

European Respiratory Society Annual Congress 2013

Abstract Number: 452

Publication Number: P289

Abstract Group: 10.1. Respiratory Infections

Keyword 1: Pneumonia **Keyword 2:** Infections **Keyword 3:** Epidemiology

Title: Bacteremia in non-HIV community acquired pneumonia

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Body: Background: Many current guidelines recommend the collection of two sets of blood cultures in all hospitalized patients with community acquired pneumonia (CAP), even though blood cultures are positive in less than 15% of cases. A number of studies have suggested that bacteremia is a risk factor for death in patients with CAP. We aimed to determine the incidence, microbial etiology and risk factors and outcomes of bacteremic patients with CAP non-HIV. Methods: Prospective observational study of consecutive patients seen in the ED with the diagnosis of CAP, whose blood cultures were obtained in the ED. Nursing home patients were excluded. Results: We studied 5346 patients with CAP, bacteremia was present in 576(11%). Independent predictors of bacteremia in multivariate analysis were female sex, pleuritic pain, C-reactive protein ≥ 22 mg/dL, PSI risk classes IV-V, and ICU admission.

Prior antibiotic treatment was a protective factor. SKAPE (S aureus, K pneumoniae, A baumannii, P

aeruginosa and Enterobacteriaceae) but not pneumococcal bacteremia was an independent predictor of 30-day hospital mortality in multivariate analysis. Conclusions: We identified important risk factors to predict bacteremia on admission with CAP. We believe that these factors can be useful for future guidelines to better define which CAP patients would benefit from blood cultures and from more intensive monitoring.