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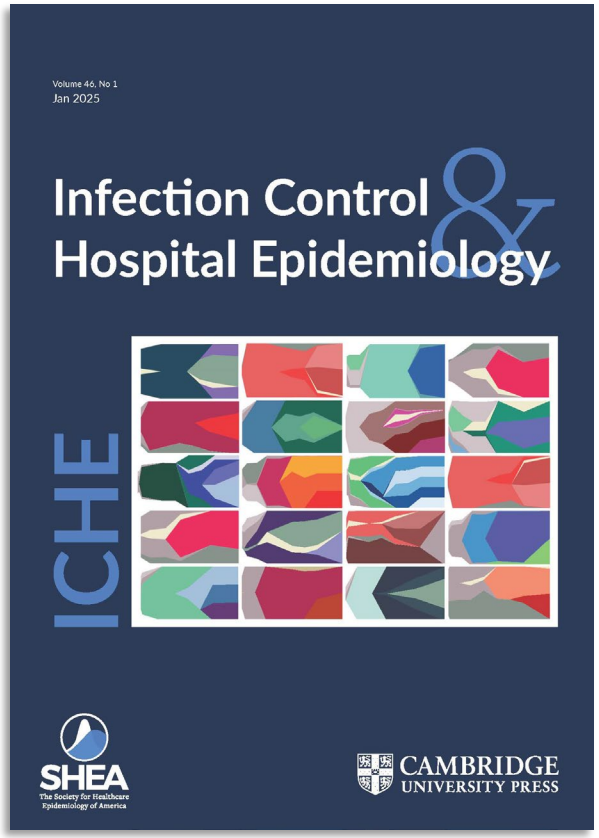

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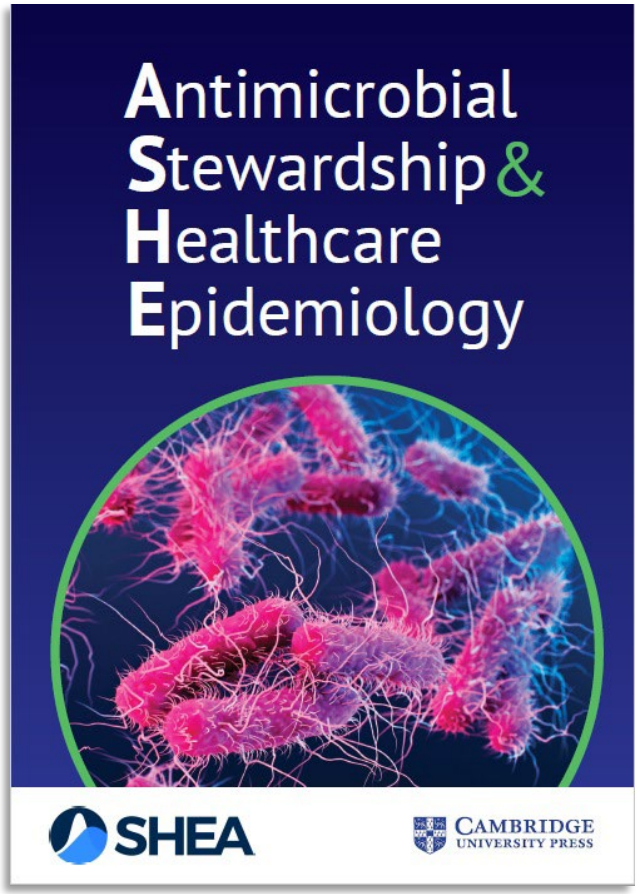

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Converse & Convene: Custody & Contagion – How Are You Tackling IPC in Correctional Settings?
November 20, 2025 @ 3:00 - 4:00 pm ET

Town Hall

C. diff
December 9, 2025 @ 4:00 - 5:00 pm ET

Courses/Webinar Series

Raising the Bar: How to Advocate for Resources for Effective IPC Teams
December 10, 2025 @ 2:00 – 3:00 pm ET

Diagnostic Stewardship Programs: From Concept to Implementation
January 26, 2026 @ 2:00 – 3:00 pm ET

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November Town Hall Panelists:

