

t Col Dr Inam Danish Khan, Professor, Army College of Medical Sciences, Indi

INTRODUCTION: FROSTBITE

- Healthcare-associated infections (HAI)- acquired after
- > 48 hours of admission/surgery/use of healthcare-devices
- > up to 30 days of discharge
- up to one year in case of implants
- > all occupational infections; not evident or incubating initially
- Device-associated infections (DAI), non-device assoc HAI
- Ventilator-Associated Pneumonia (VAP)
- Central-Line-Associated Blood Stream Infections (CLABSI)
- Catheter-Related Blood Stream Infections (CRBSI)
- Catheter-Associated Urinary Tract Infection (CAUTI)
- HAI- Prolong morbidity, patient-safety challenges
- ➡ Study characterizes morbidity, mortality, emerging drug resistance in DAI (VAP, CLABSI and CAUTI) in the ICU of a 1000-bedded hospital

METHODS AND RESULTS

- Prospective active-outcome surveillance over two years
- **US CDC-NHSN and INICC definitions and criteria**
- Daily clinical surveillance matched with lab surveillance

DISCUSSION AND CONCLUSION

Patient safety, preventive, monitoring and outcome paradigm
Two-tier infection prevention and control to be strengthened

Bundles of care to be followed diligently

S. No.	Country/ Region	Year(s) of surveillance	No of hospitals/ ICUs	No of patients	No of patient/ bed/ ICU days	VAP	CLABSI	CAUTI	
		Benchn	narking param	eters					
1	Present study	2017-19	1/1	2157	8824	14.4	8.1	4.5	
2	INICC Rates 4 (43 countries)	2007-12	43/503	605310	3338396	16.8	4.9	5.5	
3	INICC Rates (45 countries) ⁵	2012-17	242/523	532483	2197304	14.1	5.05	5.1	
4	US CDC-NHSN Rates ⁵				-	0.9	0.8	1.7	
		Compa	arison within Ir	ndia					
5	New Delhi, India ⁶	2015-2016	1	343	3755	11.8	7.4	9.7	
6	South India	2015-16	18	293	-	25	7.2	6.1	
7	20 Indian cities ⁷	2004-13	40/40	236700	970713	9.4	5.1	2.1	
8	Kolkata ¹	2014-16	1/1	2157	8824	14.4	8.1	4.5	
	C	omparison with Lower Mid	dile income C	ountries exclu	uding India				
9	Vietnam ⁸	2008-15	4/4	1592	12580	13.4-23.7	1.5-9.8	0-5.3	
10	Venezuela ²¹	2008-15	2/2	1041	4632	7.2	5.1	3.9	
11	Ecuador ²²	2013-15	2/2	776	4818	44.3	6.5	5.7	
12	Mon golia ²³	2013-15	3/3	467	2133	43.7	19.7	15.7	
		Comparison with Upper	Middle and Hi	gh Income Co	ountries				
18	Saudi Arabia ⁹	2013-2016	12/12	6178	13492	57.4	14.2	28.4	
19	Cyprus ²⁴	2016	1/1	198	-	10.1	15.9	2.7	
20	Iran 25	2014	1/1	2584	16796	7.9	5.8	9.0	
21	Kuwait ²⁶	2013-15	7/7	3732	21611	4.0	3.5	3.3	

Table 1: Device-Associated Infections (DAI) in a Multidisciplinary Intensive Care Unit (ICU) of a 1000-bedded Tertiary-Care Teaching Hospital in New Delhi, India

