

**Presentation Type:**

Poster Presentation - Poster Presentation

**Subject Category:** Respiratory Viruses**Differential viral load of surgical masks worn by patients infected with respiratory viruses**

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**Background:** This study investigated viral load in surgical masks worn by adult patients infected with respiratory viruses. **Method:** Surgical masks were dissected into eight pieces at pre-selected sites: inner, middle, and outer layers at the nose (N1-N3) and mouth (M1-M3), as well as full-thickness on the right (RS) and left (LS) sides. Viral load was detected, correlated with nasopharyngeal specimens and patients' demographics. **Result:** Among 230 patients infected with influenza A virus (n=91), respiratory syncytial virus (RSV) (n=61), and SARS-CoV-2 (n=78) from April 1 to August 31, 2023, 90.9% (209/230) were from the medical specialty. Of the 230 surgical masks collected, viral RNA was detected in 79.6% at one or more sites, with 75.7% positive at N1 or M1, 55.2% positive at N3 or M3, and 22.6% exhibiting viral RNA at all sites. Pearson correlation showed viral load correlation between nasopharyngeal specimens and N1 (0.244,  $p=0.002$ ) and M1 (0.174,  $p=0.031$ ). The mean viral load at N1 ( $4.14 \pm 1.46 \log_{10}$  copies/ml) was significantly higher than M1 ( $3.74 \pm 1.32 \log_{10}$  copies/ml,  $p=0.014$ ) and N3 ( $3.58 \pm 1.27 \log_{10}$  copies/ml,  $p=0.003$ ). Significant differences in viral load were observed across N1-N3 and M1-M3 in RSV patients, but not in influenza A or SARS-CoV-2 patients. SARS-CoV-2 patients exhibited significantly lower viral load at RS and LS sites compared to influenza A or RSV patients. **Conclusion:** Viral RNA was detected in N3 or M3 sites in our masks, highlighting the potential risk associated in these areas. Differential viral load across various sites in surgical masks worn by patients infected with different respiratory viruses warrants further investigation.

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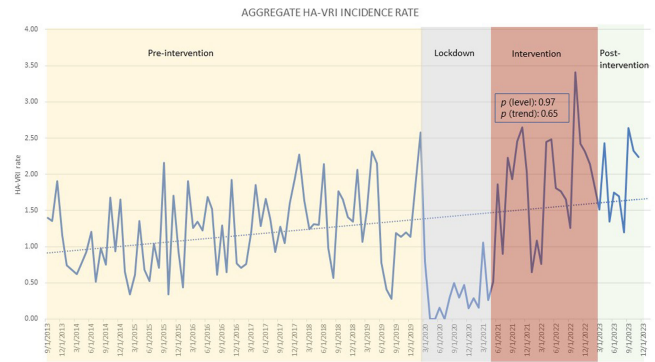
**Presentation Type:**

Poster Presentation - Poster Presentation

**Subject Category:** Respiratory Viruses Other than SARS-CoV-2**Impact of Universal Masking by Healthcare Personnel on Non-SARS-CoV-2 Healthcare-Associated Viral Respiratory Infections**

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**Background:** The impact of universal masking on transmission of endemic respiratory viruses in children's hospitals is unknown. Our objective was to measure the association between universal masking by healthcare personnel and the incidence of non-SARS-CoV-2 healthcare-associated viral respiratory infections (HA-VRI) in a free-standing academic pediatric medical center during the COVID-19 pandemic. **Methods:** In this quasi-experimental study, we measured the incidence rate of non-SARS-CoV-2 HA-VRI (VRI diagnosed on or after hospital day 3 by one of several molecular assays) during three time periods: prior to the COVID-19 pandemic (pre-intervention: September 2013 - February 2020); during universal masking (intervention: May 2021 - March 2023); and after universal masking was lifted (post-intervention: April 2023 - November 2023). Although universal masking was implemented in late March 2020, we exclude the lockdown period of strict COVID-19-related public health mitigations (i.e., school closures and shelter-in-place advisories) during which community prevalence of non-SARS-CoV-2 respiratory viruses was minimal in our region (March 2020 to April 2021). By negative binomial regression analysis, we compared the level and trend of HA-VRI between the pre-intervention and intervention periods. **Results:** Figure 1 illustrates



the incidence rate of non-SARS-CoV-2 HA-VRI during the pre-intervention, lockdown, intervention, and post-intervention periods. The aggregate non-SARS-CoV-2 HA-VRI incidence rate during the pre-intervention, intervention, and post-intervention periods was 1.25, 1.84, and 1.96 HA-VRI per 1000 patient days, respectively. There was no significant difference in the level ( $p = 0.96$ ) or trend ( $p = 0.67$ ) of HA-VRI incidence rate between the pre-intervention and intervention periods. **Conclusion:** Universal masking was not associated with a decrease in the incidence rate of non-SARS-CoV-2 HA-VRI at our children's hospital during the COVID-19 pandemic. These findings suggest that universal masking may not be an effective infection prevention measure in children's hospitals during periods of increased endemic respiratory viral transmission in the community.

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**Presentation Type:**

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**Subject Category:** SSI**Effect measure modification in an RCT of antibiotic prophylaxis in laparoscopic cholecystectomy: A secondary analysis**

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**Background:** Antimicrobial resistance is a growing public health threat. To alleviate selective pressure which leads to the emergence and proliferation of resistance, and to preserve the utility of treatments where they are needed the most, antimicrobial stewardship programs (ASPs) could consider revising surgical antibacterial prophylaxis protocols for low-risk procedures such as laparoscopic cholecystectomy. **Methods:** Publicly available data was used from a well-powered randomized controlled trial conducted by Matsui and colleagues during 2007-2013 in Japan on the effectiveness of prophylactic antibacterial treatment on reducing post-operative infections following laparoscopic cholecystectomy in low-risk patients. A total of 1037 patients were randomized to receive treatment or no treatment. After randomization, laparoscopic cholecystectomies were converted to open procedures in 28 patients, 14 in each arm, constituting a deviation from the protocol and the administration of additional antibacterial treatment. The original study included both intention-to-treat and per-protocol analyses, finding statistically significant reductions in post-operative infections in the treatment vs no treatment arm (1.2% vs 6.7%,  $p<0.0001$ ; 1.0% vs 5.9%,  $p<0.0001$ , respectively). In the present analysis I assessed the extent to which type of procedure modified the effect of antibacterial prophylaxis on post-operative infection using both additive and multiplicative interaction. Risk and risk differences were estimated using a linear-binomial model and risk ratios were estimated using a log-binomial model. Alpha was set to 0.10. The lowest risk categories for each variable, being assigned to treatment and receiving a laparoscopic procedure, defined the common reference category. **Results:** A 35 percentage point (pp) increase in the risk of post-op infections relative to the reference category