

Nosocomial Infections (NI) in Intensive Care Units (ICU) in Latin America, Turkey, India, and Morocco. International Nosocomial Infection Control Consortium.

V. D. ROSENTHAL¹, D. G. MAKI², R. SALOMAO³, C. ÁLVAREZ⁴, Y. MEHTA⁵, M. CHAKRAVARTHY⁶, F. HIGUERA⁷, L. CUELLAR⁸, H. LEBLEBICIOGLU⁹, A. ÖZGÜLTEKIN¹⁰, O. AKAN¹¹, Y. CETINKAYA¹², W. VILLAMIL¹³, O. SUSSMANN¹⁴, E. FERNÁNDEZ¹⁵, E. BARBA¹⁶, D. SZTOKHAMER¹⁷, A. CASTAÑEDA¹⁸, R. ABOUQAL¹⁹, A. YALCIN²⁰, G. USLUER²¹, N. SEN²², G. GRINBERG²³, L. FLYNN²⁴, S. ULUSOY²⁵;

¹Med Coll, Bs As, Argentina, ²Wisconsin Univ, Madison, WI, ³S Marc, S Paulo, Brazil, ⁴SB, Bogota, Colombia, ⁵Escort, N Delhi, India, ⁶Wockhardt, Bangalore, India, ⁷Gen., Mexico, Mexico, ⁸INEN, Lima, Peru, ⁹19 Mayıs, Samsun, Turkey, ¹⁰HNH, Istanbul, Turkey, ¹¹Ibni Sina, Ankara, Turkey, ¹²Hacettepe, Ankara, Turkey, ¹³Sabana, Sucre, Colombia, ¹⁴Palermo, Bogota, Colombia, ¹⁵S Pablo, Lima, Peru, ¹⁶Hlth.Secr, Guanajuato, Mexico, ¹⁷Estrada, Bs As, Argentina, ¹⁸Lazarte, Trujillo, Peru, ¹⁹Ibn Sina, Rabat, Morocco, ²⁰Akdeniz, Antalya, Turkey, ²¹Osmanganzi, Eskisehir, Turkey, ²²CMC, Vellore, India, ²³P Allegre, P Allegre, Brazil, ²⁴British, Bs As, Argentina, ²⁵Ege, Izmir, Turkey.

Background

We report NI rates of 48 ICUs of Argentina, Brazil, Colombia, Mexico, Peru, India, Turkey, and Morocco, members of a newly established International NI Control Consortium

Methods

Prospective surveillance of NI was carried out in ICUs using NNIS definitions

Results

During the 3-year study 16334 patients for an aggregate 106102 days acquired 2937 NIs, an overall rate of 18%, and 26.9 NI per 1000 ICU-days.

NI	NI (n)	NI Proportion	Device days	NI per 1000 device days	Attributable Mortality
IVD-BSI	841	28.6%	58271	14.4	18.1%
VAP	1220	41.5%	42565	28.7	22.3%
CA-UTI	876	29.8%	79965	11.0	16.6%

IVD-BSI: intravascular devices associated blood stream infection, VAP: ventilator associated pneumonia. CA-UTI: catheter associated urinary tract infection

Conclusion

NI rates are 4 times higher than US rates. NI surveillance and implementation of evidence-based guidelines for prevention must become a priority