	8 B	Pooled Data of DAI (VAP, CLABSI, CAUTI)								VAP	Š	. 2	1.2	CL	ABSI		CAUTI					
S.	Month/	Noof	Patient	Patien	Devic	Device	Episod	Overall	Ventilator	Ventila	Episo	Rateof	Central	Centra	Episod	Rateof	Urinar	Urinary	Episod	Rate		
N	Year	patients	s	t/bed/	e days	Utilizatio	es of	rate of	days	tor	des	VAP	Line	Line	es of	CLABSI	У	cathete	es of	of		
0.		admitte	staying	ICU		n ratio	DAI	DAI		Utilizat	of		days	Utiliza	CLABSI		cathet	5.	CAUTI	CAUTI		
10000		d	>48h	days		1070-004094-021	0.000 0.000	10000007		ion	VAP		100000000000	tion			er	Utilizati				
										ratio				ratio			days	on ratio				
1	Apr17	66	48	307	488	1.59	4	8.20	91	0.30	3	32.97	300	0.98	1	3.33	259	0.84	0	0.00		
2	May17	102	70	405	613	1.51	10	9.79	165	0.41	6	36.36	200	0.49	0	0.00	248	0.61	0	0.00		
3	Jun 17	98	59	340	602	1.77	2	3.32	104	0.31	1	9.62	194	0.57	1	5.15	304	0.89	0	0.00		
4	Jul 17	49	40	265	443	1.67	7	11.29	89	0.34	5	35.71	144	0.54	0	0.00	210	0.79	0	0.00		
5	Aug 17	75	33	261	337	1.29	1	2.97	74	0.28	0	0.00	288	1.10	1	3.47	164	0.63	0	0.00		
6	Sep 17	50	33	208	366	1.76	1	2.73	85	0.41	0	0.00	107	0.51	1	9.35	174	0.84	0	0.00		
7	Oct17	79	47	326	585	1.79	2	3.42	148	0.45	1	6.76	198	0.61	0	0.00	239	0.73	1	4.18		
8	Nov17	87	53	357	689	1.93	8	10.16	185	0.52	6	32.43	295	0.83	1	3.39	309	0.87	0	0.00		
9	Dec17	73	50	265	549	2.07	3	5.46	127	0.48	2	15.75	264	1.00	1	3.79	258	0.97	0	0.00		
10	Jan 18	54	36	217	482	2.22	8	14.52	133	0.61	6	45.11	278	1.28	1	3.60	201	0.93	0	0.00		
11	Feb18	67	46	175	326	1.86	5	15.34	122	0.70	4	32.79	292	1.67	1	3.42	150	0.86	0	0.00		
12	Mar18	35	28	203	491	2.42	15	12.22	143	0.70	4	27.97	153	0.75	0	0.00	195	0.96	2	10.26		
13	Apr18	87	78	370	567	1.53	8	10.58	104	0.28	4	38.46	288	0.78	1	3.47	275	0.74	1	3.64		
14	May18	115	58	395	315	0.80	10	15.87	118	0.30	3	25.42	303	0.77	1	3.30	94	0.24	1	10.64		
15	Jun 18	104	66	336	700	2.08	6	5.71	189	0.56	2	10.58	233	0.69	1	4.29	278	0.83	1	3.60		
16	Jul 18	116	23	359	551	1.53	4	7.26	142	0.40	3	21.13	123	0.34	0	0.00	286	0.80	1	3.50		
17	Aug 18	104	34	392	443	1.13	1	2.26	118	0.30	0	0.00	79	0.20	0	0.00	246	0.63	1	4.07		
18	Sep 18	106	76	330	585	1.77	2	3.42	138	0.42	1	7.52	198	0.60	0	0.00	249	0.75	1	4.02		
19	Oct18	110	74	324	584	1.80	4	6.85	98	0.30	4	40.82	188	0.58	0	0.00	298	0.92	0	0.00		
20	Nov18	97	60	336	700	2.08	5	7.14	176	0.52	3	17.05	224	0.67	1	4.46	3000	8.93	1	3.33		
21	Dec18	76	45	378	783	2.07	5	6.39	177	0.47	4	22.60	267	0.71	1	3.75	339	0.90	0	0.00		
22	Jan 19	88	55	298	360	1.21	3	8.33	68	0.23	2	29.41	166	0.56	1	6.02	126	0.42	0	0.00		
23	Feb19	110	77	256	605	2.36	1	1.65	99	0.39	0	0.00	177	0.69	0	0.00	329	1.29	1	3.04		
24	Mar19	113	69	278	718	2.58	2	2.79	120	0.43	1	8.33	290	1.04	0	0.00	308	1.11	1	3.25		
83	Total	2061	1258	7381	12882	42.85	117	177.67	3064	10.10	65	496.52	5249	17.96	14	60.80	5839	27.47	12	53.51		
A	/erage	85.88	52.42	307.54	536.75	1.79	4.88	7.40	127.67	0.42	2.71	20.69	218.71	0.75	0.58	2.53	243.29	1.14	0.50	2.23		
	SD	23.49	16.57	5.29	133.81	0.43	3.57	4.31	34.30	0.13	1.97	14.57	67.91	0.31	0.50	2.51	66.12	1.67	0.59	3.08		
9	5% CI	31.06	51.50	306.05	534.44	1.66	4.23	6.77	126.45	0.34	2.23	19.41	216.87	0.60	0.32	1.90	241.60	0.51	0.17	1.40		
9	5% CI	40.69	53.33	309.03	539.06	1.91	5.52	8.04	128.88	0.50	3.19	21.97	220.55	0.90	0.85	3.17	244.99	1.78	0.83	3.06		
Cor	nfidence	54.82	0.92	1.49	2.31	0.13	0.65	0.64	1.21	0.08	0.48	1.28	1.84	0.15	0.26	0.64	1.70	0.63	0.33	0.83		
Leq	end: VAP	-Ventilato	rAssociate	dPneumo	onia, CLA	3SI - Centra	Line Asso	ciated Blo	od Stream In f	ections, C.	AUTI-Ca	atheter Rel	ated Urina	ry Tract In	nfection							

