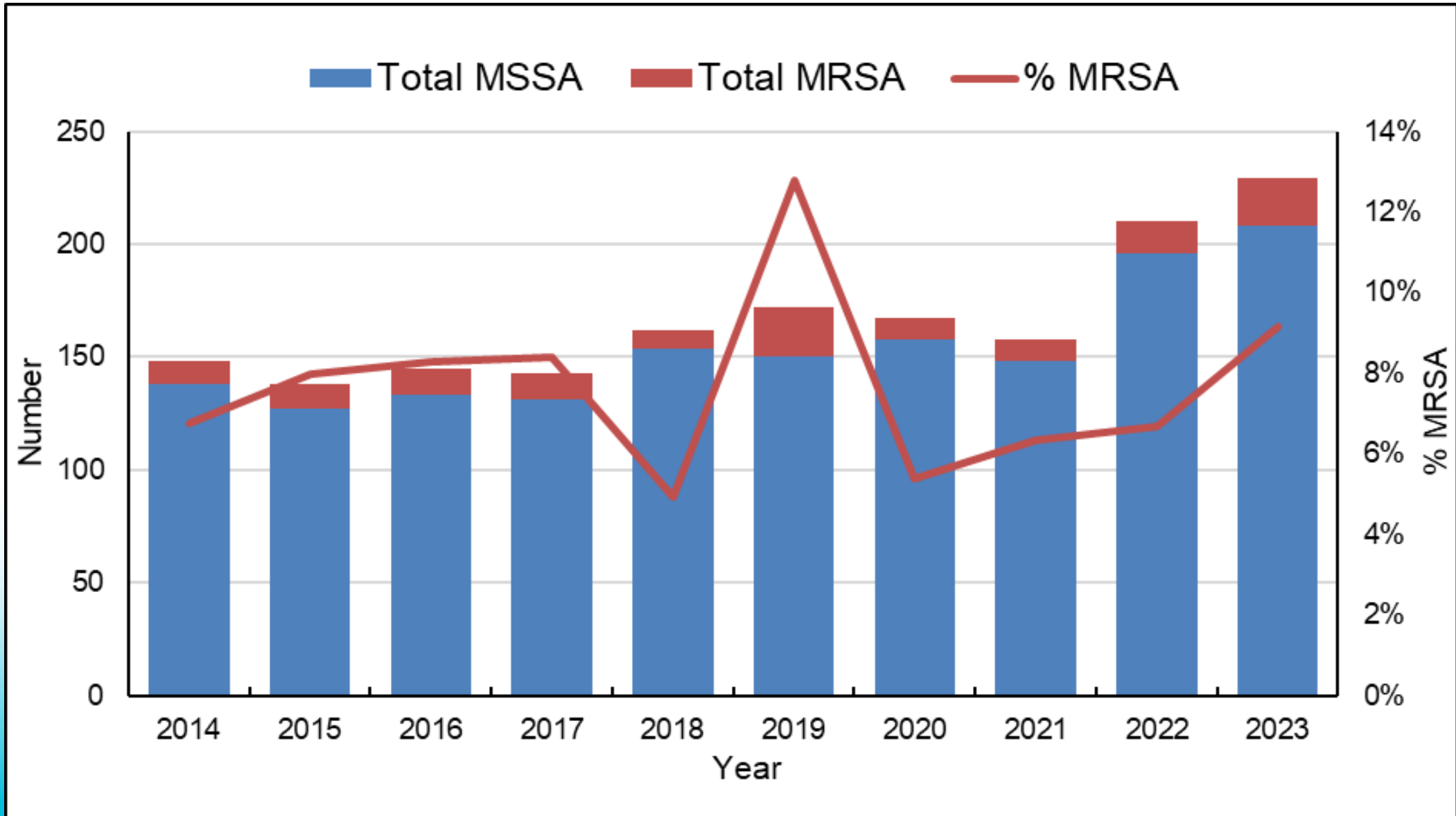
SABSI number and rate by sex and age group



