The background features a dark blue gradient with a series of curved, parallel lines that create a sense of depth and movement. On the right side, there is a grid-like pattern of light blue lines that recedes into the distance, suggesting a tunnel or a futuristic architectural element.

The Impact of healthcare associated urinary tract infections

PETER COLLIGNON

Cause many problems

- Common
- Urinary tract infections account for ~30% of healthcare-associated infections reported by hospitals.
- Virtually all healthcare-associated urinary tract infections (HAUTIs) are caused by instrumentation of the urinary tract, creating an opportunity to prevent a large proportion of HAUTIs, including catheter-associated urinary tract infections (CAUTIs).

Healthcare associated urinary tract infections: a protocol for a national point prevalence study

Brett Mitchell^{A B D}, Anne Gardner^B, Wendy Beckingham^C and Oyebola Fasugba^B

ABC News

Hospital-contracted UTIs a significant burden on Australian health services

1233 ABC Newcastle

By Dan Cox

Updated 11 Apr 2016, 12:26pm

- Study found 1.7 per cent — or about 95,000 patients — acquired a healthcare-associated UTI each year across Australia.
- The research also found patients with a UTI stayed about four days longer than those without.
- That means an extra 380,000 public hospital bed days each year, a significant burden on Australian health services.
- Lead researcher Associate Professor Brett Mitchell said UTIs were becoming increasingly resistant to antibiotics.

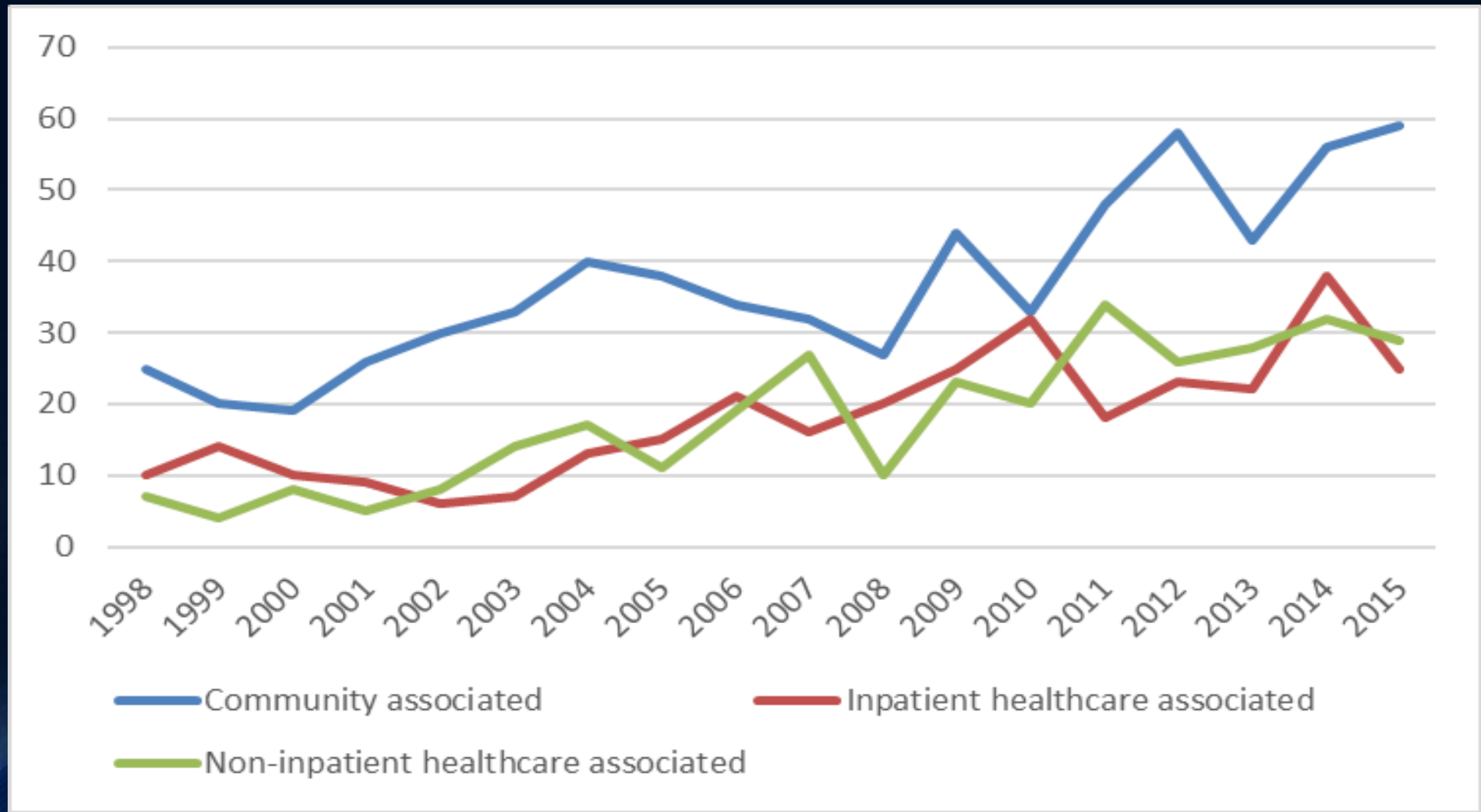
Healthcare urinary tract infections

- Morbidity
- Some Bloodstream infections – mortality
- Cost by prolonging hospital stay
- Social costs

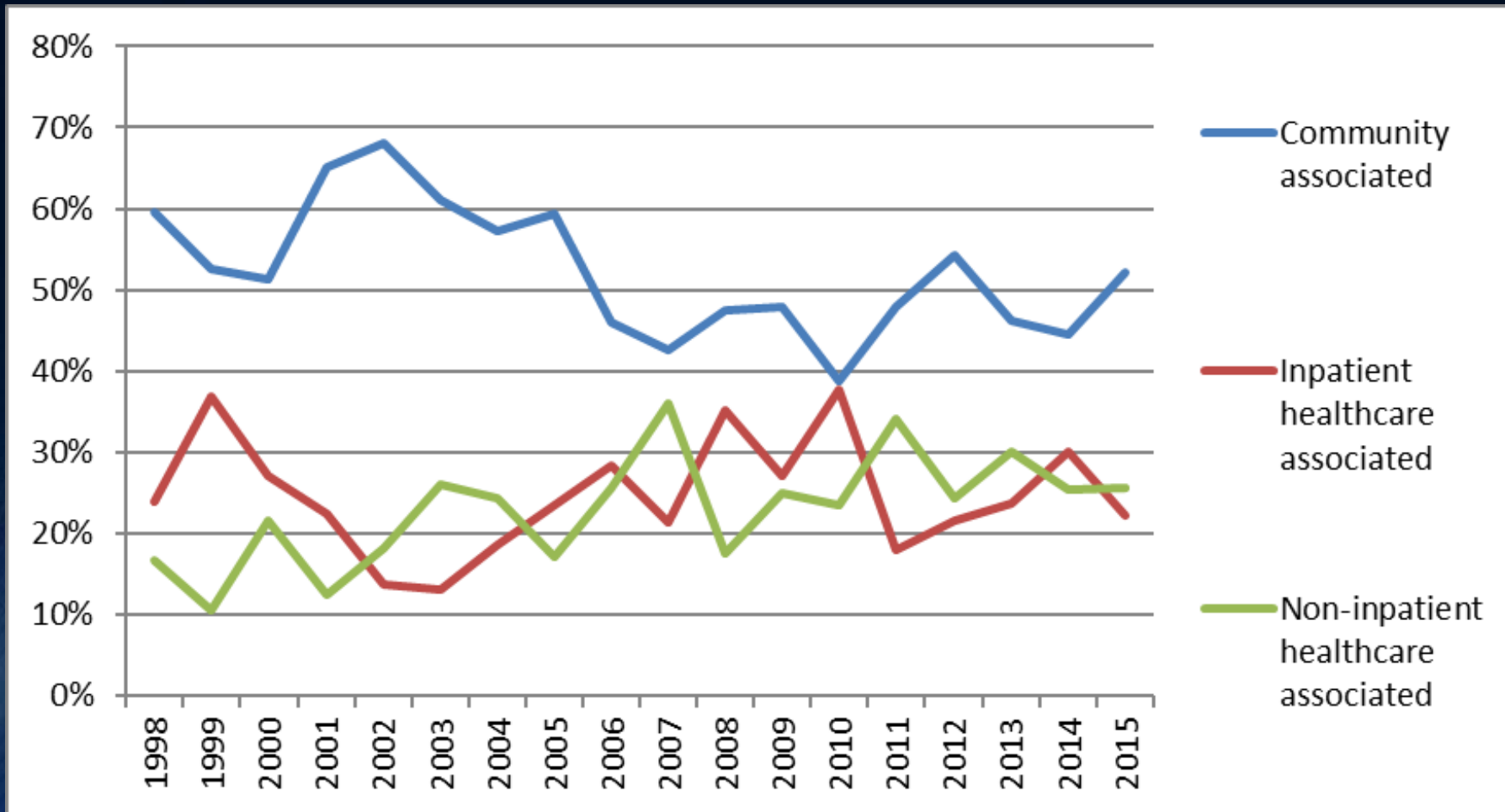
Blood Stream Infections (BSI's) originating from Urinary tract

