

Our aim was to determine the incidence and risk factors of device-associated infection and those of mortality in a Tunisia ICU" Bouafia et al (2015).

Abstract:

BACKGROUND: Intensive care unit -acquired infections constitute an important worldwide health problem.

AIM: Our aim was to determine the incidence and risk factors of device-associated infection and those of mortality in a Tunisia ICU.

METHODS: We conducted a prospective observational cohort study over a six months period in the adult medical intensive care unit of University Hospital-Farhat Hached (Sousse-Tunisia). Patients admitted to the unit were included in the study if they stayed in the ICU for more than 48 hours.

RESULTS: During the study period, 105 patients were surveyed; 16 of them (15.2%) developed 17 episodes of device associated infections (16.9 DAI/1000 days of hospitalization). The most frequently identified infections were central and peripheral venous catheter -associated infection (respectively, 21.4 CVC-AI/ 1000 CVC-days and 10.2 PVCAI / 1000 PVC-days). At ICU discharge, overall mortality was 40%. Independent risk factors for acquiring infection in ICU were the use of central venous catheter ($p=0.031$) and length stay (0.002), those of mortality in ICU were immunosuppression ($p=0.013$), DAI ($p=0.002$) and the use of central venous catheter ($p = 0.001$).

CONCLUSION: Even if DAI rates in Tunisian ICU were lower than those published in some reports from other North African countries, DAI data and mortality rate, dominated by the use of catheter associated infections show the need for more-effective infection control interventions in our hospital.

Reference:

Bouafia, N., Chouchène, I., Ben Cheikh, A., Bouchoucha, S. and Njah, M. (2015) Risk of mortality due to device associated infection. La Tunisie Médicale. 93(10), p.638-645.

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