Classification

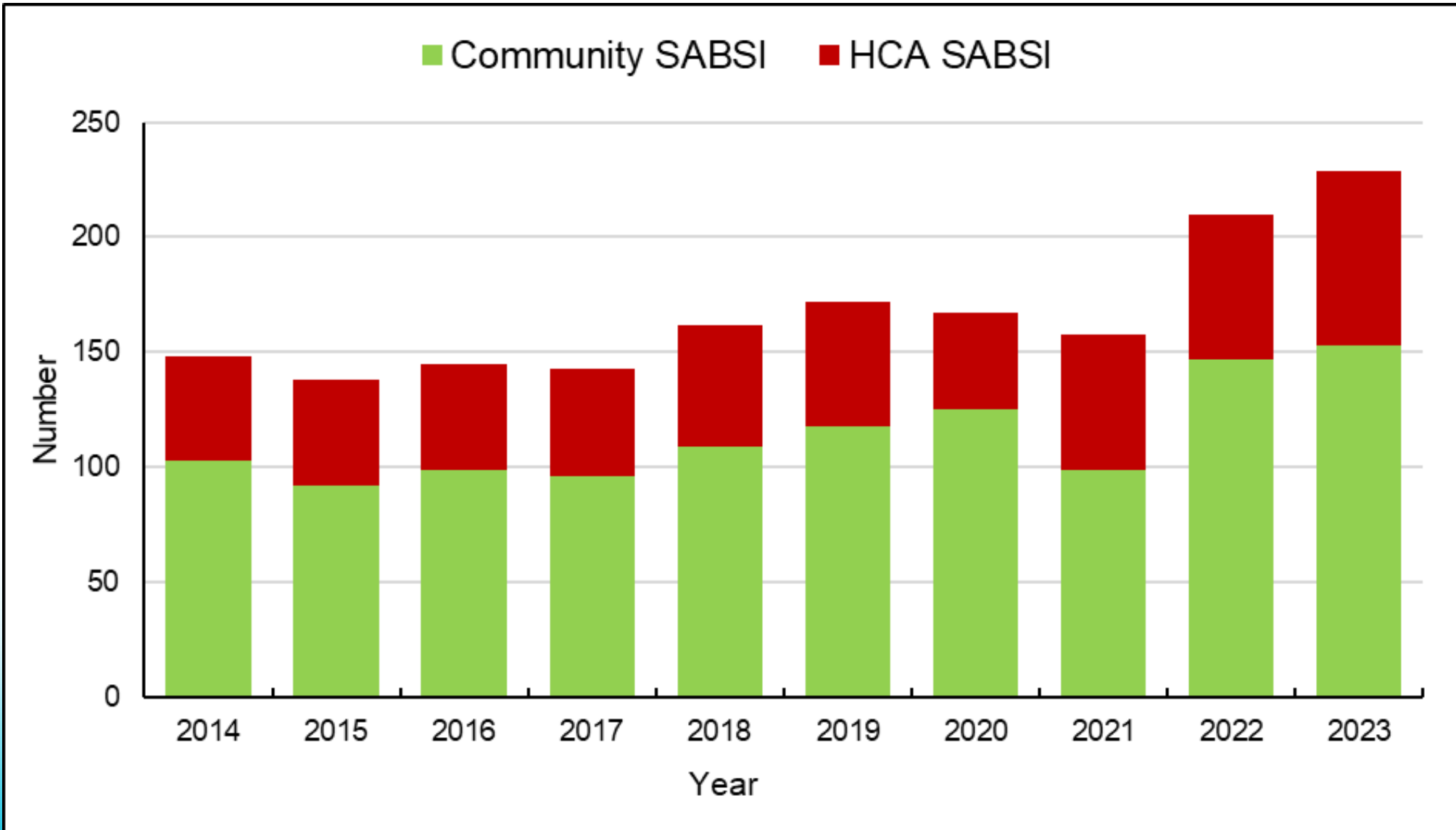


SABSI antimicrobial sensitivity

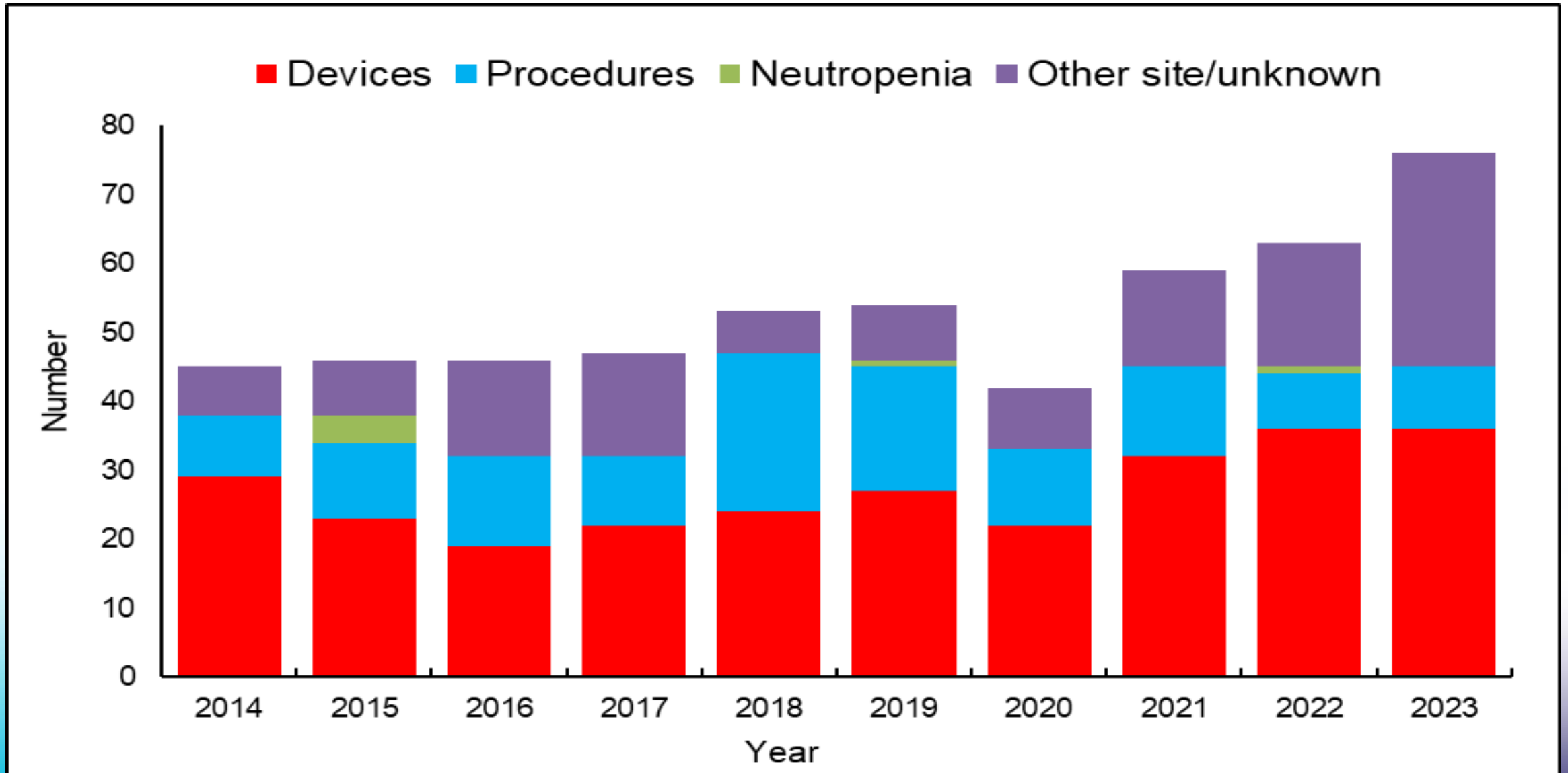


Year	Healthcare associated % MR-SABSI	Community associated % MR-SABSI
2014	13%	4%
2015	13%	5%
2016	11%	7%
2017	13%	6%
2018	6%	5%
2019	15%	12%
2020	7%	5%
2021	5%	7%
2022	6%	6%
2023	13%	7%

