

Rosenthal VD, Leblebicioglu H, Alvarez-Moreno C, et al. Catheter-Associated Urinary Tract Infection (CAUTI) Rates, Extra Length of Stay (LOS) and Mortality in 70 Adult Intensive Care Units (ICU) of 38 cities of 12 Developing Countries. Findings of the International Nosocomial Infection Control Consortium (INICC). In: Proceedings and Abstracts of the 47th Annual Scientific Meeting of the Interscience Conference on Antimicrobial Agents and Chemotherapy 2007 September 17-20; Chicago, U.S.A. ; 2007. p. 345.

Catheter-Associated Urinary Tract Infection (CAUTI) Rates, Extra Length of Stay (LOS) and Mortality in 70 Adult Intensive Care Units (ICU) of 38 cities of 12 Developing Countries. Findings of the International Nosocomial Infection Control Consortium (INICC).

BACKGROUND: To determine the rate, extra LOS and extra mortality of CAUTI in ICUs of hospital members of the INICC in Argentina, Brazil, Colombia, Croatia, India, Kosovo, Macedonia, Morocco, Mexico, Peru, Philippines and Turkey.

METHODS: Prospective cohort surveillance of device associated infection (DAI) was conducted on adult patients admitted to tertiary-care ICUs. INICC designed the protocol, forms and data uploading and analysis system. Data were gathered at the ICUs. CDC-NNIS definitions were applied.

RESULTS: From 01/02 to 01/06 we enrolled 35,028 patients, (220,404 bed-days). We found 4,407 DAIs; the overall DAI rate was 12.8%, and 20.3 per 1,000 bed days. The CAUTI rate was 7.32 (1,190/162,477) per 1,000 catheter days. Overall 41.7% of CAUTIs were caused by Enterobacteriaceae -41.5% of which were resistant to ceftriaxone, 39.8% to ceftazidime, and 23.7% to piperaciline tazobactam. LOS of patients with and without CAUTI was 13.6 and 4.7 days. The mortality of patients with and without CAUTI was 34.7% and 15.6% (RR, 2.23; 95% CI, 1.92-2.58; P, 0.00001).

CONCLUSIONS: CAUTI rate is high, and significantly increases LOS and mortality at INICC hospitals.