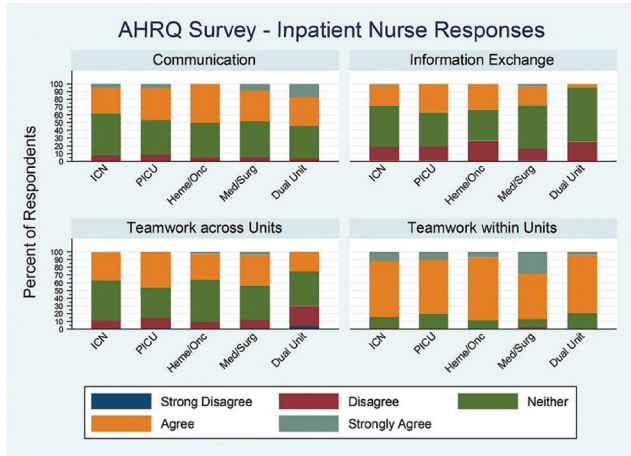


Conclusion. Successful ASP require interdisciplinary collaboration and communication. Barriers related to communicating and exchanging information may limit nursing engagement. Assessments already used at hospitals could potentially guide methods of integrating nurses into stewardship with AHRQ data offering another lens to assess factors influencing behaviors to steward. A thorough understanding of nurses' perceived work climate may inform engagement strategies.



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923. Rapid Emergence of *Candida auris* in the Chicago Region

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Background. In 2016, *Candida auris* was first reported in the United States, with 2 Illinois patients among the first cases. In response, the state and 3 Chicago-area health departments (HDs) investigated clinical cases and performed point prevalence surveys (PPSs) to identify colonized cases.

Methods. Clinical cases had positive *C. auris* cultures obtained for clinical care; colonized cases had positive surveillance cultures during PPSs. In August 2016–January 2018, PPSs were performed in Chicago-area acute care hospital (ACH) intensive care units, long-term acute-care hospitals (LTACHs), and high-acuity floors of skilled nursing facilities (SNFs) and SNFs caring for ventilated patients (vSNFs). Facility and HD staff obtained composite axilla/groin swabs from asymptomatic patients to detect colonization. Facilities with an epidemiologic link to a clinical case or a shared patient population with a facility housing a clinical case were prioritized for PPSs.

Results. During May 2016–January 2018, Chicago-area facilities reported 24 clinical cases, including 10 bloodstream infections. HDs performed 33 PPSs at 20 facilities (5 ACHs, 5 LTACHs, 3 SNFs, and 7 vSNFs) during August 2016–January 2018. Of 1,364 patients screened, 92 (6.7%) were colonized with *C. auris*; 10 (50%) facilities had ≥1 colonized patient. A significantly higher proportion screened positive from September 2017 to January 2018 (84/822, 10.2%) than in August 2016–August 2017 (8/542, 1.5%; z -test $P < 0.01$). Prevalence of *C. auris* colonization was highest in vSNFs (median: 7.7%; range: 0%–43.3%), compared with ACHs (0%; 0%–6.3%), LTACHs (0%; 0%–14.3%), and SNFs (0%, 0%–1.5%). PPSs in vSNFs identified 91% (84/92) of colonized cases. Among 5 vSNFs with repeat PPSs, 4 had higher prevalence on repeat screening (median: 26.1%; range: 0%–43.3%) than at baseline (1.2%; 0%–17.0%).

Conclusion. *C. auris* has rapidly emerged in the Chicago area. Increasing prevalence of *C. auris* colonization during repeat PPSs indicates transmission and amplification within vSNFs. To prevent spread, state and local HDs provided infection control recommendations, disseminated health alerts, and recommended placing vSNF patients from high-acuity floors on transmission-based precautions.

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924. Incidence of Symptomatic and Asymptomatic Influenza Among Healthcare Workers: A Multicenter Prospective Cohort Study

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Background. Influenza is an important cause of viral nosocomial infections; however, the incidence of asymptomatic influenza among healthcare workers (HCWs) is poorly known. The objective was to estimate the cumulative incidence of asymptomatic and symptomatic influenza among HCWs.

