Black and Hispanic Patients on Dialysis Have Higher Rates of Staph Bloodstream Infections
Lack of access to preventive care
In 2020, 4,840 dialysis facilities
Extended use of a central venous catheter
Socioeconomic factors, including
Adjusting for state of residence, age, sex, and vascular access type, the staph bloodstream infection risk was highest in Hispanic patients and lower education had more staph bloodstream infections.

The good news is that bloodstream infections in patients on dialysis have decreased since 2014 with the widespread use of proven practices to prevent and control infections

In 2020, 4,840 dialysis facilities reported 14,822 bloodstream infections to NHSN; 34% were due to staph.

In both NHSN and EIP systems, vascular access via central venous catheter was strongly associated with staph bloodstream infection.

Among seven EIP sites in 2017–2020:
- The staph bloodstream infection rate was 100 times higher in dialysis patients than adults not on dialysis.
- Among patients on dialysis, staph bloodstream infection rates were highest in Black and Hispanic patients.
- Adjusting for state of residence, age, sex, and vascular access type, the staph bloodstream infection risk was highest in Hispanic patients and patients 18–49 years old.

“Dialysis-associated bloodstream infections are preventable—not inevitable,” said Shannon Novosad, M.D., M.P.H., Dialysis Safety Team Lead in CDC’s Division of Healthcare Quality Promotion. “Our data show that use of a central venous catheter as a vascular access type had six times higher risk for staph bloodstream infections when compared to the lowest-risk access, a fistula. Prevention efforts that equitably promote lower-risk vascular access types and continued use of infection prevention and control best practices can save lives.”

The good news is that bloodstream infections in patients on dialysis have decreased since 2014 with the widespread use of proven practices to prevent and control infections. Preventing infections among patients receiving dialysis requires a broad and equitable approach to the prevention and care of kidney disease for people from all racial, ethnic, and socioeconomic groups.

For more information about this report, go to www.cdc.gov/vitalsigns.

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