

Il contributo italiano alle sorveglianze ECDC in tema di ICA

Carla M. Zotti. Dip. Scienze della Sanità Pubblica e Pediatriche. Università di Torino

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REGIONE LIGURIA - PIAZZA DELLA VITTORIA 15
PIANO AMMEZZATO - ORARIO: 9 - 13

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Healthcare-associated infections



Approximately 4 100 000 patients are estimated to acquire a healthcare-associated infection in the EU each year. The number of deaths occurring as a direct consequence of these infections is estimated to be at least 37 000 and these infections are thought to contribute to an additional 110 000 deaths each year.



The most frequent infections are urinary tract infections, followed by respiratory tract infections, infections after surgery, bloodstream infections, and others (including diarrhoea due to *Clostridium difficile*). Meticillin-resistant *Staphylococcus aureus* (MRSA) is isolated in approximately 5% of all healthcare-associated infections.

Approximately 20–30% of healthcare-associated infections are considered to be preventable by intensive hygiene and control programmes.

IN FOCUS

7 things you do not want to share – keep your hands clean! [Share this animation, not diseases!](#) #safehands



RELATED HEALTH TOPICS

- Antimicrobial consumption
- Antimicrobial resistance
- Healthcare-associated infections



READ MORE ON ECDC SITE

- Antimicrobial Resistance and Healthcare-associated Infections Programme



ECDC point prevalence survey of healthcare-associated infections and antimicrobial use in acute care hospitals

PROTOCOL FOR 2016 - 2017 POINT PREVALENCE SURVEY



Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals – protocol version 5.3

Oct 2016



HOME HELICS PROTOCOLLO-CODEBOOK ed APPROFONDIMENTI FAQ e AGGIORNAMENTI ECM CONTAT



Protocol forms made available for translation

→ Protocol forms

**PPS 2016-17
su 95 ospedali**

ECDC PPS 2016-2017
STUDIO DI PREVALENZA EUROPEO
SULLE INFEZIONI CORRELATE ALL'ASSISTENZA E
SULL'USO DI ANTIBIOTICI NEGLI OSPEDALI PER ACUTI

Studio di prevalenza europeo su infezioni correlate all'assistenza e uso di antibiotici negli ospedali per acuti

Rapporto nazionale

La prevalenza di pazienti con almeno una infezione correlata all'assistenza: 6.3%.

PPS 2011

Lo studio è stato condotto nel periodo settembre-ottobre 2011 ed hanno partecipato **49 ospedali di 19 Regioni/Province autonome**. Sono stati raccolti dati su **14.784 Pazienti**

Ospedali inclusi nello studio



10% delle dimissioni e il 11% delle giornate di degenza di un anno a livello nazionale

ECDC Point prevalence survey of healthcare-associated infections and antimicrobial use in European long-term care facilities

Overview

In Europe, most long-term care facilities (LTCFs) are for the elderly, including general nursing homes, residential homes and mixed facilities. In 2013, there were approximately 63 224 LTCFs for older adults in EU/EEA Member States with a capacity of approximately 3.6 million beds. The size of Europe's LTCF population is

[HOME](#)[SOFTWARE HALT3](#)[PROTOCOLLO E MATERIALE](#)[FAQ e AGGIORNAMENTI](#)[COMITATO ETICO](#)[ECM](#)[Mo](#)

ECDC monitors the burden of health LTCFs through repeated point prevalence standardised protocol. PPSs in May prevalence of residents with at least respectively. In 2013, ECDC estimated residents in European LTCFs with a in European LTCFs was estimated

The risks of acquiring a HAI can be (IPC) structures and processes including prevalence of residents receiving a



HALT-3: ECDC PPS 2016-2017

STUDIO PPS EUROPEO
SULLE INFEZIONI CORRELATE ALL'ASSISTENZA E
SULL'UTILIZZO DI ANTIBIOTICI NELLE STRUTTURE DI
ASSISTENZA SOCIO-SANITARIA EXTRAOSPEDALIERA



Point prevalence survey of healthcare-associated infections and antimicrobial use in European long-term care facilities

April–May 2013

- Aprile – Maggio **2013**
- **19** paesi
- **1051** strutture (range **1 – 235**)
- **77624** residenti eleggibili





ITALIA



EUROPA

3%	Prevalenza di infezione	3.4%
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*Siti di infezione
(% sul totale)*

