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COVID-19 associated pulmonary aspergillosis (CAPA) case series in NHS Greater Glasgow and Clyde—Shadin Hassan*, Mairi MacLeod (Greater Glasgow and Clyde NHS, Glasgow, United Kingdom)

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Abstract
The aim of this study was to describe the patient’s characteristics and clinical course of CAPA and to investigate possible association of Dexamethasone with CAPA incidence.

This is a retrospective descriptive study. All adult patients in GGC NHS with laboratory proven SARS-CoV-2 infection who subsequently had Aspergillus species isolated from their respiratory samples between 01/02/20 and 31/01/21 were included.

A total of 24 patients fulfilled the inclusion criteria. 79% of the cases were between October/2020-January/2021 coinciding with the second wave of COVID-19 and the increased use of steroids after the RECOVERY trial results. Based on the proposed screening and diagnostic algorithm for CAPA and Modified AspITU classification, 6 patients had likely/putative, and 2 patients had highly likely/probable CAPA, respectively.

Based on the CAPA algorithm, for 11 patients CAPA was not excluded and 5 considered colonization. Based on Modified AspITU, 10 considered query Putative CAPA and 6 colonization. 13 patients were males. The median age was 62. 46% of patients had underlying lung disease, 20% had previous exposure to inhaled steroids, 8% to Methotrexate, 4% to each of systemic steroids and Rituximab. 79% of patients received Dexamethasone and 12.5% received Tocilizumab for COVID-19. 75% of patients were in ITU at time of first Aspergillus isolation. 67% of patients received antifungal for CAPA.

CAPA remains an area of research. From our limited data, we observed an association between Dexamethasone use and incidence of CAPA. We also noticed a correlation between the number of samples with positive Aspergillus species culture from the same patient and the likelihood of CAPA diagnosis.

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A retrospective analysis of Klebsiella bloodstream infections in critically ill patients over a five-year period—William Ross, Nicholas Brown, Jumoke Sule, Fiona Cooke (a Undergraduate Medical Student, Pembroke College, University of Cambridge, Cambridge, United Kingdom, b Clinical Microbiology and Public Health Laboratory (CMPLH), Addenbrooke’s Hospital, CB2 0QW Cambridge, United Kingdom)

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Abstract
Introduction: This study aimed to identify Klebsiella spp. bloodstream infections (KBSIs) in critically ill patients, characterising potential risk factors and targets for intervention.

Methods: A retrospective analysis of blood cultures submitted to the Clinical Microbiology and Public Health Laboratory between 2015 and 2020, together with data from the Public Health England Data Capture System, was performed to identify KBSIs. Electronic patient records were reviewed for potential sources and risk factors.

Results: Klebsiella spp. were the second leading cause of Gram-negative BSIs in critically ill patients, after E. coli (82 KBSIs over five years). Almost two-thirds (62.2%) were nosocomial. Median age was 64.3 years (IQR: 50.2–71.2), 62.2% were male and case fatality rate was 22%. Comorbidities included ‘Cardiovascular’ (48.8%), ‘Respiratory’ (37.8%), ‘Gastrointestinal’ (37.8%), ‘Endocrine’ (35.4%) and ‘Surgery’ (35.4%). Common sources were ‘Line’ (36.6%), ‘Urinary Tract’ (25.6%) and ‘Gastrointestinal’ (11.0%). 54.3% of sputum/BAL, 33.3% of line and 14.9% of urine cultures grew Klebsiella within 2 weeks of a KBSI. Ventilator use (76.5%) and pneumonia (51.0%) were common prior to hospital-onset KBSIs. KBSIs numbers peaked in April-June 2020, coinciding with the first wave of COVID-19.

Discussion: This study presents a current overview of characteristics of KBSIs in critically ill patients. We speculate that the high rates of positive sputum/BAL and line cultures associated with nosocomial infections, signify pneumonia and subsequent line contamination as a potential cause of KBSIs. This could have important consequences in context of the COVID-19 pandemic and highlights the importance of intravascular catheter care in the prevention of KBSIs.

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