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DEVICE ASSOCIATED INFECTION RATE, STAY AND MORTALITY AT MOROCCAN CRITICAL PATIENTS: FINDINGS OF INTERNATIONAL NOSOCOMIAL INFECTION CONTROL CONSORTIUM

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BACKGROUND:

We report the findings of device associated infection (DAI), length of stay (LOS) and mortality in an adult intensive care unit (ICU) of one Moroccan Hospital, member of international infection control consortium (INICC).

METHODS:

Prospective surveillance of DAI was carried in ICU using the definitions of the U.S. CDC- NNIS. Rates were calculated per 100 ICU patients and per 1000 device-days.

RESULTS:

From 11/04 to 01/06, 514 patients hospitalized in an ICU for an aggregate 3,403 days acquired 88 DAIs, at an overall rate of 17.1% or 25.9 per 1,000 ICU-days.

Ventilator-associated pneumonia represent 59.1% of all DAI (50.5 per 1000 ventilator-days), Catheter-associated urinary tract infections (CA-UTI) 27.3% of all DAI (10.2 per 1000 catheter-days), and central venous catheter related bloodstream infections (CVC-BSI) 13.6% of all DAI (17.8 per 1,000 CVC-days).

LOS of patients without DAI was 5.2 days. LOS of patients with VAP was 8.6 days, extra LOS 3.4 days (RR 1.66, 95% CI 1.45-1.90, P<0.001); LOS of patients with CVC-BSI was 9.3 days, extra LOS 4.2 days (RR 1.81, 95% CI 1.39-2.36, P<0.001). LOS of patients with CA-UTI was 12.8 days, extra LOS 7.6 days (RR 2.47, 95% CI 2.10-2.91, P<0.001).

Extra Mortality of patients with DAI for VAP was 48.8%, (RR 2.64, 95% CI 1.68-4.15, P<0.001); for CVC- associated BSI was 53.6% (RR 2.80, 95% CI 1.15-6.84, P 0.0182); and for CAUTI was 3.6% (RR 1.12, 95% CI 0.41-3.03, P 0.8225).

CONCLUSION: Rates of DAI, LOS, Mortality and bacterial resistance in our ICU are an evidence to face the targeted program of infection control.