Health Care Associated Infections: magnitude and costs

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Health Care Associated Infections (HCAIs) are an important and costly complication of healthcare throughout both primary and secondary sectors. In the EU alone they cost between €5-10b annually. HCAIs add unacceptable costs to health care economies, two to three times more overall, and extra hospital bed days. Much of this problem is magnified by the increase of antimicrobial resistance following the mis-use or over-use of antibiotics, which is compounded by the fact that no new antibiotics are in the pipeline. The appearance of carbapenemase resistance is of particular concern in management of catheter-related urinary tract infections (CRUTIs). Glycopeptide resistance is increasing in ventilator associated (VAP) and hospital acquired pneumonias (HAP) but the overall numbers of C. difficile infections (CDI) is falling through extended infection prevention/control procedures. The introduction of high impact interventional care bundles has proved highly effective in the prevention of MRSA bacteraemias together with the “clean your hands” campaign and other measures. Surgical site infection (SSI) is the most common, and probably the most preventable, HCAI in surgical patients; the reported failure to reduce them in the UK and in the US is disappointing as there is level 1A evidence-based practice in place. The reason for this probably relates to poor compliance with guidelines and checklists.