Dr. Marci Drees
ChristianaCare

Dr. Trish Perl
UT Southwestern Medical Center

Dr. Matthew Linam
Emory University

Dr. Erica Shenoy
Mass General Brigham

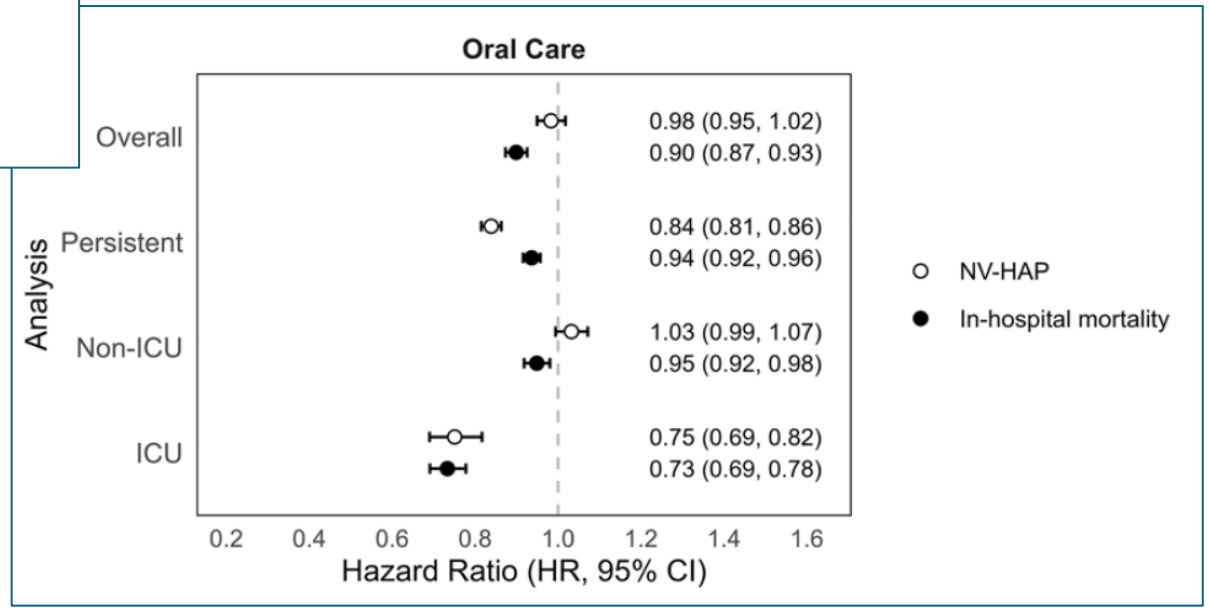
Invited Panelist:

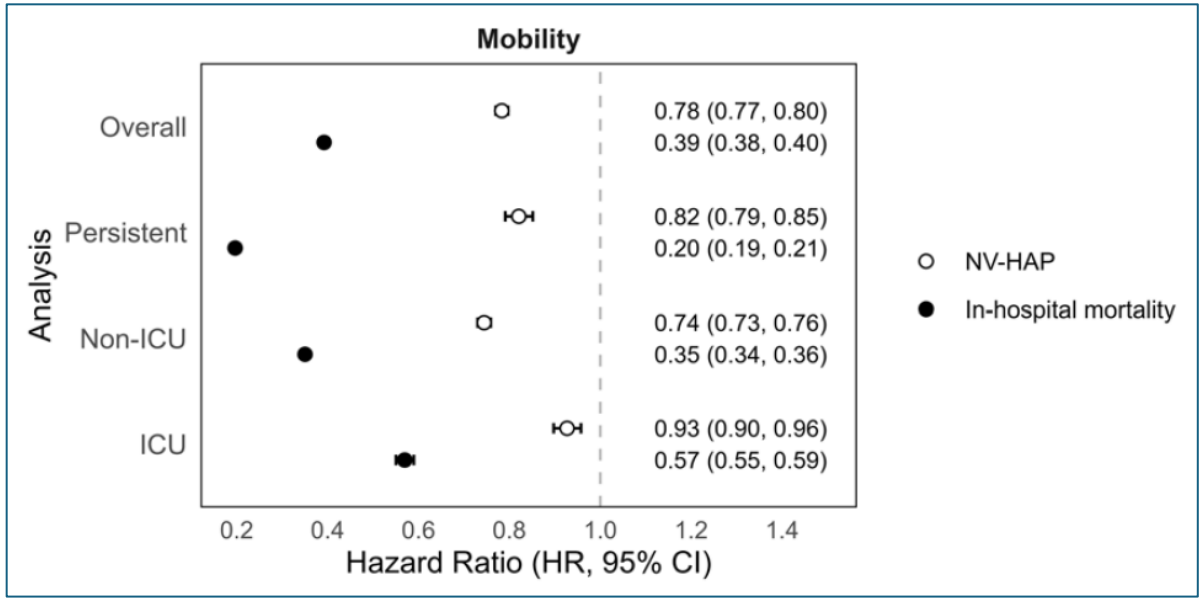
Michael Klompas, MD, MPH
Professor of Medicine and Population Medicine
Brigham and Women's Hospital and Harvard Medical School

