

**P2579 Is the risk of healthcare-associated influenza hiding behind the hospital curtains?**

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**Background:** Single-room isolation or cohorting of patients with influenza-like illness is recommended by international guidelines. Infrastructural and logistic obstacles hamper implementation of these guidelines. Data on the risk of influenza transmission in double rooms is limited. We assessed the impact of co-rooming with an influenza positive patient and the acquisition of healthcare associated influenza (HAI) in a large secondary care hospital (785 beds) during an intense influenza season.

**Materials/methods:** From December 2017 to April 2018 a standing order was installed to test patients with influenza-like symptoms for influenza A/B using molecular analysis on nasopharyngeal samples. Only in ICU, oncology and the obstetrics ward single room occupancy was deemed feasible. Considering an incubation period of 1 to 4 days, HAI was defined as a positive influenza test five days or more following hospital admission. Type of influenza and duration of co-hospitalization were registered to determine whether transmission between roommates was a potential cause of HAI.

**Results:** Of the 1727 performed influenza A/B tests in hospitalized patients, 558 (32%) tested positive. Of these 1727 patients, 212 patients were tested five days or more upon admission and HAI was confirmed in 73 (34%) of them. In 11 patients presence of a roommate with influenza was considered a potential source of transmission. Eleven patients stayed in a single room, 50 in a double room without influenza positive patients and one with a roommate who tested positive for a different influenza type.

**Conclusions:** Only a limited proportion of HAI in our hospital was associated with the use of double rooms. The lack of a standardized definition for HAI could have hampered these results. Our risk analysis did not include transmission by asymptomatic carriage leading to a possible underestimation of HAI. Adherence to standard precautions, the correct use and availability of personal protective equipment for healthcare workers and clear instructions for visitors might have a more significant effect in preventing HAI than single room isolation.

