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Extra Length of Stay and Device-Associated Nosocomial Infection Rates in Intensive Care Units in one Hospital of Morocco.

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OBJECTIVES:

Measure the incidence of device-associated nosocomial infections (NI) in intensive care units (ICU).
Measure days of extra length of stay (ELOS).

METHODS:

We performed a prospective NI surveillance study in an ICU of one Moroccan hospital. This hospital is 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 November 2004 to March 2005 (5 months), we enrolled 168 patients, representing 980 bed days (BD). The overall NI rate was 20.4 (20/980) 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	1	5.0%	171	5.8		
VAP	10	50.0%	208	48.1	9.3	4.2
CA-UTI	9	45.0%	718	12.5	16.0	10.9

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