Associations between routine oral care and in-hospital mobility with non-ventilator hospital-acquired pneumonia

Sheryl A. Kluberg PhD[1,2], Tom Chen PhD[1,2], Rui Wang PhD[1,2], Robert Jin MS[1], Laura DelloStritto MPH[1], Dian Baker PhD, APRN[3], Karen Giuliano PhD[4], Edward J. Septimus MD[1,2], Jeffrey S. Guy MD[5,6], Russell E. Poland PhD[5], E. Jackie Blanchard DNP, RN[5], Kenneth E. Sands MD, MPH[5] and Michael Klompas MD, MPH[1,2,7]

- Retrospective cohort 1.7 million patients and 9.6 million hospital days
- NV-HAP and mortality
  - Persistent oral care (≥ 3 days)
  - Mobility
- Adjusted Cox proportional hazards model
- Persistent oral care
  - 16% decrease NV-HAP, 6% decrease mortality
- Persistent mobility
  - 18% decrease in NV-HAP, 80% decrease mortality
  - Greater impact outside the ICU





Infection Control & Hospital Epidemiology (2025), 1–11

Genomic e
infections

Vatsala Rangacha
Nathan J. Raabe M
PhD[3,5,6], Graham

- Perform
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- Reviewe
- 436 spe
- RV 291,
- Sequen
- 14 gene
- Epidem
- 47% wit

Cluster	No. Patients	Hospital	Epidemiologic link	Virus	Time between first and last specimen (days)
1	5	PH ($n=4$) AH-1 ($n=1$)	PH: Overlapping stay	Rhinovirus C	8
2	2	PH	Shared unit	Rhinovirus A	12
3	2	PH ($n=1$) AH-2 ($n=1$)	Unknown	Rhinovirus A	12
4	2	PH ($n=1$) AH-2 ($n=1$)	Unknown	Rhinovirus A	0
5	2	PH ($n=1$) AH-1 ($n=1$)	Unknown	Rhinovirus A	2
6	2	PH (n = 1) AH-2 (n = 1)	Unknown	Rhinovirus B	5
7	4	PH ($n=3$) AH-1 ($n=1$)	PH: Shared unit AH-1: Unknown	RSV B	55
8	2	PH ($n=1$) AH-2 ($n=1$)	Unknown	RSV A	33
9	3	AH-1	Shared unit	RSV B	8
10	4	PH ($n=1$) AH-1 ($n=1$) AH-2 ($n=2$)	AH-2: Shared unit PH/AH-1: Unknown	Influenza A virus	25
11	2	AH-1	Shared unit	Influenza A virus	4
12	2	PH ($n=1$) AH-1 ($n=1$)	Unknown	HMPV A2	0
13	2	AH-1	Unknown	HMPV A2	32
14	2	PH	Common provider	HMPV B1	9

Infection Control & Hospital Epidemiology (2025), 1–11

Strategies to Prevent VAP, VAE, and NV-HAP

November 12, 2025

SHEA Town Hall

Michael Klompas MD, MPH, FIDSA, FSHEA
Brigham and Women's Hospital, Boston, MA
Harvard Medical School & Harvard Pilgrim Health Care Institute

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Disclosures

- **Grant funding**
  - Centers for Disease Control and Prevention
  - Massachusetts Department of Public Health
  - Agency for Healthcare Research and Quality
- **Royalties**
  - UpToDate Inc.

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Infection Control & Hospital Epidemiology (2022), 1–27
doi:10.1017/ice.2022.88

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SHEA/IDSA/APIC Practice Recommendation

Strategies to prevent ventilator-associated pneumonia, ventilator-associated events, and nonventilator hospital-acquired pneumonia in acute-care hospitals: 2022 Update

Michael Klompas MD, MPH[1,2], Richard Branson MSc, RRT[3], Kelly Cawcutt MD, MS[4], Matthew Crist MD[5], Eric C. Eichenwald MD[6,7], Linda R. Greene RN, MPS, CIC[8], Grace Lee MD[9], Lisa L. Maragakis MD, MPH[10], Krista Powell MD, MPH[5], Gregory P. Priebe MD[11], Kathleen Speck MPH[12], Deborah S. Yokoe MD, MPH[13] and Sean M. Berenholtz MD, MHS[12,14,15]

