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

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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 four Mexican 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 June 2002 to March 2005 (2 years and 9 months), we enrolled 1,171 patients, representing 7,303 bed days (BD). The overall NI rate was 38.5 (281/7303) 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	155	55.2%	7,029	22.1	11.4	7.1
VAP	59	21.0%	2,799	21.1	15.0	10.7
CA-UTI	67	23.8%	4,750	14.1	10.2	5.9

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 nosocomial infection rates are still above the desirable standards; therefore, infection control practice needs to be improved.