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Device-Associated Infection Rates, Extra Length of Stay, Mortality and Microorganism Profile in One Hospital of Morocco. Findings of the International Nosocomial Infection Control Consortium (INICC).

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OBJECTIVE:
To determine the rate, extra length of stay (LOS) and extra mortality of Device-associated infections (DAI) in one ICUof a hospital member of the INICC in Morocco..

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

RESULTS:
From 11/04 to 04/07, we enrolled 1,133 patients, representing 7,868 bed days. The overall DAI rate was 15.9 per 100 patients, and 22.8 per 1000 bed days.
The CVC-BSI rate was 12.1 per 1000 CVC days, the VAP rate was 45.3 per 1000 device days, and the CA-UTI rate was 9.7 per catheter days.
The LOS of patients without DAI was 5.3 days; LOS of those with CVC-BSI was 10.0 days (P, 0.004),; LOS of those with VAP was 10.8 days (< 0.001); the LOS of those with CA-UTI was 13.8 days (P, < 0.001.
Extra mortality for VAP was 52.0%, (P=< 0.001); for CAUTI, 5.9% (P=0.844).
24.7% DAI were caused by Acinetobacter sp—76.9% resistant to piperaciline tazobactam; 4.8% caused by S aureus—27.3% MRSA; 38% by Enterobacteriaceae —59.4% resistant to ceftriaxone, 50.7% to ceftazidime, and 52.2% to piperaciline tazobactam; 26.7% by Pseudomonas sp infections—36.7% resistant to ceftazidime and 15.0% to imipenem; 2.7% by Candida sp.

CONCLUSION
This study has identified that the CVC-BSI, VAP, and CA-UTI rates were high, increasing length of stay, and that VAP was significantly associated with higher mortality.