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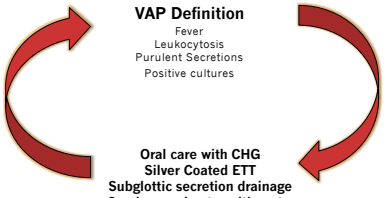
Circularity Between VAP Preventive Practices and the VAP Definition



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SHEA IDSA APIC

SHEA/IDSA/APIC Practice Recommendation

Strategies to prevent ventilator-associated pneumonia, ventilator-associated events, and nonventilator hospital-acquired pneumonia in acute-care hospitals: 2022 Update

"Given the limitations of the pneumonia prevention literature … we prioritize prevention strategies associated with **improvements in objective outcomes, such as duration of mechanical ventilation, ICU or hospital length of stay, mortality, VAEs, antibiotic utilization and/or costs** in randomized controlled trials."

Infection Control Hospital Epidemiol 2022;43:687-713

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SHEA IDSA APIC

Strategies to prevent ventilator-associated pneumonia, ventilator-associated events, and nonventilator hospital-acquired pneumonia in acute-care hospitals: 2022 Update

Essential Practices

Good evidence that the intervention decreases the average duration of mechanical ventilation, length of stay, mortality, and / or costs. Benefits likely outweigh risks.

Additional Approaches

Good evidence that the intervention improves objective outcomes in some populations but may confer some risk in others

May lower VAP rates but insufficient data to determine impact on duration of mechanical ventilation, length of stay, or mortality

Infection Control Hospital Epidemiol 2022;43:687-713

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Essential Practices

Improve outcomes. Benefits outweigh risks

- Avoid intubation and prevent reintubation
  - Use high-flow nasal oxygen or non-invasive positive pressure ventilation as appropriate whenever safe and feasible
- Minimize sedation
  - Avoid benzodiazepines in favor of other agents
  - Use a protocol to minimize sedation
  - Implement a ventilator liberation protocol
- Maintain and improve physical conditioning
- Elevate the head of the bed to 30-45°
- Provide oral care *with* toothbrushing but *without* chlorhexidine
- Provide early enteral vs parenteral nutrition
- Change the ventilator circuit only if visibly soiled or malfunctioning

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Toothbrushing

Meta-analysis of15 randomized trials of toothbrushing vs control

	Studies	Patients	Meta-Analysis	
Hospital-acquired pneumonia* (*12 of the 14 studies in ventilated patients)	14	2557	Risk Ratio 0.68 (95% CI 0.57-0.82)	*Lower!*
Ventilator Days	7	1285	-1.2 days (95% CI -2.4 to -0.1)	*Lower!*
ICU Length of Stay	6	1284	-1.8 days (95% CI -2.9 to -0.7)	*Lower!*
ICU Mortality	6	1331	Risk Ratio 0.81 (95% CI 0.69-0.95)	*Lower!*

Ehrenzeller, *JAMA Internal Med* 2024;184(2):131-142

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Additional Approaches

Improve objective outcomes but may confer some risk

- Selective digestive decontamination

May lower VAP rates but insufficient data on objective outcomes

- Endotracheal tubes with subglottic secretion drainage
- Early tracheostomy
- Postpyloric rather than gastric feeding for patients with gastric intolerance or at high risk for aspiration

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Selective Digestive Decontamination

Oral Paste
colistin
tobramycin
nystatin
QID

+

Gastric Suspension
colistin
tobramycin
nystatin
QID

+

Intravenous Abx
3rd gen
cephalosporin or
ciprofloxacin
QD x 4 days

Plantinga, *Clin Microbiol Infect* 2018;24:505-513

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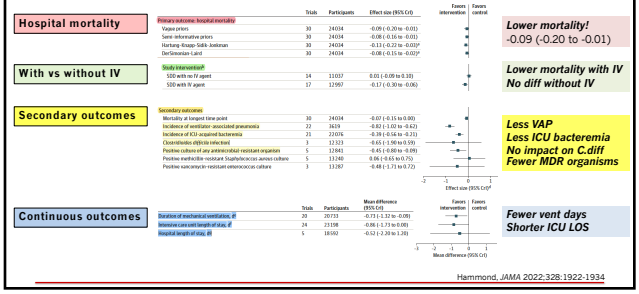
Impact on Outcomes

