

Nosocomial urinary tract infection

To the Editor

The comprehensive retrospective and prospective data on nosocomial infection at the Al-Hada, Rehab and Prince Sultan Military Hospitals pointed to approximately one-third nosocomial episodes belonging to the urinary tract.¹ That indeed is in accordance with the reported 40% contribution by urinary infections towards the nosocomial infections.² Urinary tract infections have been responsible for 47% of the nosocomial infections in a private tertiary care hospital in the Indian capital metropolis. A laboratory culture-based strategy has been operational effective October 2002 at Sant Parmanand Hospital with 140 beds. Located in the northern part of the Indian capital metropolis, the hospital caters to a population from the national capital and the adjoining townships.

Hospitalized patients with a culture positive specimen are classified into a nosocomial or community acquired infection employing a 2-3 days cut-off following their admission. Consequently, a monthly incidence of possible nosocomial infections is determined in relation to the number of hospital admissions during that period. Effective October 2002 to June 2004, there were 12,050 hospital admissions and 53 nosocomial infection episodes. The nosocomial infection rate was 0.44/100 hospital admissions. The episodes included 25 (47%) cases of urinary tract infection, 17 (32%) pulmonary infection, 7 (13%) of blood, and one each (1.9%) of cerebro-spinal fluid, eyes, vagina and central line venous tip. Among 25 urinary tract infections, bacteria encountered included *Escherichia coli*, *Pseudomonas*, *Klebsiella* and *Proteus* species.

Right now there is no supplementation of the above culture-based surveillance by any ward based

surveillance for nosocomial episodes. Nevertheless, prompt reporting of antibiotic sensitivity profile of urinary tract isolates to the clinicians has been useful to ensure an appropriate recipe of antimicrobial agents. That should ensure an effective therapeutic response in the patient. Certainly, that would very well assist in implementation of different effective and practical guidelines to address the scourge of nosocomial infection.³ The utility of any future catheters impregnated with antibiotics, or any newer materials² towards a reduction of nosocomial infection would interest several disciplines. Patients belonging to all the 7 stages of life, as described by Shakespeare, encounter nosocomial or community acquired urinary tract infections.

Subhash C. Arya
Nirmala Agarwal
Shekhar Agarwal
Sant Parmanand Hospital
18 Alipore Road
Delhi- 110054
India

Reply from the Author

No reply received from the author

References

1. Al-Asmary SM, Al-Helali NS, Abdel-Fatah MM, Al-Jabbar TM, Al-Bamri AM. Nosocomial urinary tract infection: risk factors, rate and trends. *Saudi Med J* 2004; 25: 895-900.
2. Kalsi J, Arya M, Wilson P, Mundy A. Hospital-acquired urinary tract infection. *Int J Clin Pract* 2003; 57: 388-391.
3. World Health Organization. Prevention of hospital-acquired infection: a practical guide. WHO/CDS/CSR/EPH/2002.12. Geneva: WHO; 2002.