Table 2: Microorganism profile and resistouran, from Device-Associated Infections (DAI) from Multidisciplinary Intensive Care Unit (ICU) of a 1000-bedded Tertiary-Care Teaching Hospital in NewDelhi, India

Pathogens (N = 97.) DAI / Antimicrobials	<u>Klebsiella preumoniae</u> (n = 14, 14.4%)		iae <u>Escherichia coli</u> (n = 12, 12.4%)		Enterobacter aerogenes (n = 9, 9.3%)			<u>Pseudomonas</u> aeruginosa (n = 19, 19.6%)			Acine baum (n = 14	<u>tobacter</u> 2011 1, 14.4%)	1	Bunkt (n = 6	olderia.ce , 6.2%)	<u>Protei</u> (n = 7,	<u>/s</u> 7.2%)		<u>Staph</u> <u>aureu</u> (n = 7,	<u>vlococc</u> <u>s</u> 7.2%)	<u>us</u>	<u>Enterococcus</u> (n = 8, 8.2%)					
VAP		8	2	8			6			15			9			5			6			4			4		
CLABSI	5			3			2			4			3			1			0			1			0		
CAUTI	Second Street 1. Second St			1			Second second second			0			2			0			1			2			4		
Resistance	R %	MIC	Brkp	R %	MIC	Brkp	R%	MIC	Brkp	R%6	MIC	Brkp	R%	MIC	Brkp	R %	MIC	Brkp	R%	MIC	Brkp	R%6	MIC	Brkp	R%6	MIC	Brkp
Ceftriaxone	100	≥64	s1	91.7	≥64	≤1	100	≥64	≤1	42.1	≥64	≤8	100	≥64	≤8	-	-	-	100	≥64	≤1	-	÷	÷	÷	-	-
Ceftazidime	100	264	≤4	91.7	264	≤4	100	≥64	≤4	42.1	264	≤8	100	264	≤8	50.0	≥4	≤8	100	264	≤4	-	-	- 1	•	-	• 0
Cetipime	100	≥64	≤2	91.7	≥64	≤2	100	≥64	≤2	42.1	≥64	≤8	100	≥64	≤8	50.0	≥4	•	100	≥64	≤2	-	÷0.	•	•	•	•
Amoxicillin-Clavulanate	92.9	≥32	≤8	75.0	≥32	≤8	100	≥32	≤8	rearing 1	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	•			-0.00		Constant of the	•	100	≥32	≤8	-	- 1		•		·
Piperacillin-Tazobactam	92.9	≥128	≤16	83.3	≥128	≤16	100	≥128	≤16	73.7	≥128	≤16	92.9	≥128	≤16	83.3	≥128	≤16	100	≥128	≤16	-	-	•	•		•
Ticarcillin-Clavulanate	92.9	≥128	≤16	83.3	≥128	≤16	100	≥128	≤16	89.5	≥128	≤16	92.9	≥128	≤16	83.3	≥128	≤16	100	≥128	≤16	-	-	-			8
Cefoperazone-Sulbactam	92.9	264	≤16	66.7	≥128	≤16	100	≥128	≤16	63.2	≥64	≤16	92.9	≥64	≤16	83.3	264	≤16	100	≥64	≤16	-	-		•		
Ceftriaxone+Sulbactarn+	14.2	Zone	4 ×	D	Zone		82	Zone	GC - 3	63.2	Zone	- ·	21.4	Zone	-	50.0	Zone	· ·	57.1	Zone	-	-	- C - C		· ·		9 N
Disodium-edetate (USE)		223 mm			223 mm			223 mm		01.180.000	221mm			221 mm		10000	221 mm			≥23 mm							
Ciprofloxacin	100	≥4	≤1	100	≥4	≤1	100	≥4	≤1	42.1	≥4	≤1	100	≥4	≤1	-	-	•	100	≥4	≤1	100	≥4	≤1	•	-	