Meta-analysis 2022

Meta-analysis of 32 randomized trials of selective digestive decontamination vs control, 24,389 patients



Hospital mortality — ***Lower mortality!*** -0.09 (-0.20 to -0.01)

With vs without IV — ***Lower mortality with IV*** ***No diff without IV***

Secondary outcomes — ***Less VAP*** ***Less ICU bacteremia*** ***No impact on C.diff*** ***Fewer MDR organisms***

Continuous outcomes — ***Fewer vent days*** ***Shorter ICU LOS***

Hammond, *JAMA* 2022;328:1922-1934

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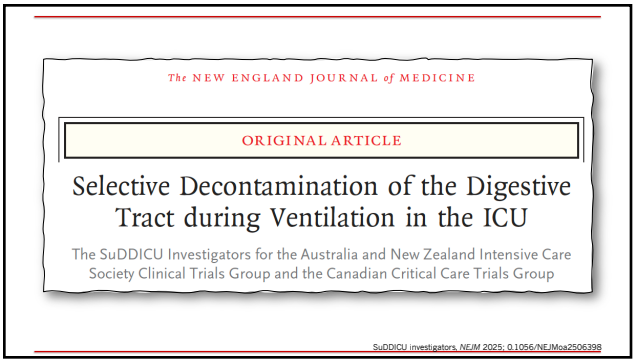

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Selective Decontamination of the Digestive Tract during Ventilation in the ICU

The SuDDICU Investigators for the Australia and New Zealand Intensive Care Society Clinical Trials Group and the Canadian Critical Care Trials Group

SuDDICU investigators, *NEJM* 2025; 0.1056/NEJMoa2506398

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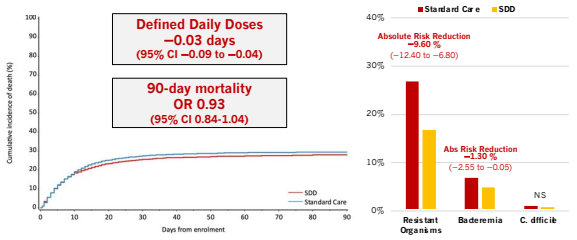
Does it generalize to intermediate risk settings like ours?

*Cluster, crossover, randomized trial of usual care vs selective digestive decontamination (oral paste & gastric suspension of colistin, tobramycin, and nystatin q6h, +4d intravenous antibiotics) in 26 ICUs in **Canada & Australia**, N=20,000 patients*



SuDDICU investigators, *NEJM* 2025; 0.1056/NEJMoa2506398

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Compendium Recommendations to Prevent NV-HAP

Interventions that may lower NV-HAP rates

- Provide regular oral care (daily toothbrushing)
- Diagnose and manage dysphagia
- Provide early mobilization
- Implement multimodal interventions to prevent viral infections

Interventions with insufficient data about impact on NV-HAP

- Head of bed elevation
- Stress ulcer prophylaxis

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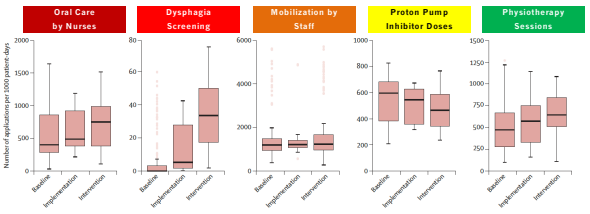
NV-HAP Prevention Bundle

University Hospital Zurich, NV-HAP prevention bundle, 9 surgical and medical wards, Jan 2017-Feb 2020



Wolfensberger, *Lancet Infect Dis* 2023;23:836-846

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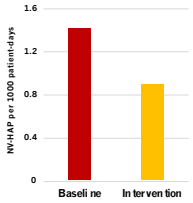
NV-HAP Prevention Bundle

University Hospital Zurich, NV-HAP prevention bundle, 9 surgical and medical wards, Jan 2017-Feb 2020

30% drop in NV-HAP incidence



Factors associated with successful implementation:

- Staff belief that preventing NV-HAP is aligned with their core mission as healthcare workers
- High perceived NV-HAP risk per patient
- Hospital architecture promoting proximity between key staff members
- Favorable staff character traits
  - Positive attitude
  - Charisma
  - Intrinsic motivation
  - Authority & latitude to make decisions

Wolfensberger, *Lancet Infect Dis* 2023;23:836-846

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Thank You!

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