

Contamination of Hospital Drains by Carbapenemase-Producing Enterobacterales (CPE) in Ontario, Canada

A. Jamal*, L. Mataseje, K. Brown, K. Katz, J. Johnstone, M. Muller, V. Allen, S. Borgia, D. Boyd, W. Ciccotelli, K. Delibasic, D. Fisman, J. Leis, A. Li, M. Mehta, W. Ng, R. Pantelidis, A. Paterson, A. McGeer, M. Mulvey
Toronto Invasive Bacterial Diseases Network, Ontario, Canada; *alainna.jamal@sinaihealthsystem.ca

Introduction

- CPE outbreaks linked to hospital wastewater drainage systems
- Determined prevalence of CPE in hospital drains exposed to inpatients with CPE, compared drain and room occupant CPE using whole-genome sequencing, and explored risk factors for drain contamination

Methods

- 10 hospitals → cultured hand hygiene sink, patient use sink, and shower drains exposed to inpatients with CPE from Oct. 2007 to Jan. 2018
- Illumina and MinION sequencing to compare drain/room occupant CPE isolates and carbapenemase gene-containing plasmids
- Multi-level logistic regression model to explore risk factors for drain contamination

Results

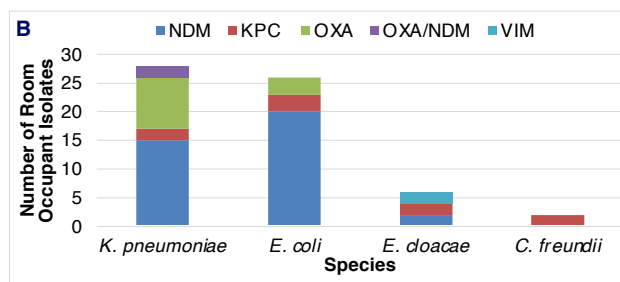
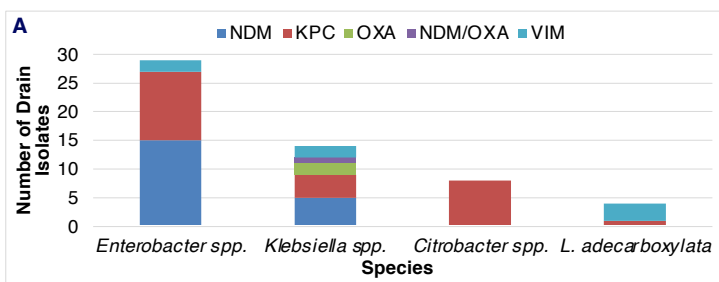
- 1209 drains in 501 patient rooms and 71 communal shower rooms exposed to 310 inpatients with CPE
- 53 (4%) drains at 7 (70%) hospitals yielded 62 CPE isolates
 - 49 patient room drain CPE isolates
 - 13 communal shower room drain CPE isolates

Table. Unit- and room-level factors associated with drain contamination.

Characteristic	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Type of drain (referent=patient use sink)		
Hand hygiene sink	3.60 (1.14-11.32)	3.75 (1.17-11.99)
Shower	13.84 (4.70-40.77)	12.95 (4.29-39.08)
Room type (referent=patient)		
Communal shower	3.09 (1.44-6.60)	1.30 (0.55-3.07)
Unit type (referent=rehabilitation)		
Intensive care	0.96 (0.12-7.40)	1.40 (0.16-12.59)
Medical	2.73 (0.65-11.41)	2.66 (0.58-12.30)
Surgical	1.24 (0.23-6.62)	1.23 (0.21-7.33)

Conclusion: 4% of drains were CPE-contaminated. Drain CPE unrelated to patient exposure suggests contamination by undetected colonized patients or retrograde transmission. Drain types had different contamination risks.

Figure. The distribution of CPE gene/species combinations of CPE in drains (n=55) (A) and room occupants (n=62) (B).



- 4/49 (8%) patient room drain CPE isolates could be linked by sequencing to a prior room occupant. Drain/room occupant linked pairs:
 - Citrobacter freundii* ST18 isolates separated by 8 SNVs
 - Related *bla*_{KPC}-containing IncN3-type plasmids (different species)
 - Related *bla*_{KPC-3}-containing IncN-type plasmids (different species)
 - Related *bla*_{oxa-48}-containing IncL/M-type plasmids (different species)
 In all cases, patients were colonized prior to drain exposure and so likely contaminated drains (not acquired from drains).
- Matches among drain isolates (possible retrograde transmission):
 - 10 drain isolates on 2 units with related *bla*_{NDM-1}-containing IncH12A/H12-type plasmids (9 *Enterobacter hormaechei* ST66 separated by 0-6 SNVs, 1 *Klebsiella oxytoca*)