Gentamicin	85.7	≥16	≤4	83.3	≥16	≤4	100	≥16	<u>s</u> 4	42.1	≥16	≤4	100	≥16	≤4	- 3	(e) (b)	•	100	≥16	≤4	28.6	2000 S	<u>s</u> 4			. 85
Amikacin	71.4	≥64	≤16	41.7	≥64	≤16	100	≥64	≤16	10.5	≥64	≤16	85.7	≥64	≤16	-	•	-	100	≥64	≤16	-	-	-	•	-	÷
Imipenem	92.9	≥16	≤1	50.0	≥16	≤1	100	≥16	≤1	42.1	2	≤2	100	≥16	≤2	33.3	4	· .	100	≥16	≤1	÷	-	- 1	·		· · · · · · · · · · · · · · · · · · ·
Meropenem	92.9	≥16	≤1	50.0	≥16	≤1	100	≥16	≤1	42.1	8	≤2	100	≥16	≤2	33.3	4	≤4	100	≥16	≤1	-	•	•	·	•	
Cotrimoxazole (SXT)	92.9	≥320	≤40	66.7	≥320	≤40	100	≥320	≤40	•	e	-	71.4	≥320	≤40	83.3	≤20	s2	100	≥320	≤40	-	-	· .			3
Colistin	92.9	≥32	≤2	0		≤2	0	-	≤2	0	•	≤2	0	-	≤2	-	-	•	-		-	-	-	-	•	•	•
Tigecycline	71.4	0.5-2	≤2	0	•	≤2	0		≤2	100	≥32	≤2	78.6	≥32	≤2	-	•	-		-		-	-	-	12.5	-	· 3
B-lactamase	•	-					-	÷		•			-	÷		-	- C	-	÷	-	-	85.7	-	a) - 1	•	-	
Cefoxitin/Oxacillin	2		8	-	•			•	8 3	•	2 2	1	-	2	13	-	•	•		-		28.6	≥4	≤2	•	-	•
Vancomycin				·	•		-	•	1 1	•	·		e 2	÷		-	÷	· .		-	•	14.3	1	≤2	75.0	8	≤4
Teicoplanin	÷	÷						÷		•	÷		÷	÷		-	÷.	-		-		0	-	≤8	62.5	-	1.00
Linezolid	÷	•	13		•		-		1	•	· 1		·)	ч. С	0	-	· .	-	÷	-		14.3	2	≤4	37.5	4	s2
Clindamycin		9 B			•		-	•	2 - 3	•	8 8	1	· 2	÷	8	-		· 8		-	-	42.6	2	≤0.5	·	-	•
Legend: R – Resistance, M	IC – Me	ean Minimal	l Inhibito	ry Conc	entration in	µg/ml for r	resistant	isolates, 员	kp – Sus	ceptible N	IC Breakpo	oint, n re	present:	s cumulative	in the r	respectiv	/e category										
Colistin MIC are no longer r	ecomm	ended by C	LSI for:	antibiogr	am interpre	tation; dat	a for Co	listin resista	ince indi	ative and	not interpre	tative.				1990	100-00										
Ceftriaxone+Sulbactarn+Di	sodium	edetate (C	SE) was	tested (with Kinbγ-B	auer Disk	Diffusio	n (CSE zone	≥23 mr	n for enter	obacteriace	ae, and	≥21 mπ	for Acineto	bactera	ind Psei	udomonas (consider	ed susc	eptible)							

REFERENCES

(1) Kumar S. Prospective surveillance of device-associated health care-associated infection in an intensive care unit of a tertiary care hospital in New Delhi, India. Am J Infect Control. 2018; 46 (2):202-6. (2) Gaid E, Assiri A, McNabb S, et al. Device-associated nosocomial infection in general hospitals, Kingdom of Saudi Arabia, 2013-2016. J Epidemiol Glob Health. 2018; Suppl1:S35-40.