



Canadian Agency for
Drugs and Technologies
in Health

RAPID RESPONSE REPORT: SUMMARY OF ABSTRACTS



TITLE: Admission of Patients with Suspected or Active Infection to Oncology Units: Clinical Evidence and Guidelines

DATE: 22 August 2014

RESEARCH QUESTIONS

1. What is the clinical evidence regarding the risks associated with the admission of patients with suspected or active infection to hospital oncology units?
2. What are the evidence-based guidelines regarding the admission of patients with suspected or active infection to hospital oncology units?

KEY FINDINGS

One systematic review and two evidence-based guidelines regarding the admission of patients with suspected or active infection to hospital oncology units were identified.

METHODS

A limited literature search was conducted on key resources including PubMed, The Cochrane Library (2014, Issue 8), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2004 and August 13, 2014. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

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SELECTION CRITERIA

Table 1: Selection Criteria	
Population	Patients with suspected or active infection requiring admission to a hospital oncology unit
Intervention	Restricting admission to patients without suspected or active infection
Comparator	Admitting all patients
Outcomes	Infection of immunocompromised patients in oncology units, guidelines
Study Designs	Health technology assessments, systematic reviews, meta-analyses, randomized controlled trials, non-randomized studies, evidence-based guidelines

RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

One systematic review and two evidence-based guidelines regarding the admission of patients with suspected or active infection to hospital oncology units were identified. No relevant meta-analyses, randomized controlled trials, or non-randomized studies were identified.

OVERALL SUMMARY OF FINDINGS

One systematic review¹ evaluated several infection control strategies to prevent the spread of influenza to pediatric oncology patients. The authors recommended segregation of patients with a suspected infection and use of transmission-based precautions in the hospital setting.

One guideline² from the Public Health Agency of Canada (PHAC) regarding the prevention of pneumonia in all health care settings recommends postponing elective admission of patients with viral respiratory tract infections (RTIs). Furthermore, patients with viral RTIs should not be admitted to the same room as immunocompromised patients.²

Another PHAC guideline³ that provides recommendations for the prevention of infection transmission in all health care settings states that patients should be screened for infection upon admission to an inpatient setting and regularly thereafter. If the patient has a known or suspected infection requiring measures beyond routine precautions, these additional precautions should be initiated immediately; in the case of suspected transmissible diseases, it is not necessary to wait for a diagnosis or laboratory confirmation.³

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

1. Kersun LS, Reilly AF, Coffin SE, Sullivan KE. Protecting pediatric oncology patients from influenza. *Oncologist* [Internet]. 2013 [cited 2014 Aug 22];18(2):204-11. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3579605>
See: Barrier Protections

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

No literature identified.

Guidelines and Recommendations

2. Public Health Agency of Canada. Infection control guideline for the prevention of healthcare-associated pneumonia [Internet]. Ottawa: The Agency; 2010. [cited 2014 Aug 22]. Available from: http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-54-2010-eng.pdf
See: section 3.2 Management of the patient with viral RTI, recommendations b and c, page 122
3. Public Health Agency of Canada. Routine practices and additional precautions for preventing the transmission of infection in healthcare settings [Internet]. Ottawa: The Agency; 2012. [cited 2014 Aug 22]. Available from: http://www.ipac-canada.org/pdf/2013_PHAC_RPAP-EN.pdf
See: Additional precautions — Implementing and discontinuing additional precautions, page 42

PREPARED BY:

Canadian Agency for Drugs and Technologies in Health

Tel: 1-866-898-8439

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