CANBERRA HOSPITAL 1998-2015

BSI Episodes coming from urinary tract per year and origin

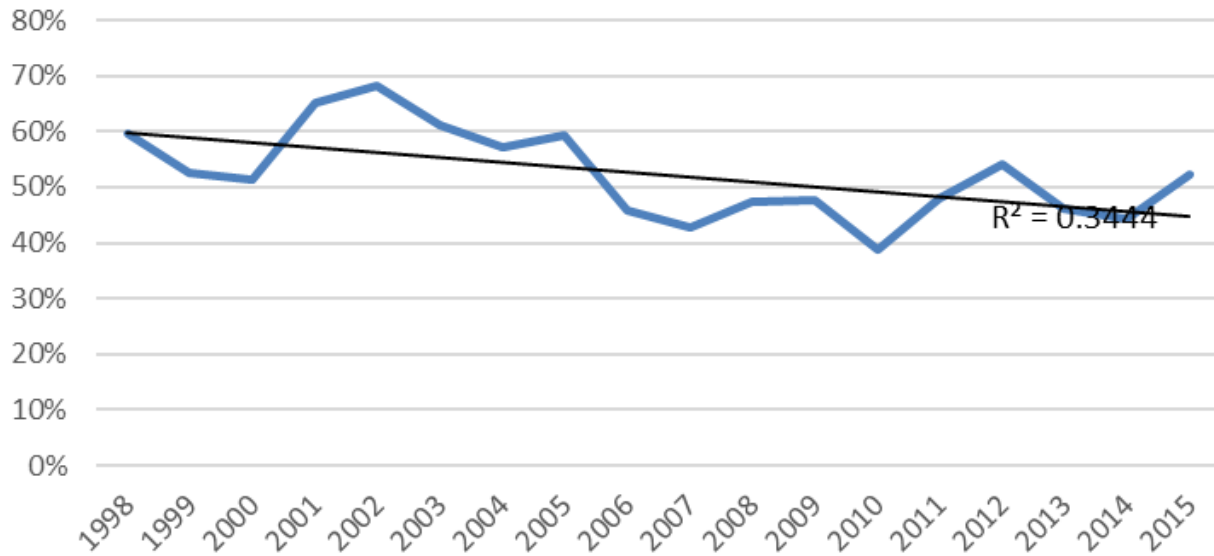


Community vs Healthcare urinary BSI episodes

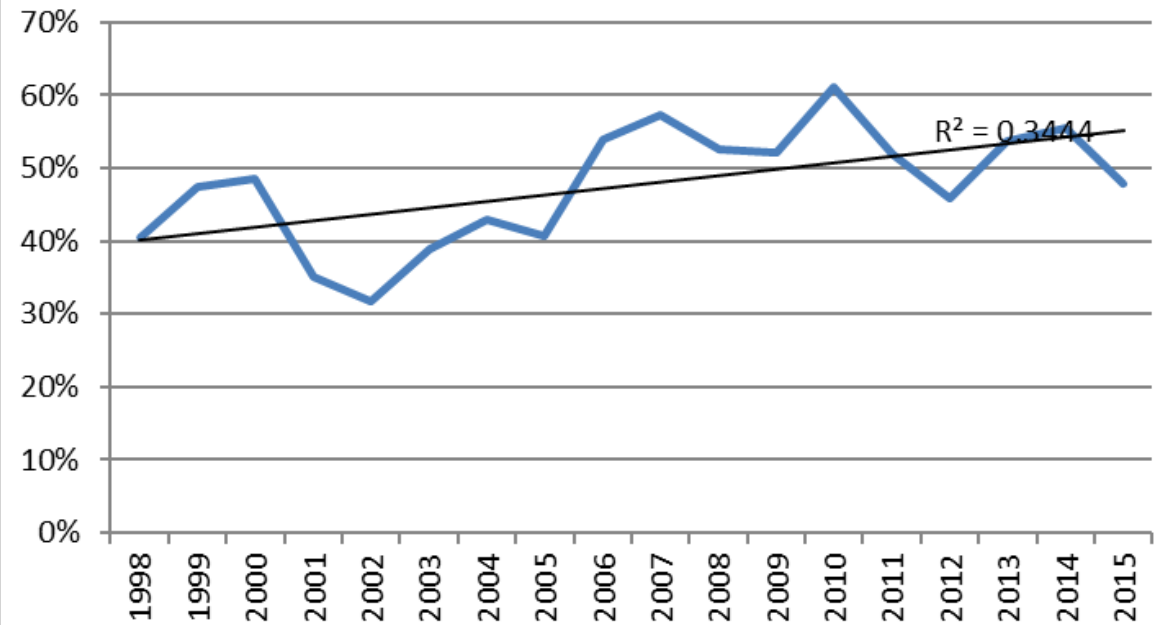


Trends; as a % of total BSI episodes

%community associated

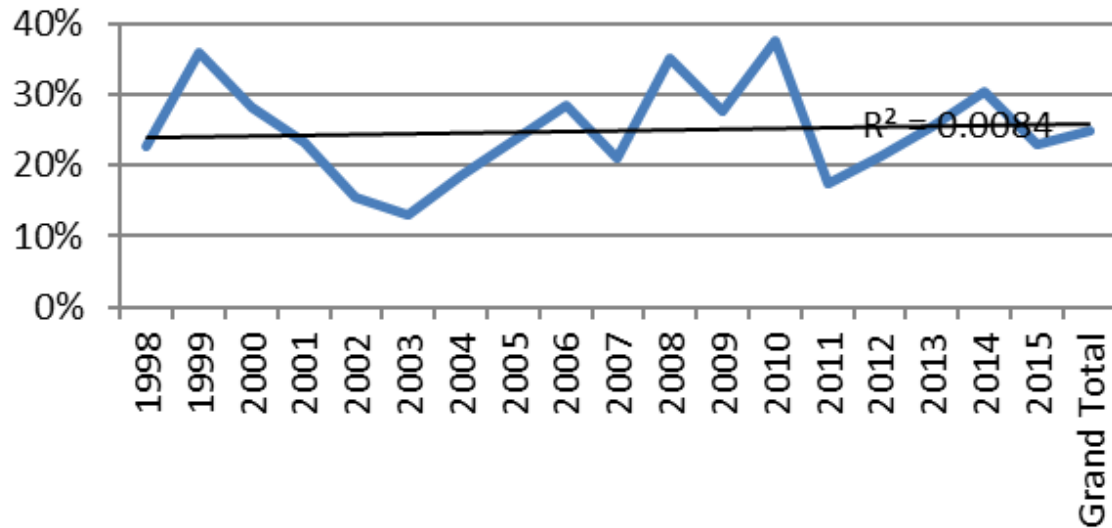


%healthcare

