

Healthcare-associated infections – a threat to patient safety in Europe

In 2016 and 2017, ECDC coordinated point prevalence surveys to collect data on healthcare-associated infections (HAIs) in hospitals and long-term care facilities in EU/EEA countries. Although some HAIs can be treated easily, others may more seriously affect a patient's health, increasing their stay in the hospital and hospital costs. HAIs in hospitals alone cause more deaths in Europe than any other infectious disease under surveillance at ECDC.

On any given day:



Hospitals

1 / 15

hospital patients have at least one HAI.

98 000

patients have at least one HAI.



Long-term care facilities

1 / 26

long-term care facilities residents have at least one HAI.

130 000

residents have at least one HAI.

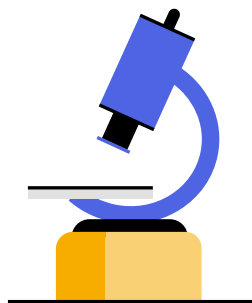
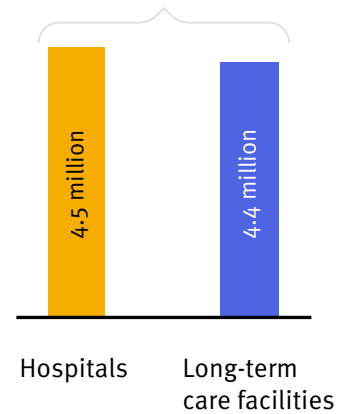
Facts

A total of 8.9 million HAIs were estimated to occur each year in European hospitals and long-term care facilities combined.

HAIs in hospitals (for example pneumonia, surgical site infections and bloodstream infections, are usually more severe than HAIs in long-term care facilities (for example respiratory infections other than pneumonia, urinary tract infections and skin and soft tissue infections).

More than half of certain HAIs are considered preventable.

8.9 million HAIs occur



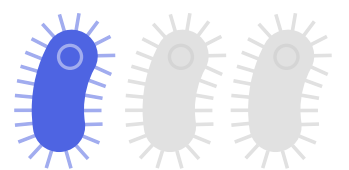
Microbiological samples

HAIs are frequently treated without taking microbiological samples or samples remain negative.



Microorganisms

The responsible microorganism was identified in 53% of HAIs in hospitals and only in 19% of HAIs in long-term care facilities.



Resistance to antibiotics

1 in 3 bacteria associated with HAIs, both in hospitals and in long-term care facilities, was resistant to antibiotics.

Measures to prevent healthcare-associated infections:



Infection prevention and control, including hand hygiene as well as screening for carriage of/infection with multidrug-resistant bacteria and isolation of carriers/infected patients.



Training for all healthcare staff.



Surveillance of HAIs at local and national level.



Antimicrobial stewardship programmes.



Improved information for patients, residents and their relatives about what they can themselves do to prevent HAIs and to use antibiotics prudently.



Improved microbiological laboratory support in hospitals and especially in long-term care facilities.