

**EMBARGOED FOR RELEASE until June 29, 2017 – 5:00 PM (ET)**

**Contacts:** Tracy Hampton • (312) 339-9067 • [thampton@nasw.org](mailto:thampton@nasw.org)  
Christine Feheley • (202) 640-4638 • [cfeheley@asn-online.org](mailto:cfeheley@asn-online.org)

## **CATHETERS LINKED TO MOST BLOODSTREAM INFECTIONS IN DIALYSIS PATIENTS**

*Newly reported data from the CDC represent nearly all US outpatient dialysis facilities.*

### **Highlights**

- Most bloodstream infections in dialysis patients continue to occur in those with central venous catheters used to access their blood. The findings come from 2014 data from US dialysis facilities.
- *Staphylococcus aureus* was the most commonly isolated pathogen that caused bloodstream infections, and in many cases they were antibiotic-resistant.

**Washington, DC (June 29, 2017)** — Using catheters to access the blood during hemodialysis continues to be linked with increased rates of bloodstream infections, according to a recent analysis of data from US dialysis facilities. The findings appear in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN).

Individuals who undergo hemodialysis are at increased risk of developing infections due to the repeated need to access their blood. Experts recommend an arteriovenous fistula, which is created by connecting patient's own vein and artery to form a long-lasting site through which blood can be removed and returned. Alternatively, a patient may use an arteriovenous graft, which is a plastic conduit between an artery and a vein. A smaller number of patients use a catheter instead of an arteriovenous fistula or graft for various reasons, including inadequate preparation for dialysis or avoidance of surgery.

The Centers for Disease Control and Prevention (CDC) conducts surveillance for infections in hemodialysis patients using the National Healthcare Safety Network (NHSN), and such information is used by the Centers for Medicare & Medicaid Services as part of the End-Stage Renal Disease Quality Incentive Program (QIP) to assess dialysis facility performance.

In their recent analysis of information gathered from 2014, the CDC's Duc Bui Nguyen, MD and his colleagues noted that 6005 outpatient hemodialysis facilities reported data for a total of 160,971 dialysis events including 29,516 bloodstream infections (BSIs); 149,722

intravenous antimicrobial starts; and 38,310 episodes of pus, redness, or increased swelling at the hemodialysis access site.

The team found that 77% of BSIs were related to accessing patients' blood. Most—63% of BSIs and 70% of access-related BSIs—occurred in patients with a central venous catheter. BSI and other dialysis event rates were also highest among patients using central venous catheters. *Staphylococcus aureus* was the most commonly isolated BSI pathogen (31%), and 40% of *S. aureus* isolates tested were resistant to the antibiotic methicillin.

“We now have a clearer picture of the rates and types of infections hemodialysis patients in the United States are experiencing—nearly all US outpatient hemodialysis facilities are participating in CDC’s NHSN Dialysis Event surveillance,” said Dr. Nguyen. “Our findings emphasize the need for hemodialysis facilities to improve infection prevention and vascular access care practices.”

In an accompanying editorial, Dana Miskulin, MD (Tufts University School of Medicine) and Ambreen Gul, MD (Dialysis Clinic Inc.) noted that a major problem to the available data is that event reporting is based on an honors system, with dialysis units reporting their own information. “We make a plea to the dialysis community to ‘clean up’ the data, so that the QIP is fairer for all and to enable the full potential of these data, both for improving care now and for generating new evidence to provide future opportunities to improve care and outcomes, to be realized,” they wrote.

Study co-authors include Alicia Shugart, MA, Christi Lines, MPH, Ami Shah, MPH, Jonathan Edwards, MStat, Daniel Pollock, MD, Dawn Sievert, PhD, and Priti Patel, MD, MPH.

Disclosures: The authors reported no financial disclosures.

The article, entitled “National Healthcare Safety Network (NHSN) Dialysis Event Surveillance Report for 2014,” will appear online at <http://cjasn.asnjournals.org/> on June 29, 2017, doi: 10.2215/CJN.11411116.

The editorial, entitled “Infection Monitoring in Dialysis Units: A Plea for ‘Cleaner’ Data,” will appear online at <http://cjasn.asnjournals.org/> on June 29, 2017.

*The content of this article does not reflect the views or opinions of The American Society of Nephrology (ASN). Responsibility for the information and views expressed therein lies entirely with the author(s). ASN does not offer medical advice. All content in ASN publications is for informational purposes only, and is not intended to cover all possible uses, directions, precautions, drug interactions, or adverse effects. This content should not be used during a medical emergency or for the diagnosis or treatment of any medical condition. Please consult your doctor or other qualified health care provider if you have*

The American Society of Nephrology®, ASN®, Kidney Week®, CJASN®, JASN®, NephSAP®, and ASN Kidney News® are registered trademarks of ASN

*any questions about a medical condition, or before taking any drug, changing your diet or commencing or discontinuing any course of treatment. Do not ignore or delay obtaining professional medical advice because of information accessed through ASN. Call 911 or your doctor for all medical emergencies.*

*Since 1966, ASN has been leading the fight to prevent, treat, and cure kidney diseases throughout the world by educating health professionals and scientists, advancing research and innovation, communicating new knowledge, and advocating for the highest quality care for patients. ASN has nearly 17,000 members representing 112 countries. For more information, please visit [www.asn-online.org](http://www.asn-online.org) or contact the society at 202-640-4660.*

###

Tweet: Catheters linked to most bloodstream infections in dialysis patients.

Facebook: Using catheters to access the blood was linked with most bloodstream infections among hemodialysis patients in a recent analysis of data from US dialysis facilities. The findings appear in the *Clinical Journal of the American Society of Nephrology*.

Media contact: Martha Sharan ([msharan@cdc.gov](mailto:msharan@cdc.gov)) or 404-639-2683.

The American Society of Nephrology<sup>®</sup>, ASN<sup>®</sup>, Kidney Week<sup>®</sup>, CJASN<sup>®</sup>, JASN<sup>®</sup>, NephSAP<sup>®</sup>, and ASN Kidney News<sup>®</sup> are registered trademarks of ASN