

Session 8: HAI-NET ICU group

Moderators

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Introduction to ICU surveillance report 2008-2009

- Methodological issues in HAI-ICU protocol
- Discrepancies between HAI-ICU and HAI-PPS protocols
- Standardization of analysis algorithms

Methodological issues

- Should ICUs with less than 20 pt (>2 days stay) be excluded for analyses?

YES, minimum 20 pt or 3 months-surveillance

- For other issues, as pt staying more than 400 days or ICUs with 0 pt intubated, it was agreed that National contact points will be contacted by e-mail for data validation after feedback

UNIT-BASED SURVEILLANCE DATA

- It was proposed that patient based data may be compared with unit based data excluding patient staying <2 days
- It was agreed to ask ICUs performing level 2 surveillance, to communicate total number of pt admissions and number of those staying more than two days

CVC: definition of CDC (as in PPS)

- **3.6.1 Central vascular catheter**

- A central vascular catheter (or central line) is an intravascular catheter that terminates at, or close to, the heart or in one of the great vessels, which is used for infusion, withdrawal of blood or hemodynamic monitoring.
- great vessels for the purpose of reporting central-line BSI and counting central-line days in the NHSN system: aorta, pulmonary artery, superior vena cava, inferior vena cava, brachiocephalic veins, internal jugular veins, subclavian veins, external iliac veins, common iliac veins, common femoral veins,

- **Notes:**

- Neither the insertion site nor the type of device may be used to determine if a line qualifies as a central line.
- The device must terminate in one of these vessels or in or near the heart to qualify as a central line.
- An introducer is considered an intravascular catheter.
- Pacemaker wires and other non-lumened devices excluded

CVC: definition of CDC (as in PPS)

- **Temporary central line included**
 - A non-tunneled catheter.
- **Permanent central line includes**
 - tunneled catheters, including certain dialysis catheters; and
 - implanted catheters (including ports).

In ICUs not relevant

 - Other catheter in the same time
- NB : arterial lines are excluded

Case definitions for ICU-acquired same as HAI in PPS ?

- An invasive device was placed on day 1 or day 2 resulting in an HAI before day 3 (PPS document)
- CDC : no duration time requirement
- **ICU : > 2 days**

Options :

No change ?

Do you consider it an important matter ?

How many infections do we miss ?

Do you consider it important for reproducibility ?

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Second infection episode

- To consider an infection as a new infection episode, the combination of
 - 1) new signs and symptoms and
 - 2) radiographic evidence (for pneumonia) or other diagnostic testing is required

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After clinical resolution (duration of 2 days) **or sustained improvement** and

- Same bacteria: 2 weeks between the 2 samples
- No cut off if a different microorganism

Device inserted (placed) in ICU OR outside ICU ?

- Infection should be considered ICU-acquired if developed after 2 days in ICU, even if the device was inserted outside ICU.
- Only device-days during ICU stay will be computed in the denominator.
- VAP should be considered healthcare associated at least 1 day after intubation and 2 days after extubation.

Simplify criterion 3 for PNEU

- Other alternative methods including those developed for viruses or specific pathogens (positive detection of viral AG or AB, seroconversion, PCR etc...) should be included?

Simplify criterion 3 for PNEU

- positive exams for pneumonia with virus or particular germs (e.g. Legionella, Aspergillus, mycobacteria, mycoplasma, Pneumocystis carinii):
 - positive detection of viral antigen or antibody from respiratory secretions (e.g. EIA, FAMA, shell vial assay, PCR);
 - positive direct exam or positive culture from bronchial secretions or tissue;
 - seroconversion (e.g. influenza viruses, Legionella, Chlamydia);
 - detection of antigens in urine (e.g. Legionella).
- Other alternative methods including those developed for viruses or specific pathogens (positive detection of viral AG or AB, seroconversion, PCR etc...) should be included?
- No change of definition

Projects

- Case stories for evaluation and teaching
 - Comparison Infection Control team vs Intensivists
- How to promote and extend ICU surveillance to other countries not already included?
- Survey on the feeling of Intensivists about antimicrobial resistance (with ESICM)

Rapid communications

EXPERIENCE OF EUROPEAN INTENSIVE CARE PHYSICIANS WITH INFECTIONS DUE TO ANTIBIOTIC-RESISTANT BACTERIA, 2009

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Conclusions

- Be clever !!!!!!!!!!!!! (Alain)
- Be simple ?????????? (Anne)
- Be right ?!?!?!?! (Mercedes)