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**Extra Mortality of Nosocomial Infections at 9 Hospitals of Colombia.
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 INICC in Colombia.

METHODS: We conducted a case control analysis nested in a prospective cohort study in 10 ICUs at hospitals members of the INICC, between 2003 and 2005 (3 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 11.3 per 1000 CVC days, the VAP rate was 10.0 per 1000 device days, and CA-UTI rate was 4.3 per catheter days. 428 out of 2,168 (18.1%) patients without HAI died; 39 out of 93 patients (36.6%) with CVC-BSI died, the extra mortality of CVC-BSI was 18.5%, (RR, 2.02; 95% CI, 1.42-2.87; P, 0.0000); 21 out of 60 patients (35.0%) with VAP died, the extra mortality of VAP was 16.9%, (RR, 1.93; 95% CI, 1.24-3.0; P, 0.0000); 8 out of 28 patients (28.6%) with CA-UTI died, the extra mortality of CA-UTI was 10.5%, (RR, 1.58; 95% CI, 0.78-3.18; P, 0.19).

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