Methods. The AFP (Asymptomatic Influenza Project, NCT02868658) multicenter prospective cohort study was conducted in 5 French university hospitals in Lyon (2 sites), Grenoble, Saint-Etienne, and Dijon. Each voluntary HCW was followed-up during the entire 2016–2017 influenza season with 3 visits for influenza diagnostic by PCR from nasal swabs and serology. The outcome was laboratory confirmed influenza (LCI) defined by an influenza detection by PCR, and/or influenza A seroconversion/significant increase in the anti-A antibodies titer against A/Hong-Kong/4801/2014, with the absence of seroconversion/significant increase in the level of anti-B/ Brisbane/60/2008 antibodies; influenza A was indeed the only strain circulating this winter in the Lyon area. Asymptomatic cases presented no general or respiratory sign/symptom, paucisymptomatic LCI cases had those symptoms/signs but not conforming to clinical influenza, symptomatic LCI cases had temperature $\geq 37.8^\circ\text{C}$ and cough or sore throat. Cumulative incidence was expressed per 100 HCWs.

Results. Overall 278 HCWs were analyzed, 84.2% were female, the mean age was 38 years, and influenza vaccination coverage in 2016–2017 was 45.3%. Globally, 62 HCWs had evidence of LCI. Among laboratory confirmed influenza cases, 67.7% (95% CI: 55.8%–79.7%, $n = 42$) were asymptomatic, 21.0% (95% CI: 10.5%–31.4%, $n = 13$) were paucisymptomatic, and 11.3% (95% CI: 3.2%–19.4%, $n = 7$) were symptomatic. Among HCWs, global cumulative influenza incidence was 22.3% (95% CI: 17.7%–27.5%). Cumulative incidence of asymptomatic influenza was 15.1% (95% CI: 10.9%–19.3%), it was 4.7% (95% CI: 2.2%–7.2%) for paucisymptomatic influenza, and 2.5% (95% CI: 0.1%–4.4%) for symptomatic influenza.

Conclusion. Asymptomatic influenza is frequent among HCWs, representing two-third of the influenza burden in this population. This highlights the importance of infection control measures among HCWs no presenting influenza symptoms.

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925. Healthcare-Associated Legionnaires' Disease, California, 2015–2017

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Background. Legionnaires' disease (LD) causes significant morbidity and mortality to hospital patients and residents of skilled nursing facilities (SNF). In California, LD is reportable to local health departments via the California Reportable Disease Information Exchange (CalREDIE) surveillance system. Cases are classified as suspected or confirmed using Centers for Disease Control and Prevention (CDC) definitions. The California Department of Public Health (CDPH) Healthcare-Associated Infections (HAI) Program maintains a database of healthcare-associated LD (HA-LD) and consults with local public health departments for single cases and outbreaks.

Methods. We described characteristics of confirmed HA-LD cases in 2015–2017. We classified HA-LD as definite if patient had continuous exposure in a facility for 2–10 days prior to symptom onset and possible if patient had overnight exposure in a facility for a portion of 2–10 days prior to symptom onset.

Results. From 2015 to 2017, 125 (8%) of 1,554 confirmed LD cases were HA-LD. Of these, 73 (58%) were definite HA-LD and 52 (42%) were possible HA-LD. The majority of HA-LD cases ($N = 99$, 79%) occurred in southern California. SNF were associated with 57 cases (46%) and hospitals with 44 cases (35%); 23 cases (18%) had exposures in both SNF and hospitals during the incubation period. Among the definite HA-LD cases, 50 cases (68%) had exposures in a single SNF. The median age of patients with HA-LD was 77 years. The HAI Program consulted with 15 local public health agencies on 33 HA-LD investigations, including 7 outbreaks and 26 single-case investigations.

Conclusion. HA-LD represented a small but important percentage of LD in California; the majority occurred in SNF. To prevent HA-LD, California hospitals and skilled nursing facilities should implement water management programs, as recommended by CDC and required by the Centers for Medicare and Medicaid Services (CMS) since June 2017. Public health agencies should respond rapidly to investigate HA-LD cases and control outbreaks.

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