38%	Tratto respiratorio	31%
29%	Tratto urinario	31%
16%	Cute/ferita	23%
5%	Gastrointestinali	5%
5%	Occhio, orecchio, naso, bocca	6%
7%	Altre infezioni	4%

4%	Prevalenza uso di antibiotico	4.4%
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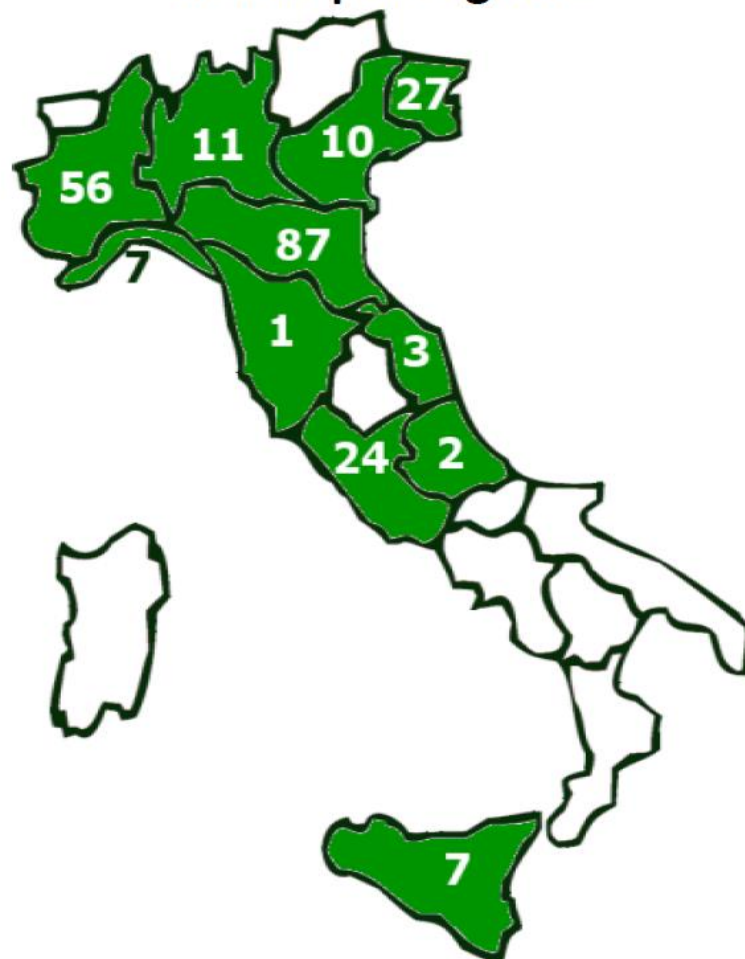
12%	% profilassi	27%
88%	% terapia	73%

*Siti di infezione trattati
(% sul totale)*

46%	Tratto respiratorio	39%
29%	Tratto urinario	35%
12%	Cute/ferita	16%
13%	Altre infezioni	10%

ITALIA 235 LTCF

Partecipanti allo studio HALT2 per regione



Surgical site infections (SSIs)

ECDC surveillance of surgical site infections (SSI)

Background

Surgical site infections (SSIs) are an important target for the surveillance of infections (HAI). This surveillance is a priority for surveillance in several European countries. SSIs are among the most common HAI. They are associated with longer post-operative hospital stays, additional surgical procedures, may require intensive care and often result in mortality.

Seven surgical categories were selected for this surveillance: coronary artery bypass grafting, cholecystectomy, colon surgery, caesarean section, hip prosthesis, knee prosthesis and laminectomy.

Objectives

The primary objective for a hospital to participate in a national surveillance network is to compare local infections rates to those of other hospitals and to follow-up in time.