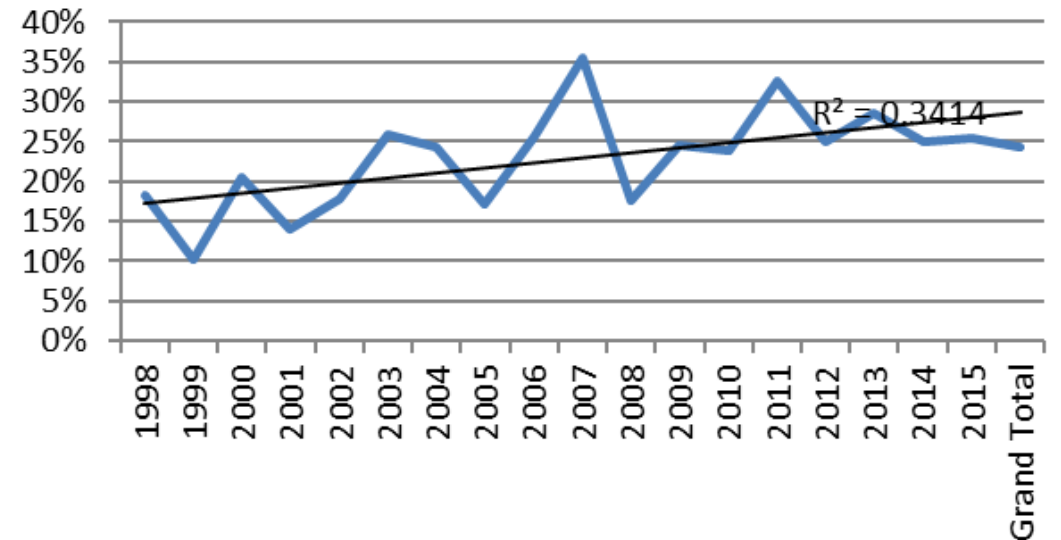


Healthcare episodes; inpatient vs Community onset

Inpatient healthcare associated

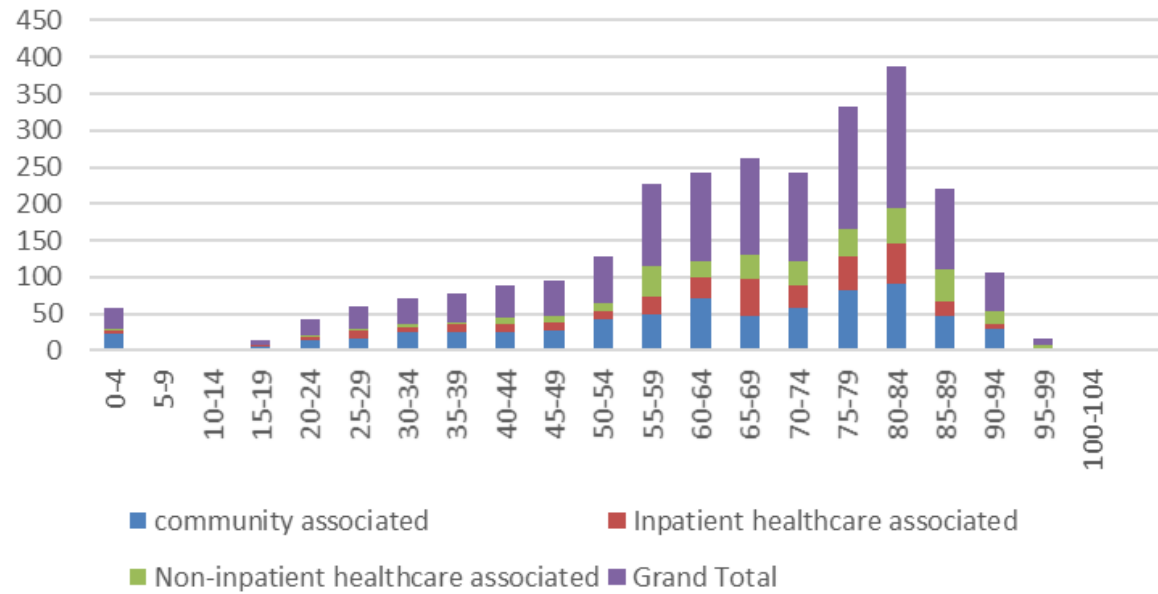


Non-inpatient healthcare associated

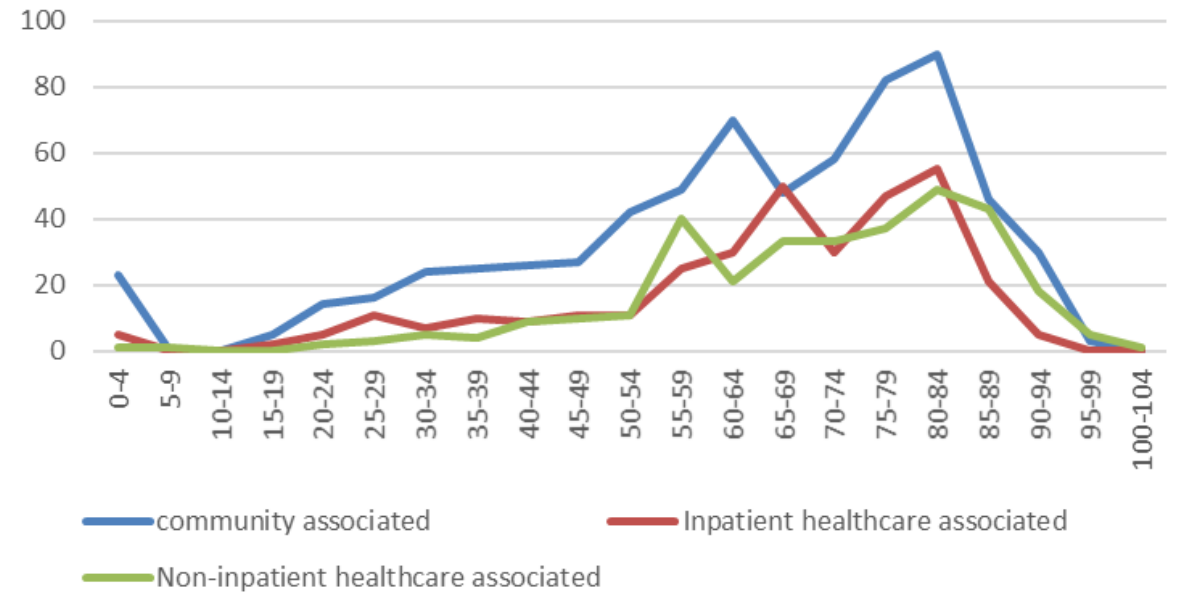


Age

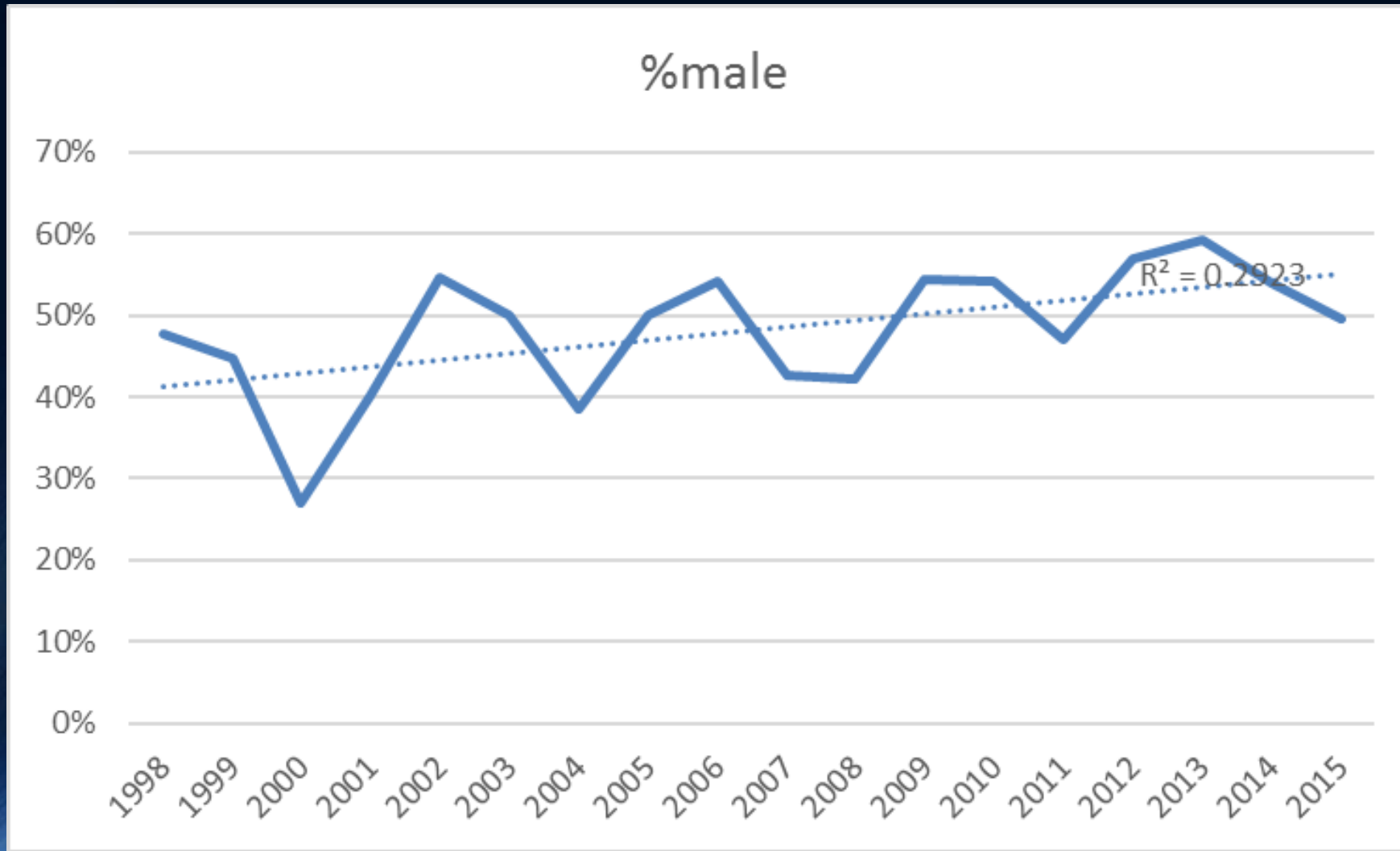
Episodes by Age; 5yr cohorts



Episodes by Age; 5yr cohorts

