

**Extra Length of stay of Nosocomial Infections at 4 Hospitals of India.
Findings of the International Nosocomial Infection Control Consortium (INICC).**

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OBJECTIVE: Our goal was to determine the extra length of stay (LOS) of the health care associated infections (HAI) at intensive care units (ICU) of hospital members of INICC in India.

METHODS: We conducted a case control analysis nested in a prospective cohort study in ICUs at hospitals members of the INICC, to analyze the extra LOS 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 LOS. Adult patients with HAI were called cases, while those without HAI were called controls. HAIs were identified using the CDC-NNIS definitions. We calculated E-LOS subtracting nosocomial average length of stay (ALOS) of patients with and without HAI.

RESULTS: From 2004 to 2005, we enrolled 3,413 patients, representing 18,034 bed days. The overall HAI rate was 5.6 per 100 patients and 10.6 per 1000 bed days.

The CVC-BSI rate was 8.8 per 1000 CVC days, the VAP rate was 19.7 per 1000 device days, and CA-UTI rate was 1.7 per catheter days.

LOS of patients without HAI was 4.8 days; LOS of patients with CVC-BSI was 11.3 days, representing 6.5 extra days; LOS of patients with VAP was 12.5 days, representing 7.6 extra days; and LOS of patients with CA-UTI was 19 days, representing 14.2 extra days.

CONCLUSION: This study has identified that CVC-BSI, VAP, and CA-UTI increase from 6.5 to 14.2 days the length of stay of patients at ICUs.