SURVEILLANCE REPORT



Surveillance of surgical site infections in Europe

2010–2011

Key facts

- Surgical site infections (SSIs) are among the most common healthcare-associated infections (HAI) [1]. They are associated with longer post-operative hospital stays, additional surgical procedures, treatment in intensive care units and higher mortality [2].
- In 2013–2014, 15 EU Member States and one EEA country reported SSIs for seven types of surgical procedure to ECDC.
- During this period, 18 364 SSIs were reported from a total of 967 191 surgical procedures.
- The percentage of SSIs per 100 surgical procedures varied from 0.6% to 9.5% depending on the type of procedure.
- The incidence density of in-hospital SSIs per 1000 post-operative patient-days varied from 0.2 to 5.7 depending on the type of surgical procedure.
- From 2011 to 2014, a significantly increasing trend was observed for the yearly percentage of SSIs in cholecystectomy operations.
- For coronary artery bypass grafts and knee prosthesis surgery, a significantly decreasing trend for both the yearly percentage of SSIs and the incidence density of SSIs was observed during 2011–2014.

Sorveglianza delle infezioni del sito chirurgico in Italia

Interventi ortopedici anno 2013

Interventi non ortopedici anno 2014



Interventi ortopedici: sorveglianza 2013

Interventi non ortopedici:
sorveglianza 2014

ECDC surveillance of healthcare-associated infections in intensive care units (ICUs)

REPORT



Sorveglianza nazionale delle infezioni in terapia intensiva (Progetto SITIN)

Rapporto
(dati 2009-2010)

HelicsWin.Net (HWN) Software

HelicsWin.Net (HWN) is a software application developed for the manual entry of data collected during the ECDC point prevalence survey (PPS) of healthcare-associated infections (HAI) and antimicrobial use in acute care hospitals.

→ [HelicsWin.Net \(HWN\) Software Download and User Manual](#)

Infections in intensive care units (ICUs)

... of patients at high risk of morbidity and mortality associated with ... ly implemented surveillance protocols in the national networks for the

... the national HAI surveillance networks on the incidence of ICU-acquired ... ter-related infections. The network also collects data on common ... CU-acquired infections and, optionally, on antimicrobial use in the ICU.

Tabella 1. Descrizione degli ospedali e delle UTI partecipanti per sistema di sorveglianza

	2009			2010		
	GiViTI	SITIER	SPIN-UTI	GiViTI	SITIER	SPIN-UTI
N. di ospedali	100	3	18	85	2	21

Clostridium difficile infections



Overview

Clostridium difficile is an anaerobic bacterium, widely distributed in soil and the intestinal tracts of animals. The clinical spectrum of *C. difficile* infection (CDI) ranges from mild diarrhoea to severe life threatening pseudomembranous colitis. CDI is generally, but not always associated with previous use of antibiotics. The transmission of *C. difficile* can be patient-to-patient, via contaminated hands of healthcare workers or by environmental contamination. There is an increase of reports of community-acquired CDI in individuals previously not recognised as predisposed.

The burden of healthcare-associated CDIs in acute care hospitals in the EU/EEA was estimated at 123 997 cases annually [1]. In the ECDC point prevalence survey (PPS) of healthcare-associated infections (HAIs) and antimicrobial use in European acute care hospitals 2011-2012 (ECDC PPS), *C. difficile* was the 8th most frequently detected microorganism among HAIs. Using a conservative figure of 3% attributable mortality, the number of deaths occurring as the direct consequence of healthcare-associated CDI can be estimated at 3 700 per year in the EU/EEA.

Hospital-based surveillance of CDIs in EU/EEA Member States, using a common [European protocol](#), was launched on 1 January 2016. The protocol enables hospitals and Member States to collect comparable data to guide their practices to prevent and control CDIs. By 31 March 2016, hospitals in at least 20 of the 31 EU/EEA Member States had conducted surveillance using the protocol.

The ECDC [directory of online resources](#) for prevention and control of antimicrobial resistance and HAIs contains guidance for prevention and control of CDI published by ECDC, EU/EEA Member States, international and national agencies and professional societies.

Antimicrobial Resistance and Healthcare-associated Infections Programme

Head of programme: Dominique L. Monnet
Programme officer: Egle Obcarskaite



The programme on Antimicrobial Resistance and Healthcare-Associated Infections (ARHAI) addresses two major public health issues:

- **Antimicrobial Resistance (AMR)**, i.e. microorganisms to become resistant to antimicrobials used for treatment or prophylaxis;
- **Healthcare-Associated Infections (HAI)**, which occur in particular hospitals and long-term care facilities.

The ARHAI programme focuses on 4 activities: advice, training and communication to healthcare-associated infections.

