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Surveillance of Nosocomial Infections in Dicle University Hospital: A Ten-Year Experience

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Abstract: Aim: The main objective was to recognize the evaluation of surveillance program on the nosocomial infections (NIs) in Dicle University Hospital (DUH) Materials and Methods: A prevalence study was performed prospectively, at the DUH from 1997 to 2006. Active surveillance for NIs were performed by infection control team, using the criteria proposed by the Centers for Diseases Control and Prevention (CDC) and National Nosocomial Infections Surveillance System (NNIS) methodology. This team includes infection control doctor and two nurses, who visited hospital units three times a week. All cases with NI were recorded using a standard data collection form. Results: During ten years of follow up period, 3382 NI episodes were detected in 3075 patients out of 250209 inpatients. The overall incidence rates (NI/100) and incidence densities (NI/1000 days of stay) of NIs were 1.4% (range 0.8-2.5/100) and 1.7/1000 patients-days (range 0.7-2.5/1000), respectively. NIs were seen frequently in intensive care unit (20.1 episodes per 1000 bed-days), burn unit (14.5 episodes per 1000 bed-days), and neurology (3.7 episodes per 1000 bed-days). The most common NIs according to the primary sites were urinary tract infection (24%), bloodstream infection (22%), pneumonia (13%) and surgical site infection (13%). The most prevalent microorganisms were Escherichia coli (26%), Pseudomonas aeruginosa (15%), coagulase-negative staphylococci (14%) and Staphylococcus aureus (13%). Amikacin and meropenem were the most effective agents against Gram-negative bacteria. Meticillin resistance among S. aureus isolates was 67% and all were sensitive to vancomycin. Conclusions: This study represents that the rate of NIs reduced with appropriate interventions. Surveillance and constant monitoring are effective along with educating the staff about infection control practices.

Key Words: nosocomial infection, surveillance, infection control

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