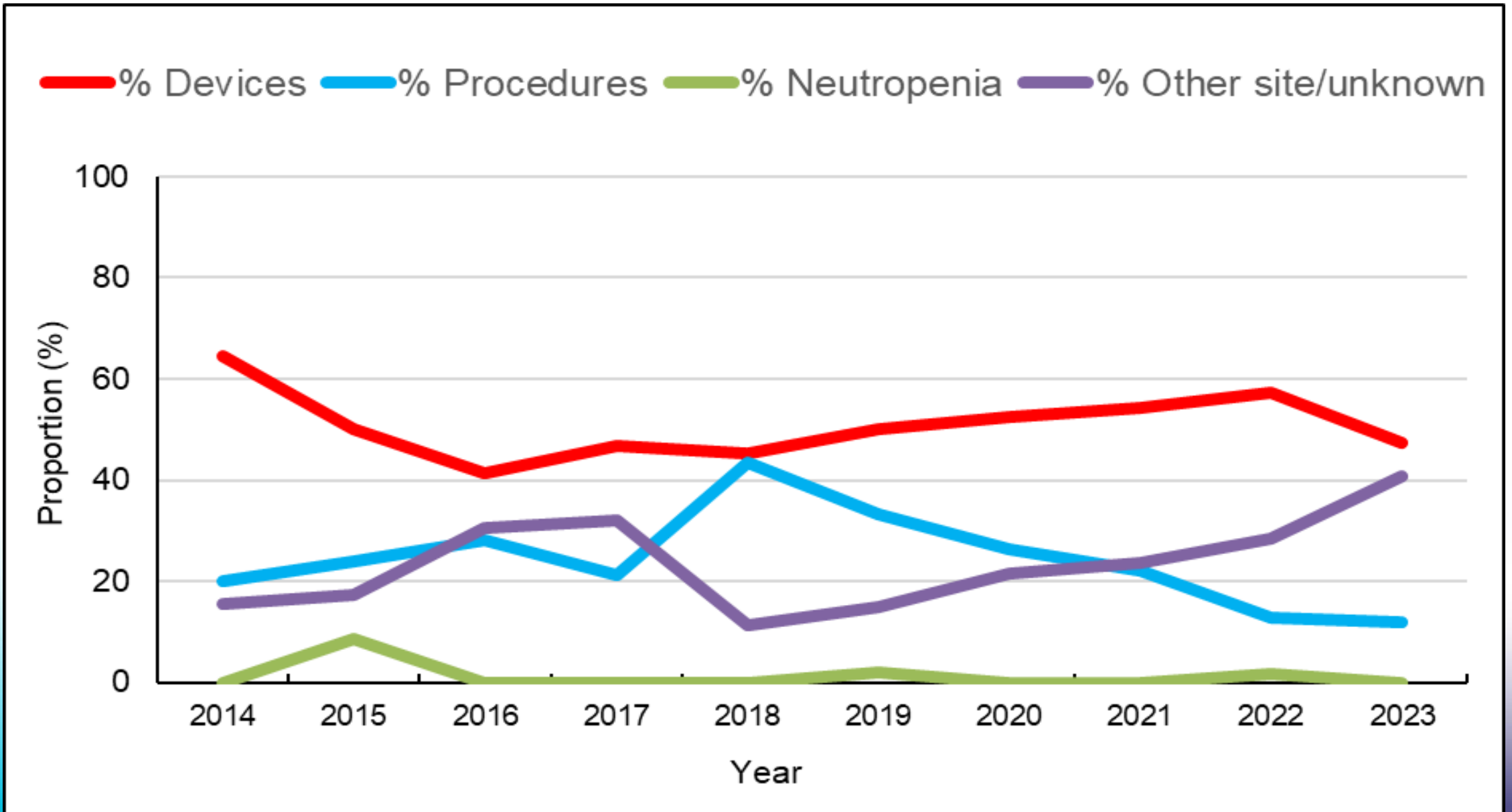
Classification of SABSI by year



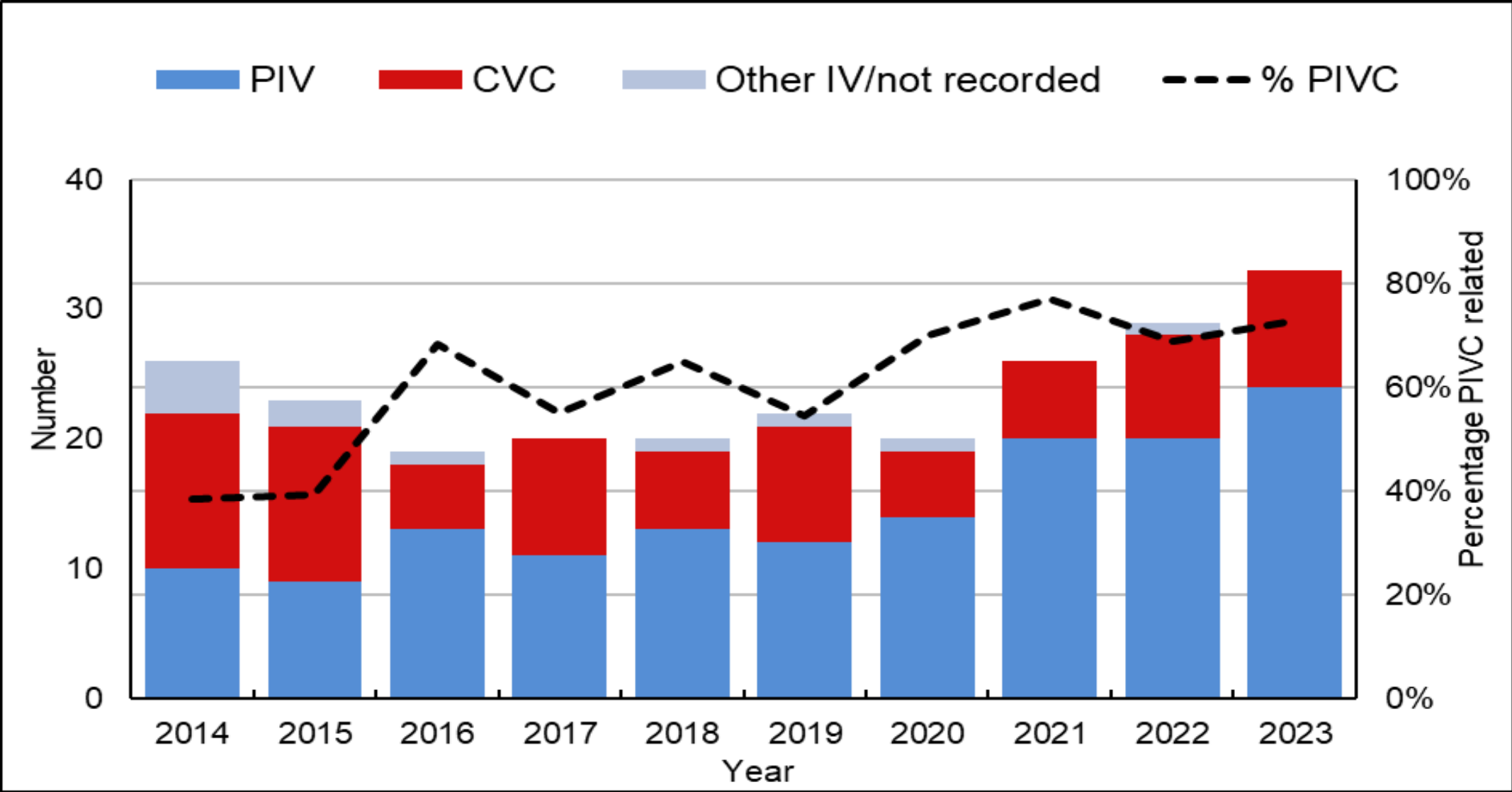
Classification of HCA-SABSI



Classification of HCA-SABSI



Classification of IV device related SABSI



Summary

- Notifiable
- Sustainable surveillance processes
- Males > females
- Increased rate with increased age
- SABSI stable until 2022
- PIVC related SABSI ongoing issue

Thank you

- Ms Karen Turnbull
- Ms Juanita Watson
- Dr Alison Ratcliffe
- Dr Shannon Melody
- Infection prevention and control personnel and units across Tasmania