

**Extra Mortality of Nosocomial Infections in Adult ICUs of 9 Hospitals of Argentina.  
Findings of the International Nosocomial Infection Control Consortium (INICC).**

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**OBJECTIVE:** Our goal was to determine the extra mortality (EM) of the health care associated infections (HAI) at intensive care units (ICU) of hospital members of the INICC in Argentina.

**METHODS:** We conducted a case control analysis nested in a prospective cohort study in 11 Adult ICUs at 9 hospitals members of the INICC, between 2002 and 2005 (4 years) to analyze the extra mortality of patients with central vascular catheter associated blood stream infection (CVC-BSI), mechanical ventilator associated pneumonia (VAP), and catheter associated urinary tract infection (CA-UTI). All patients were assessed for mortality. Adult patients who died were called cases, while those who did not die, were called controls.

**RESULTS:** The CVC-BSI rate was 10.7 per 1000 CVC days, the VAP rate was 30.1 per 1000 device days, and CA-UTI rate was 12.8 per catheter days. 1,613 out of 8,006 (20.1%) patients without HAI died; 29 out of 65 patients (44.6%) with CVC-BSI died, the extra mortality of CVC-BSI was 24.5%, (RR, 2.21; 95% CI, 1.53-3.20; P, 0.0000); 100 out of 157 patients (63.7%) with VAP died, the extra mortality of VAP was 43.5%, (RR, 3.16; 95% CI, 2.58-3.87; P, 0.0000); 98 out of 226 patients (43.4%) with CA-UTI died, the extra mortality of CA-UTI was 23.2%, (RR, 2.15; 95% CI, 1.76-2.64; P, 0.0000).

**CONCLUSION:** This study has identified that CVC-BSI, VAP and CA-UTI are significantly associated with higher mortality.