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DOES NASAL SCREENING FOR STAPHYLOCOCCUS AUREUS BEFORE



SURGERY COMPROMISE HEALTH CARE PROFESSIONAL SAFETY IN THE COVID-19 ERA?

To the Editor:

Preoperative carriage of *Staphylococcus aureus* (SA) increases the risk for surgical-site infections.¹ Preoperative SA screening is mainly based on nasal bilateral or oropharyngeal swabs and real-time polymerase chain reaction testing. Targeted decolonization in positive patients reduces postoperative infection before both elective and semiurgent cardiac surgeries.² Decolonization is based on intranasal mupirocin twice daily and chlorhexidine baths daily for 5 days on the immediate preoperative course.

Coronavirus disease 2019 (COVID-19) is a respiratory disease pandemic caused by a novel human-to-human pathogen, named severe acute respiratory syndrome coronavirus 2 (SARS-CoV2), that spreads rapidly through close exposure from infected person via respiratory droplets. SARS-CoV2 has been isolated in many fluids, including sputum (72%) and nasal swab (63%).³ As of April 4, 2020, more than a million cases have been registered worldwide and France, like most of Europe, is facing the COVID-19 crisis. In this challenging context, we need to be aware that every routine patient's care has the potential to increase the risk of SARS-CoV2 patient-to-health care worker nosocomial transmissions. Thus, previous beneficial and risk ratio have to be questioned for various procedures involving human fluids or specimen.

The most recent data published in literature underlined the following: (1) There is a potential threat of the undocumented and asymptomatic infected patient in the current COVID-19 outbreak. Indeed, patients such as health care

workers, despite being asymptomatic, are able to spread COVID-19 through sputum.⁴ (2) The SA screening swab procedure is not currently following the same safety recommendations applied in the laboratory for COVID-19 testing on specimen to protect health care workers.⁵

We assume that evidence leading to a science-based algorithm is lacking, but this global public health threat is challenging us now. As a result, and despite the lack of clinical evidence, we deliberately decided to suspend all preoperative nasal swab screening. From now and until control of the outbreak, all patients admitted to our department for elective or semiurgent cardiac surgery will be considered SA positive and accordingly undergo a systematic decolonization.

Nicolas Mayeur, MD, PhD^a

Pierre Berthoumieu, MD^b

Hélène Charbonneau, MD, PhD^a

Departments of ^aAnesthesiology and Intensive Care Unit

^bCardiothoracic and Vascular Surgery

Clinique Pasteur

Toulouse Cedex 03, France

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Nicolas Mayeur, MD, PhD^a

Pierre Berthoumieu, MD^b

Hélène Charbonneau, MD, PhD^a

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