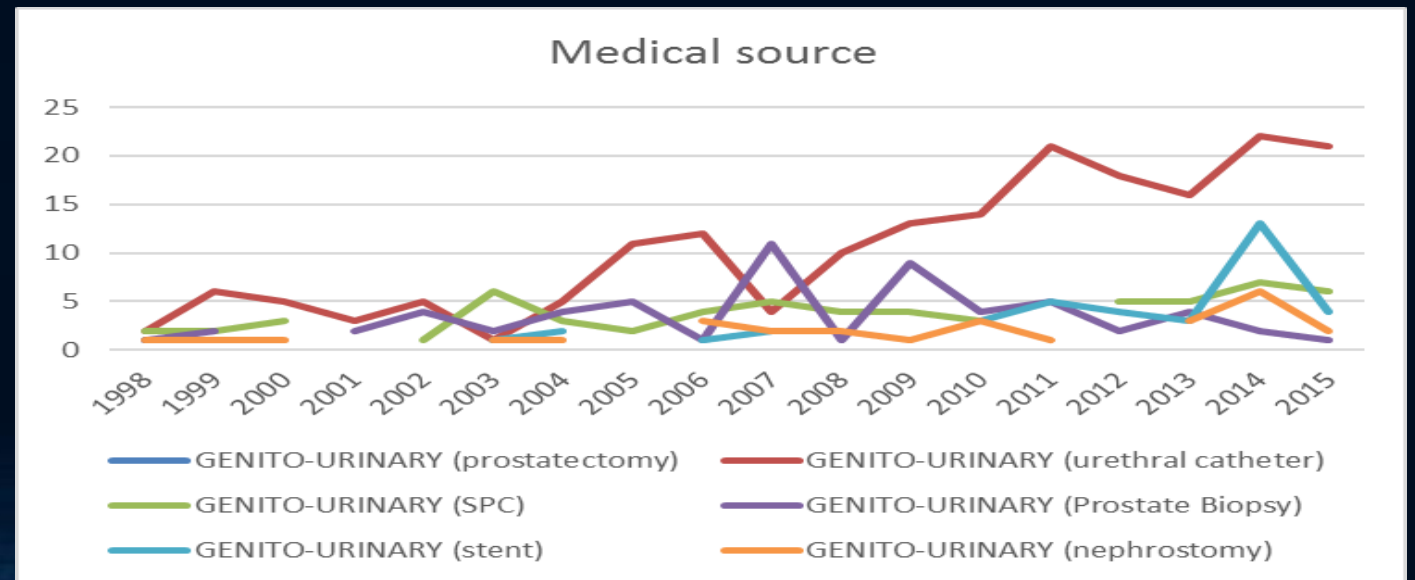


Males; as a proportion is rising

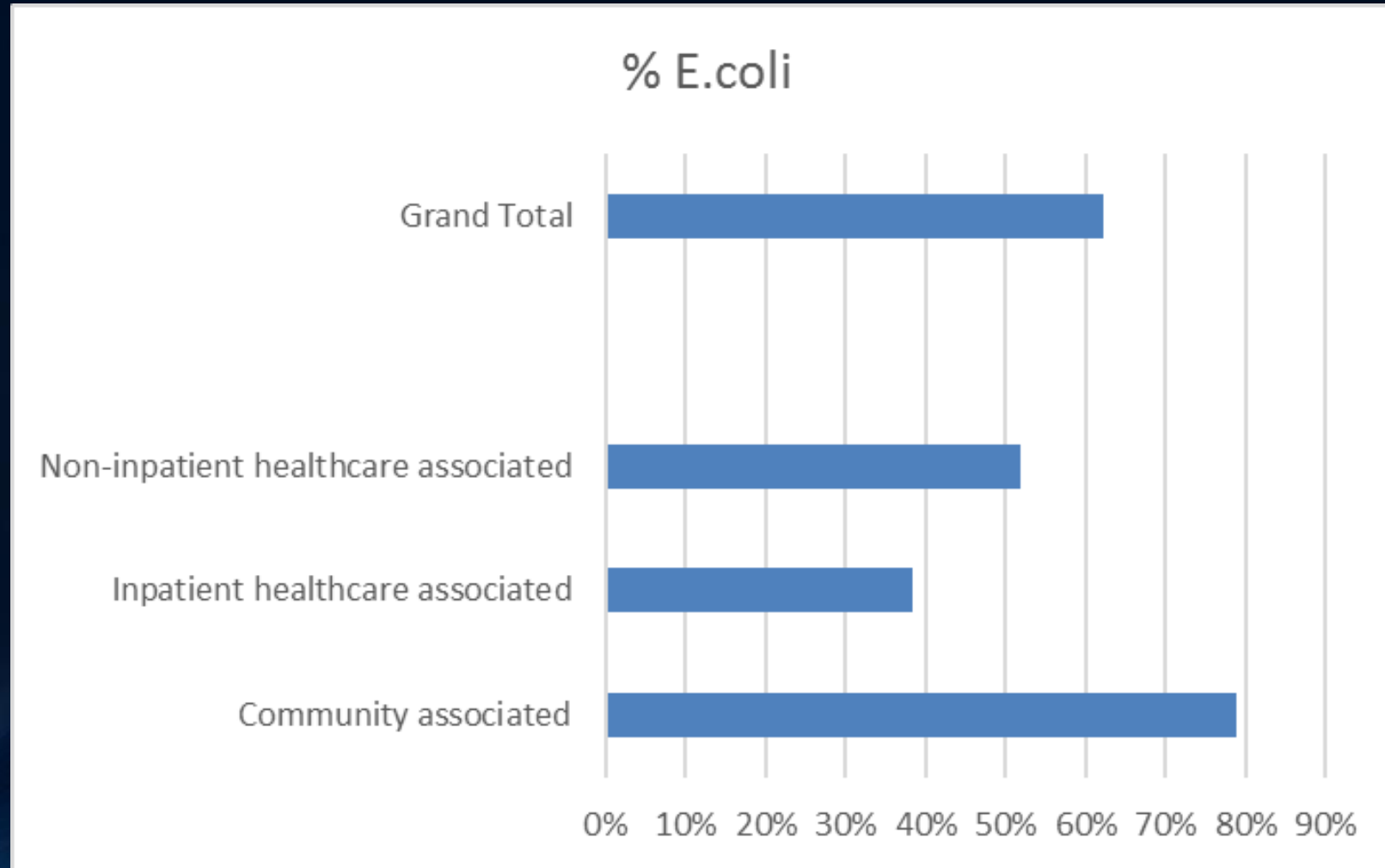


Medical procedures as sources for sepsis

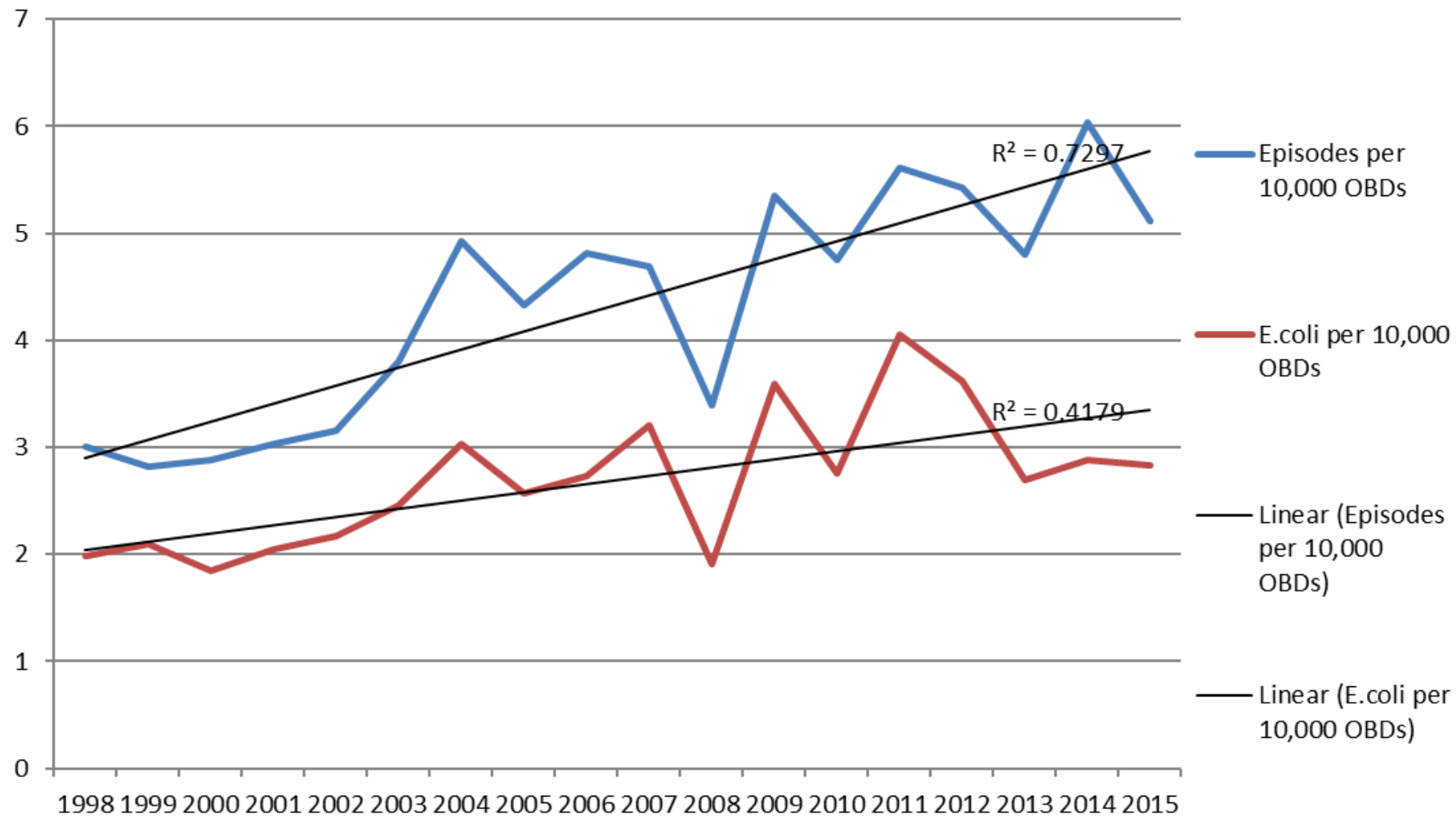
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	
GENITO-URINARY (prostatectomy)		1	1					1							1				
GENITO-URINARY (urethral catheter)		2	6	5	3	5	1	5	11	12	4	10	13	14	21	18	16	22	21
GENITO-URINARY (SPC)		2	2	3		1	6	3	2	4	5	4	4	3		5	5	7	6
GENITO-URINARY (Prostate Biopsy)		1	2		2	4	2	4	5	1	11	1	9	4	5	2	4	2	1
GENITO-URINARY (stent)							1	2		1	2			3	5	4	3	13	4
GENITO-URINARY (nephrostomy)		1	1	1			1	1		3	2	2	1	3	1		3	6	2
Grand Total		7	12	9	5	10	11	16	18	21	24	17	27	27	33	29	31	50	34



