



The additional costs of CVC-CRBSI were estimated at \$57,090 per case. Antimicrobial agents comprised only about 10% of the additional drug costs” Nakamura et al (2015).

Reference:

Nakamura, I., Fukushima, S., Hayakawa, T., Sekiya K. and Matsumoto, T. (2015) The additional costs of catheter-related bloodstream infections in intensive care units. American Journal of Infection Control. July 6th. .

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Abstract:

PURPOSE: The additional costs of health care-associated infections vary depending on the reimbursement systems of different countries. We estimated the additional costs of central venous catheter-related bloodstream infections (CVC-CRBSI) in Japan, which has a universal health insurance system covering all citizens.

METHODS: We conducted a retrospective matched case-control study. Twenty-two patients with CVC-CRBSI were identified among 2,148 patients treated between October 2011 and May 2014 in the intensive care unit of Tokyo Medical University Hospital (1,015 beds). Twenty-two matched controls were selected on the basis of 5 criteria. The drug and medical

material costs and technical fees incurred from the date of catheter insertion until hospital discharge were examined using a fee-for-service system. The additional costs of CVC-CRBSI were calculated as the difference between the costs of cases and controls. The contribution of antimicrobial drugs and the causative microorganism to the additional drug costs were also assessed.

RESULTS: The additional costs of CVC-CRBSI were estimated at \$57,090 per case. Antimicrobial agents comprised only about 10% of the additional drug costs. The additional costs of Candida infection were almost twice those of CVC-CRBSI caused by other microorganisms.

CONCLUSIONS: The additional costs of CVC-CRBSI in Japan were estimated at \$57,090 per case.

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