Background

Antimicrobial resistance and antimicrobial consumption

Antimicrobial resistance



Antimicrobial consumption

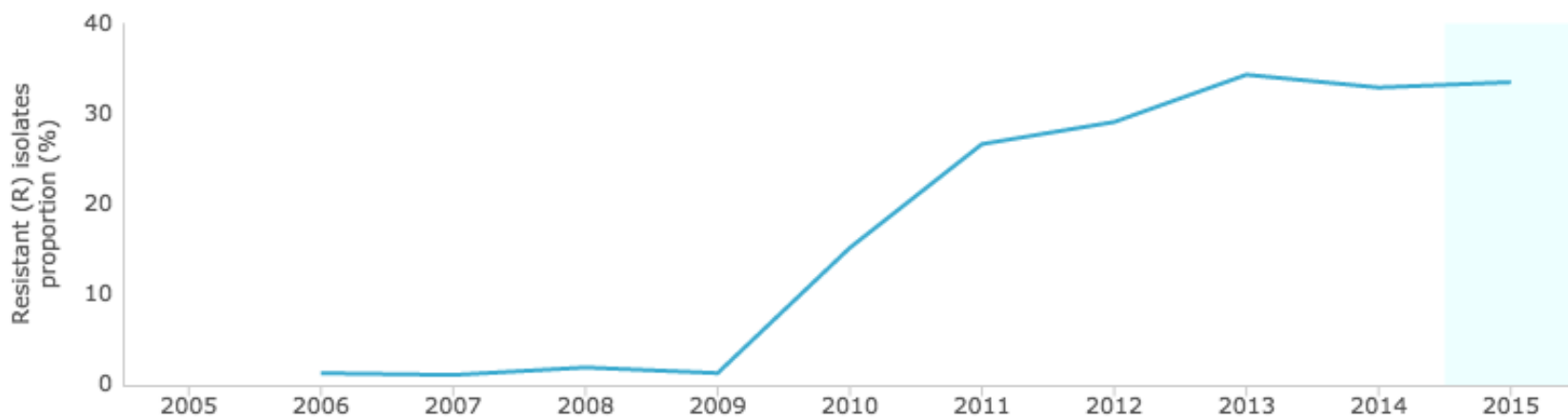
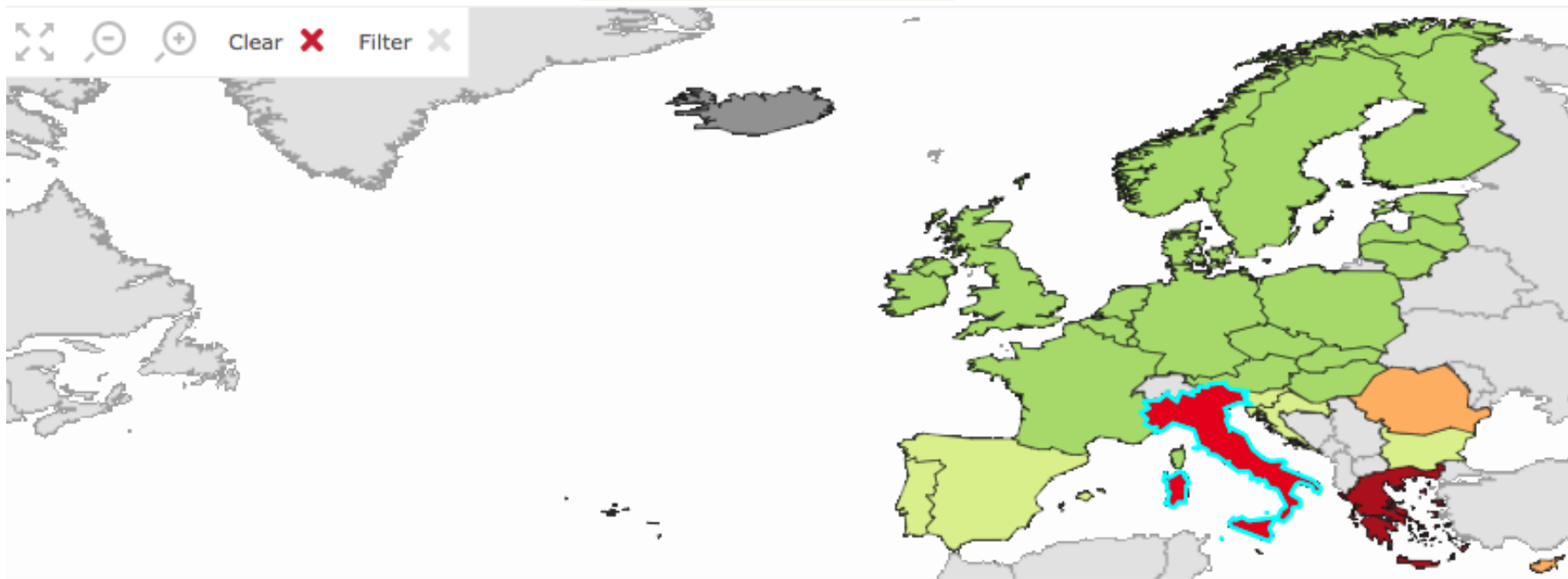


