

Publication

Variability in practice patterns regarding protective isolation measures after heart transplantation: A secondary analysis of the international BRIGHT study

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Infection control is a cornerstone of post-heart transplantation (HTx) in-hospital management when immunosuppression is highest. The use of protective isolation persists despite its questionable effectiveness. We describe and compare practice patterns internationally and assessed correlates of protective isolation.; Using the BRIGHT-study data, a cross-sectional intercontinental study, we assessed 12 protective isolation measures in 4 continents, 11 countries, and 36 HTx centers. Data were summarized descriptively, as appropriate. Comparisons between countries and continents and association testing between center characteristics and number of isolation measures used were also explored by general linear modeling.; A total of 89% (32/36) of HTx centers used protective isolation measures with an average of 4.5 protective isolation measures per center (SD, 2.6; range 1-10). Most often applied were disinfecting high-touch surfaces (n = 27/34; 79.4%), use of private room (n = 27/36; 75.0%), and changing linen daily (n = 25/36; 69.4%). Least applied were wearing a cap (n = 6/35; 17.1%) and high-efficiency particulate air filtration (N = 5/32; 15.6 %). Larger centers and those with dedicated beds for HTx applied more isolation measures.; Protective isolation measures are still widely applied within heart transplant centers across the world persists notwithstanding its doubtful effectiveness. Future clinical guidelines for heart transplant management should include a statement of the need for strict adherence to standard infection prevention measures.

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