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**Title:** Comparison of clinical characteristics between healthcare-associated pneumonia and community-acquired pneumonia in patients admitted into secondary hospitals

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**Body:** Background: To evaluate the clinical characteristics of HCAP patients admitted into secondary hospitals in Korea. Methods: This study was retrospectively conducted between March 2009 and January 2011. Results: Among 303 patients, 31.7% had HCAP. 42 (43.7%) resided in a long-term care facility, 36 (37.5%) were hospitalized in an acute care hospital for  $\geq 2$  days within 90 days. The rates of patients with CURB-65  $\geq 3$  (22.9% vs. 9.1%) and PSI IV or more (82.2% vs. 34.7%) were higher in the HCAP group. Drug resistant pathogens were more frequently detected in the HCAP group (23.9% vs. 0.4%;  $p < 0.001$ ). Despite lower overall survival rate ( $p < 0.001$ ), multivariable analyses failed to show that HCAP was a prognostic factor for mortality.

Only PSI class was associated with mortality ( $p = 0.005$ ).

Cox's proportional hazard model for mortality in patients with pneumonia

Variables	Odds ratio	95% CI	p
Male	0.911	0.435-1.908	0.805
Age $\geq 65$	1.956	0.559-6.851	0.294
Polymicrobial pathogens	0.421	0.054-3.255	0.407
Polymicrobial pathogens	1.029	0.375-2.826	0.956
Use of Anti-pseudomonal agent	1.597	0.669-3.816	0.292
Use of Anti-MRSA* agent	1.460	0.308-6.917	0.634
CURB-65 score $\geq 3$	1.926	0.933-3.973	0.076
PSI class IV and V	9.182	1.951-43.219	0.005

HCAP	0.906	0.377-2.179	0.826
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Conclusions: Although HCAP should be distinguished from CAP, current definition of HCAP seems not to be prognostic for death.