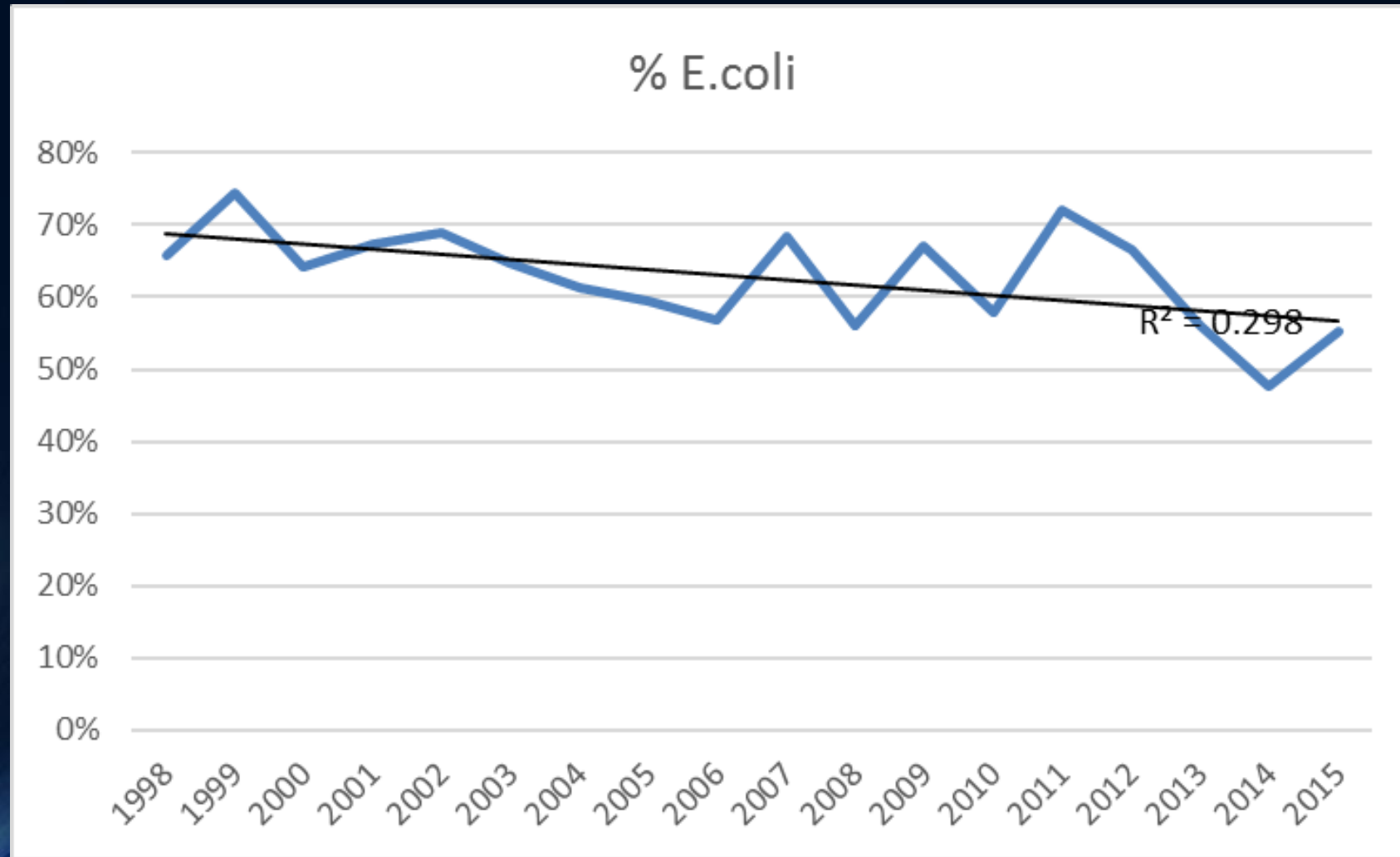
E.coli BSI's originating from urinary tract



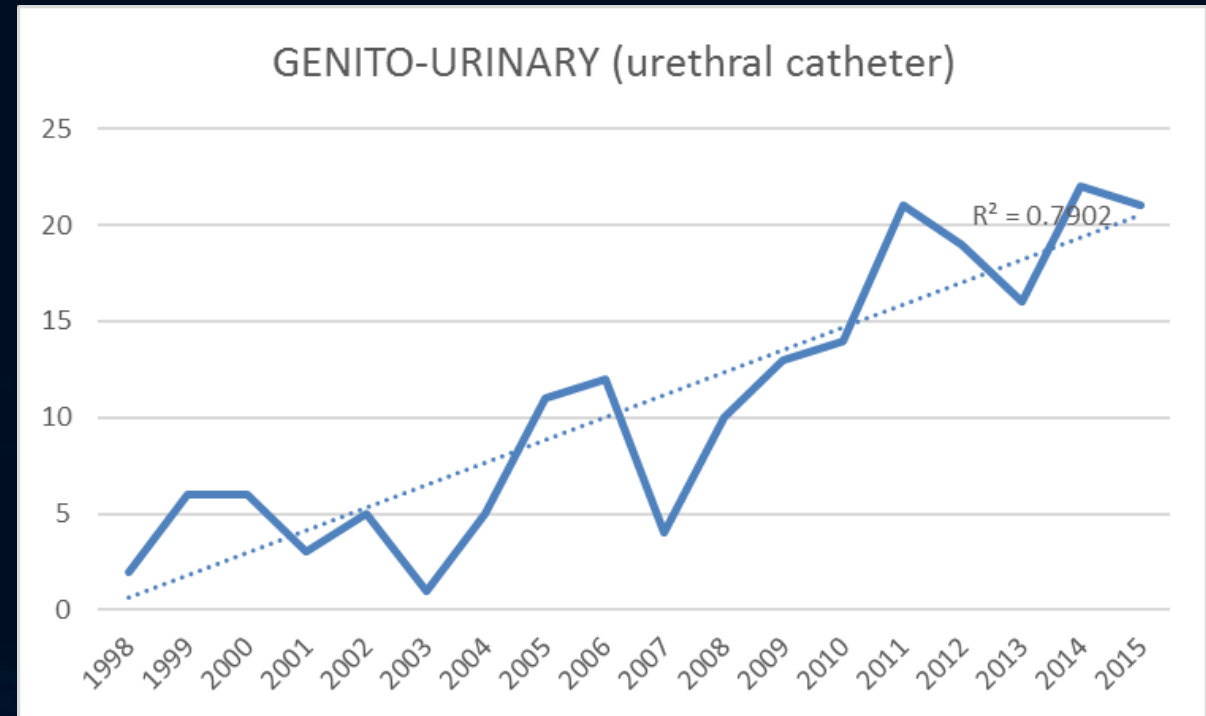
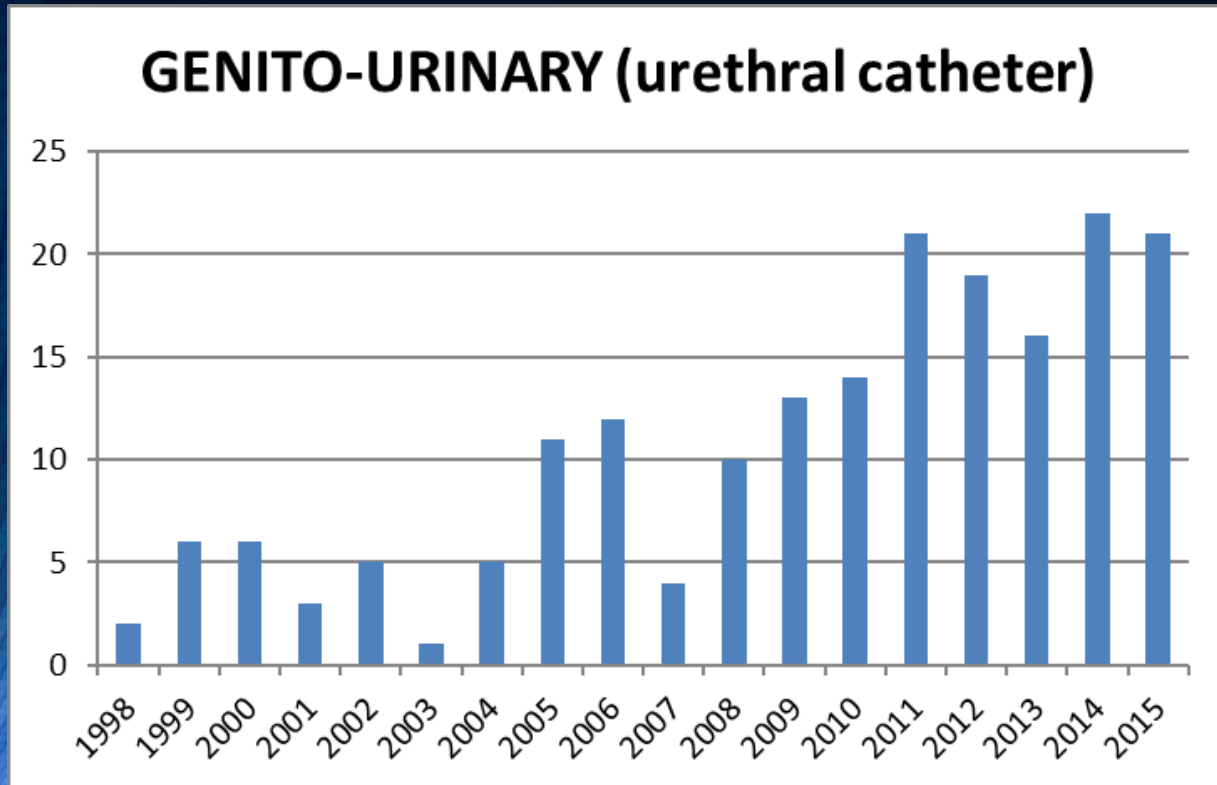
All urinary tract BSI's and E.coli - compared to Occupied Bed Days



