

European Standards & Indicators for Public Health Surveillance Survey Results - National Recommendations & Indicators on HAI & AMR

Introduction

Health-care associated infections (HAI) and antimicrobial resistance (AMR) are causing relevant problems for patients and the health care systems. For a better control, consistent standards for monitoring and therapy should be used in Europe. However, the level of the HAI and AMR is varying a lot within the countries of Europe. To get a better overview over the existing structures and policies, a survey was conducted with the aim to harmonize the efforts in the different countries.

Methods

A self administered, standardised questionnaire was sent in 2006 to the national IPSE focal points, focusing on national infection control policies and programmes.

The results were entered and analysed in EpiInfo 3.2.2.

Results

Response: 29 of 33 countries (88%) send us back a questionnaire.

Description of national situation	HAI	AMR
	n (%)	n (%)
National programme	21 (72)	18 (62)
Laws on prevention and control	16 (55)	9 (31)
Reduction in governments health objectives	18 (62)	17 (59)

The following analyses focus on the 21 national HAI programmes and show the major findings.

In 18 (86%) of these countries an infection control committee is in charge of the programme, with following responsibilities:

Responsibilities of the IC committee	yes	no
	n (%)	n (%)
Setting up objectives	17 (94)	1 (6)
Planning actions	16 (89)	2 (11)
Preparing guidelines	15 (83)	3 (17)
Monitoring indicators	14 (78)	4 (22)
Training	14 (78)	4 (22)
Surveillance and early warning	15 (83)	3 (17)
Evaluation of programme	15 (83)	3 (17)
Evaluation of healthcare facility	9 (50)	9 (50)
Annual report	12 (67)	6 (33)

The 21 countries with national programmes had the following surveillance systems included:

Surveillance systems included in programmes	HAI	AMR
	n (%)	n (%)
Total	17 (81)	19 (95)
Compulsory	10 (59)	10 (53)
Recommended	7 (41)	8 (42)

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Results (cont.)

The programmes included the following guidelines and recommendations:

Recommendations included in the programme	yes	no
	n (%)	n (%)
Standard precautions	18 (86)	3 (14)
Transmission-based precautions	15 (71)	6 (29)
Prevention of device infections		
Intravascular catheter	14 (67)	7 (33)
Urinary catheter	17 (81)	4 (19)
Respiratory ventilation	14 (67)	7 (33)
Rational use of antimicrobials	16 (76)	5 (24)
Staff occupational health	14 (67)	6 (29)
Cleaning, disinfection, sterilisation	17 (81)	3 (14)
Engineering and architecture	9 (43)	11 (52)

In 17 (81%) of the programmes indicators to assess the preparedness of health care facilities were defined:

Indicators defined by programmes	yes	no
	n (%)	n (%)
HAIs rates	12 (71)	5 (29)
AMRs rates	12 (71)	5 (29)
Human resources devoted to HAI & AMR	9 (53)	8 (47)
Hand hygiene	5 (29)	12 (71)
Standard precautions	4 (24)	13 (76)
Analysis available at nat./reg./prov. level	12 (71)	5 (29)
Analysis available at hospital level	16 (94)	1 (6)

Training on HAI for healthcare worker was included in 15 (71%) of the national programmes, on AMR in 12 (57%) programmes.

An estimation of the costs resulting from HAI was covered by 2 (10%) of the programmes.

Conclusions

The results of the survey show that the differences in the infection control programmes in the concerned countries are huge. A comparison between the systems is therefore very difficult.

With the help of these findings a consistent approach should be made to develop comparable surveillance systems in order to prevent and control HAI and AMR better.

A checklist for hospital management level will be developed to enable them to check regularly the level of infection control measures in their hospital. An included manual should assist them to implement necessary improvement in their hospitals.

A list of indicators collected on national level from the hospitals will be developed in a second step to ensure comparable information about HAI and AMR on national and European level.