

Results of the Global and ECDC Point Prevalence Surveys of Antimicrobial Use and Healthcare-Associated Infections in Belgian Acute Care Hospitals in 2017

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The second ECDC point prevalence survey (PPS) of healthcare-associated infections (HAIs) and antimicrobial use and the second Global PPS (www.global-pps.com) of antimicrobial use and resistance were simultaneously performed in Belgian acute care hospitals.

Results





28,007 included patients

Methods



All Belgian acute care hospitals were invited to participate in either the ECDC PPS or the Global PPS.



All patients present on the wards at 8 a.m. on the day of the PPS were included.



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Standardised methodology (ECDC PPS 2016-2017 protocol, Global PPS 2017 protocol)



Results on antimicrobial use and quality indicators: data ECDC and Global PPS pooled



Results on HAIs: data ECDC PPS

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Crude prevalence of patients with at least one antimicrobial: 27.1% (95%Cl 26.5-27.6%) \rightarrow tertiary hospitals: 29.5%; intensive care: 51.0% \rightarrow most frequently reported diagnoses: pneumonia (23.2%), skin and soft tissue infections (11.9%)



CAI = community-acquired infection, HAI = acute-hospital-acquired infection, LAI = infection acquired in long-term care facility or chronic-care hospital, MP = medical prophylaxis, SP = surgical prophylaxis

- 83 Belgian acute care hospital entities participated Countrywide participation rate = 81.4%



Quality indicators:

- 1. Compliance with local antibiotic guidelines (type of antibiotic): 76.6%
- 2. >1 day surgical prophylaxis: 25.2%
- 2. Reason for antimicrobial use available: 81.9%
- 3. Stop/review date available: 40.8%



- \rightarrow tertiary hospitals: 9.1%; intensive care: 20.9%
- \rightarrow most frequently reported HAIs: pneumonia (21.6%), urinary tract infections (21.3%).

Conclusion

In comparison with previous PPS, the prevalence of antimicrobial use (27.4% in Global PPS 2015¹ vs. 27.1% in 2017) and HAIs (7.1% in ECDC PPS 2011² vs. 7.3% in 2017) remained stable in Belgian acute care hospitals. Belgian hospitals should further be stimulated to participate regularly in a PPS and to set local targets to improve. 1. Versporten A et al. Global PPS 2015 in 100 Belgian hospitals. ECCMID 2016, abstract N° EV0684.

2. European Centre for Disease Prevention and Control (ECDC). ECDC PPS: surveillance report 2011 2012. Stockholm: ECDC; 2013.





