

I.C.A.A.C. Meeting. New Orleans. September 21st to 24th, 2005.

Extra Length of Stay and Device-Associated Nosocomial Infection Rates in Intensive Care Units in three Hospitals of India.

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OBJECTIVES:

Measure the incidence of device-associated nosocomial infections (NI) and extra length of stay (ELOS) in ICUs.

METHODS:

We performed a prospective NI surveillance study in four ICUs of three Indian hospitals of three different cities. These hospitals are members of the “International Nosocomial Infection Control Consortium” (INICC). NIs were identified using the CDC-NNIS definitions. We calculated E-LOS subtracting nosocomial average length of stay (ALOS) of patients with and without NI.

RESULTS:

From July 2004 to March 2005 (nine months), we enrolled 1,411 patients, representing 7,964 bed days (BD). The overall NI rate was 11.2 (89/7964) per 1000 BD.

Table: NI rates and length of stay

NI	NI (n)	Proportion	Device days	NI rate per 1000 device days	ALOS	ELOS
IVD-BSI	43	48.3%	5,308	8.1	7.3	2.0
VAP	34	38.2%	1,374	24.7	10.7	5.4
CA-UTI	12	13.5%	3,581	3.4	9.6	4.2

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

CONCLUSION:

Invasive device-associated NI rates are still above the desirable standards; therefore, infection control practice needs to be improved.