European Antimicrobial Resistance Surveillance Network (EARS-Net)

Choose Data

Antimicrobial resistance - *Klebsiella pneumoniae* - Carbapenems - Resistant (R) isolates proportion

Data by Country and Year. Selected time period: 2015

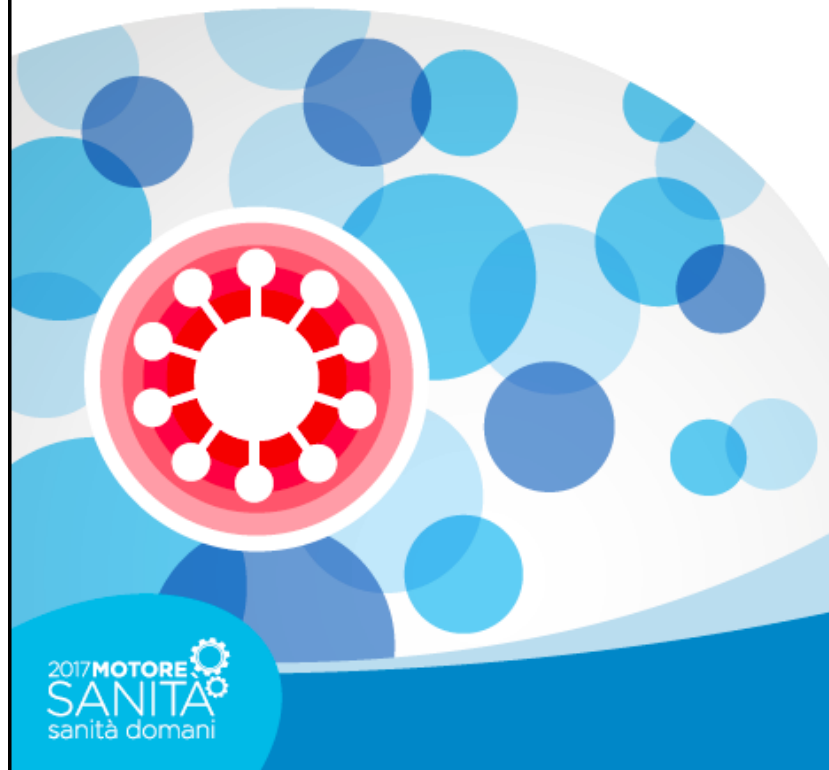


EARS – net conduce la sorveglianza sulla sensibilità agli antimicrobici di 8 patogeni batterici isolati da sangue e liquor:

- **Escherichia coli (dal 2001)**
- **Klebsiella pneumoniae (dal 2005)**
- **Pseudomonas aeruginosa (dal 2005)**
- **Acinetobacter species (dal 2012 come studio pilota)**
- **Streptococcus pneumoniae (dal 1999)**
- **Staphylococcus aureus (dal 1999)**
- **Enterococcus faecalis (dal 2001)**
- **Enterococcus faecium (dal 2001)**

Partecipano alla sorveglianza 30 paesi;

l'Italia partecipa con 47 laboratori rappresentativi di 24321 posti letto (12% dei p.l.totali)



E' importante il contributo dell'Italia alle sorveglianze ECDC perché questo comporta

- **la condivisione di protocolli di studio**
- **la possibilità di formazione comune**
- **il confronto dei risultati**
- **la ricerca di soluzioni dei problemi**

**Cosa ci aspettiamo dal Ministero e dalle Regioni ??
condivisione del problema ICA e coordinamento delle sorveglianze**

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