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Abstract (oral session)

Venous thromboembolism after community-acquired bacteraemia: a 20 year Danish cohort study

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Background: Infectious diseases are risk factors for venous thromboembolism (VTE). However, little is known about the risk of VTE after community-acquired bacteremia (CAB). Here we examine the short- and long-term risk for VTE after CAB. **Methods:** We conducted a population-based cohort study in Northern Denmark, during 1992-2010, restricted to persons with no recent hospital admission, and no previous CAB or VTE. Study participants were adult CAB patients, who had blood cultures drawn on admission to a medical ward, and non-hospitalized population comparisons (10 for each CAB patient, matched on age, sex and date of admission). We ascertained data from health-care databases on preadmission comorbidity and medication use, and on subsequent VTE events diagnosed in a hospital in-patient setting. We computed the 90- and 365-day risks for VTE. In addition, we computed adjusted relative risks (RR) of a VTE diagnosis within 0-90 days (using conditional logistic regression) and within 91-365 days (using stratified Cox's regression). **Results:** Among 4,237 CAB patients, the 90-day risk for VTE was 1.01% versus 0.04% among comparison cohort members and the 365-day risk was 1.37% versus 0.22% among comparison cohort members. *Staphylococcus aureus* infections were associated with the highest 90-day risk for VTE after CAB (3.62%). Compared to population comparisons, the adjusted RR for VTE was 25.6 (CI 13.8-47.3) within 90 days of CAB, and remained increased at 2.0 (CI 1.1-3.7) 91-365 days after CAB admission. **Conclusion:** CAB is associated with a highly increased 90-day risk of first-time VTE. However, the absolute risk of hospital-diagnosed VTE following CAB is low.