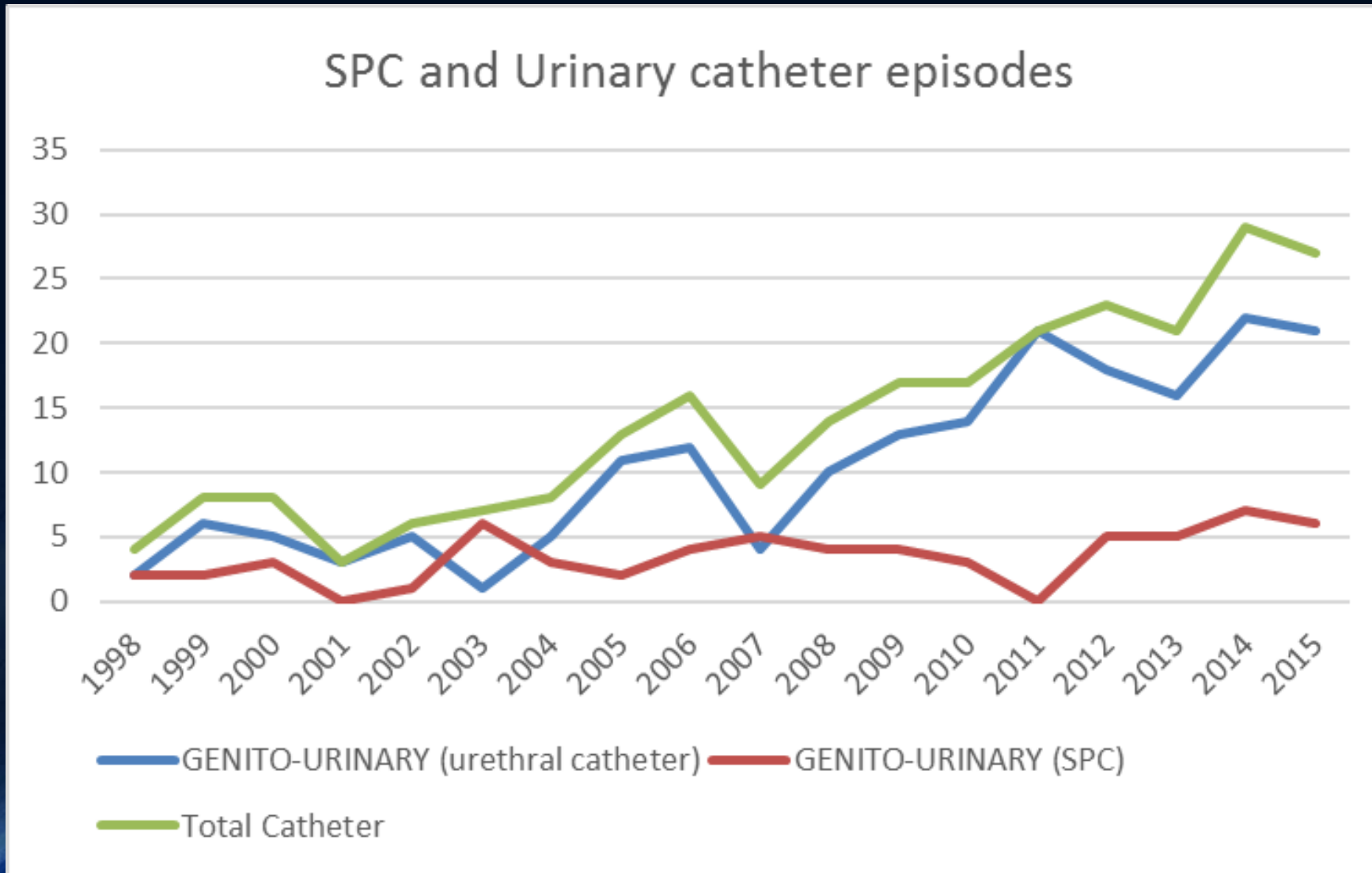
E.coli with time as proportion of all episodes



