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and an explanation of the pathophysiology, participants answered—via post-its—the question: “Which factors may be contributing to the increase in CLABSI?” Responses were grouped into categories by similarity on a flip chart, followed by group discussion to identify critical points related to infection prevention.

Results: Analysis of the 51 contributions revealed six main categories: hand hygiene (33.3%)—low adherence and lack of supplies; connector disinfection (17.6%); dressing (15.7%)—failures in changing, maintenance, and protection; CVC insertion (15.7%)—breaks in sterile technique and management of the first dressing; workload overload (9.8%)—high work demand; medication preparation (7.8%)—inadequate disinfection of ampoules and use of dirty trays. Based on the non-conformities identified, a workshop on Healthcare-Associated Infections (HAIs) was conducted with a focus directed toward CLABSI prevention.

Conclusion: The Affinity Diagram proved to be a useful tool to stimulate collective critical thinking, identify factors related to the increase in CLABSI, and support targeted educational actions. Active listening and team involvement were fundamental to align perceptions, strengthen good practices, and improve infection prevention in the oncology ICU.

Keywords: Bloodstream Infection, Infection Prevention and Control, Quality Management, Oncology, Intensive Care Unit.

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VARIATION IN THE MICROBIOLOGICAL PROFILE AND MORTALITY IN A PUBLIC HOSPITAL IN THE SOUTHERN ZONE OF THE CITY OF SÃO PAULO: DURING AND AFTER COVID-19

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Introduction/Objectives: The COVID-19 pandemic directly impacted the organization of health services, leading several hospitals to operate exclusively in the care of patients with SARS-CoV-2. This scenario implied intensified precautions, expanded antimicrobial use, and care overload, contributing to increased multidrug-resistant microorganisms (MDROs). With the reduction of severe cases and the resumption of activities as general hospitals, the hypothesis arose that the epidemiological profile of MDROs also changed, requiring comparative analysis between the two periods. The objective is to analyze the profile of MDROs isolated in a municipal hospital in the southern zone of São Paulo during the COVID-19 pandemic and after its transition to a general hospital.

Methods: A retrospective, descriptive, quantitative study divided into two periods: “pandemic phase” (May 2020 to December 2021) and “general hospital phase” (January 2022 to May 2025). Laboratory data from clinical and surveillance cultures were analyzed, as well as electronic medical record data.

Results: In the “pandemic phase,” 265 medical records were evaluated, with mortality of 73.2%. The main MDROs were: *Klebsiella pneumoniae* – KPC (55.5%), *Acinetobacter baumannii* (34%), and *Pseudomonas aeruginosa* (3.8%) resistant to carbapenems. In the “general hospital phase,” 644 medical records were analyzed, with mortality of 44.9%. The main MDROs were: *A. baumannii* carbapenem-resistant (38%), *K. pneumoniae* – KPC (29.2%), and *P. aeruginosa* carbapenem-resistant (6.7%).

Conclusion: Comparison between periods revealed reversals in the institutional microbiological profile, with a proportional reduction in *Klebsiella pneumoniae* – KPC and an increase in carbapenem-resistant *A. baumannii*. The post-pandemic scenario was accompanied by a marked decrease in mortality due to lower clinical severity, involvement of new specialties in the institution, reorganization of patient flows, and structuring of care teams. These changes require constant reevaluation of infection prevention protocols, active surveillance for MDRO colonization, periodic review of the institutional microbiota, adjustment of antimicrobials, and intensification of continuing education. The post-COVID care transition reinforces the importance of dynamic strategies supported by local data to contain the spread of resistance, improve clinical outcomes, and enhance quality of care.

Keywords: Pandemic, Covid-19, Multidrug-Resistant Microorganisms.

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