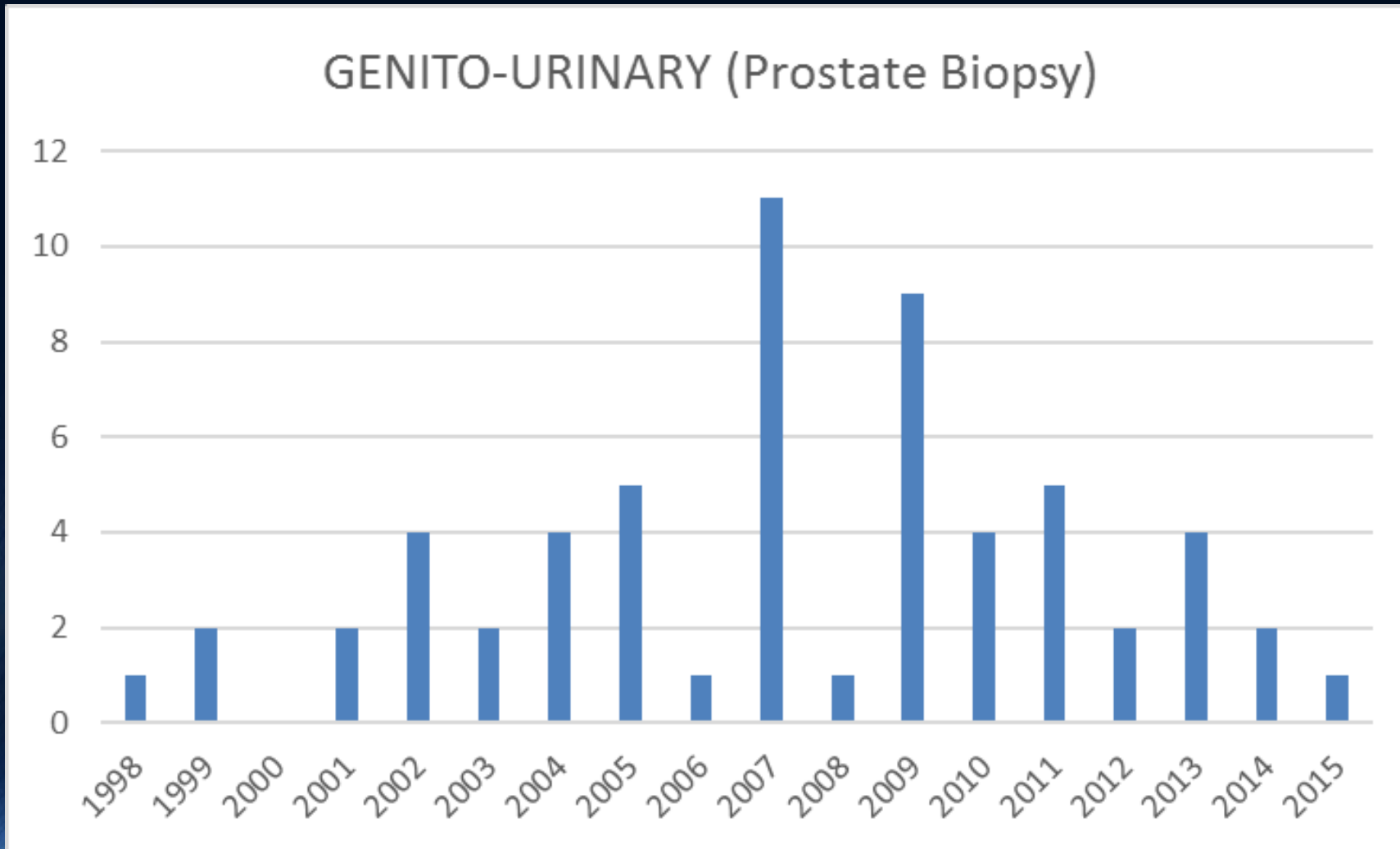
BSI's from urethral catheters



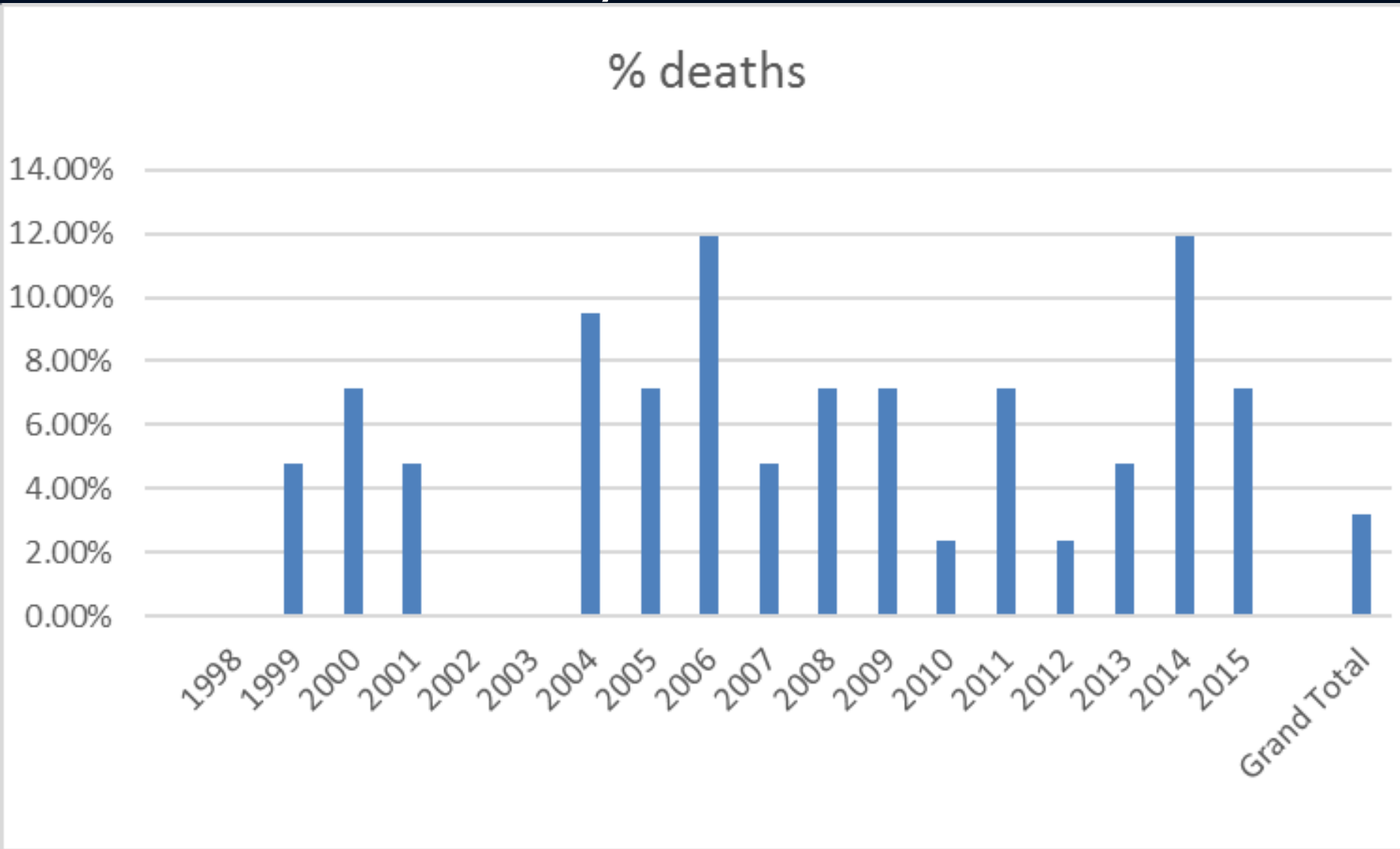
SPC and Urethral catheter BSI episodes



Prostate Biopsy as source for BSI

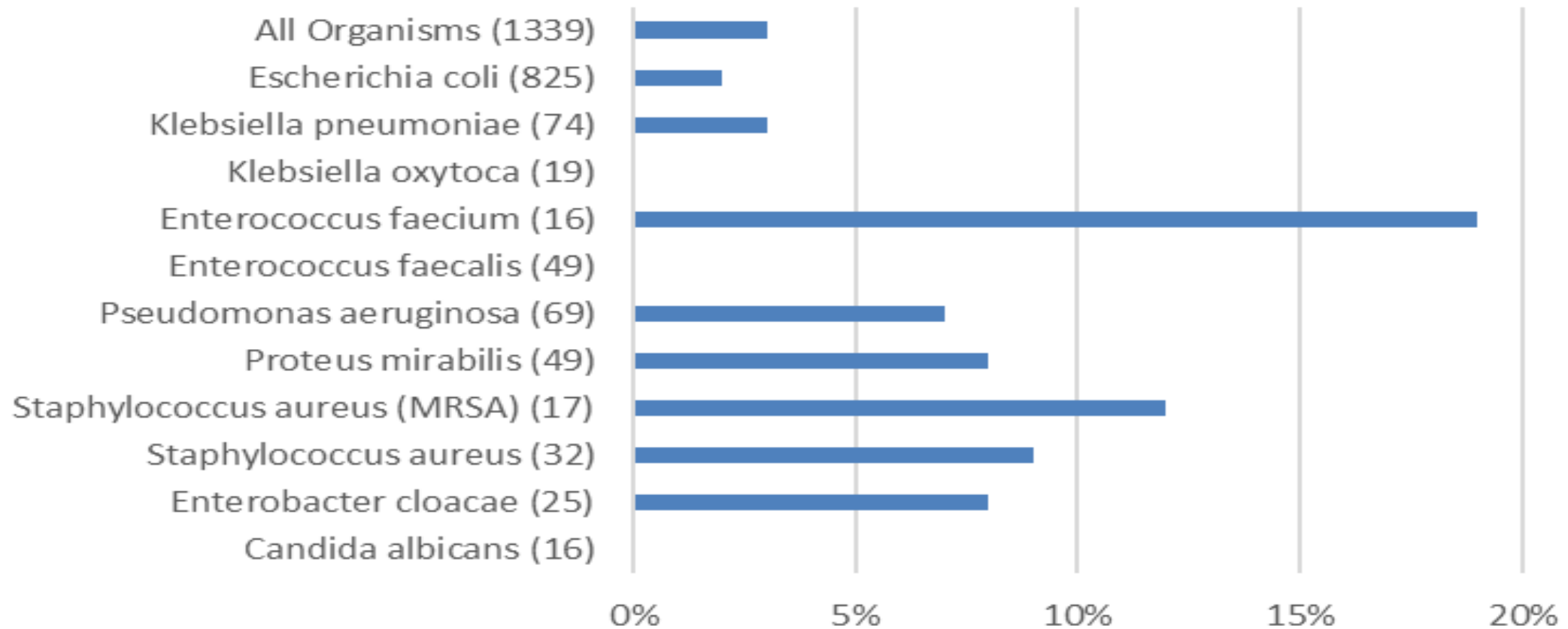


Deaths; 3% at day7



Death rates; different micro-organisms. Overall 3% at day 7

Death rates; Where organism episodes >15



Conclusions

- Healthcare associated Urinary tract Infections are very common
- Serious infections are common
- Urinary catheters major cause of BSI
- Most are in the community
- Males now more common than females.
- E.coli less common