



Bolničke infekcije u Univerzitetskom kliničkom centru Niš u periodu 2012–2022

Healthcare-Associated Infections in the University Clinical Center Niš in the Period from 2012 to 2022

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Apstrakt

Uvod: Bolnička infekcija (infekcija povezana sa zdravstvenom zaštitom) je infekcija koja je nastala kod pacijenta ili osoblja u bolnici, u nekoj drugoj zdravstvenoj ili socijalnoj ustanovi i to prilikom pružanja zdravstvene zaštite i postala evidentna trećeg dana hospitalizacije ili su se simptomi javili na prijemu, a od prethodnog otpusta iz bolnice nije prošlo više od 48 h, odnosno, ako se utvrdi je infekcija povezana sa hiruškom intervencijom i ispolji se nakon 30 dana od intervencije ako nije ugrađen implantat, odnosno 90 dana ako je ugrađen implantant.

Cilj: Sagledati učestalost nastanka svih bolničkih infekcija (po lokalizaciji, uzročniku i rezistenciji) po klinikama u UKC Niš, sa posebnim osvrtom na Dečju internu kliniku, u periodu od 2012. do 2021. godine.

Materijal i metoda rada: Primenjen je deskriptivni metod rada. Kao izvor podataka korišćene su prijave bolničkih infekcija i godišnji izveštaji IZJZ Niš, kao i protokoli Centra za mikrobiologiju Instituta za javno zdravlje Niš.

Rezultati: U periodu od 2012. do 2021. godine prijavljeno je 1967 bolničkih infekcija. Najveći broj bolničkih infekcija prijavile su hiruške klinike, dok je manji broj prijava bio sa internističkih klinika. Za posmatrani period Dečja interna klinika je prijavila 126 bolničkih infekcija (6,4% od ukupnog broja svih prijavljenih bolničkih infekcija). Uzročnici bolničkih infekcija se nisu bitno menjali, osim što su postajali sve rezistentniji, tako da su najčešći MRSA, ESBL sojevi klebsielle, e.coli, kao i acinetobacter.

Zaključak: Sa godinama broj bolničkih infekcija raste. Na internističkim klinikama MRSA, ESBL, e. coli i klebsielle, kao i acinetobakter sojevi su najčešći uzročnici bolničkih infekcija. Kao posledica toga produžuje se broj dana hospitalizacije, a samim tim i mogućnost za održanje i širenje bolničkih infekcija. Sve je manji spektar lekova za terapiju, zbog sve veće rezistencije uzročnika.

Abstract

Introduction: Healthcare-associated infection is an infection that occurred in a patient or staff in a hospital, in some other health or social institution during the provision of health care and became evident on the third day of hospitalization or symptoms appeared on admission, and no more than 48 hours have passed since the previous discharge from the hospital, i.e. if the infection is determined to be related to the surgical intervention and manifests itself after 30 days of the intervention if no implant was installed, i.e. 90 days if the implant was installed.

Aims: To look at the frequency of occurrence of all hospital infections (by localization, causative agent, and resistance) by clinics in the University Clinical Center Niš, with a special focus on the Children's Internal Medicine Clinic, in the period from 2012 to 2021.

Material and method of work: A descriptive method of work was applied. Reports of hospital infections and annual reports of the Public Health Institute in Niš, as well as protocols of the Center for Microbiology of the Public Health Institute in Niš were used as a data source.

Results: In the period from 2012 to 2021, 1967 healthcare-associated infections were reported. The largest number of these infections were reported by surgical clinics, while a smaller number of reports were from internal medicine clinics. For the observed period, the Children's Internal Medicine Clinic reported 126 infections (6.4% of the total number of all reported infections). The causative agents of healthcare-associated infections have not changed significantly, except that they have become more and more resistant, so the most common are MRSA, ESBL strains, Klebsiella, Escherichia Coli, as well as Acinetobacter.

Conclusion: Over the years, the number of these infections increases. In internal medicine clinics, MRSA, ESBL, Escherichia Coli, and Klebsiella, as well as Acinetobacter strains are the most common causes of hospital infections. As a result, the number of days of hospitalization is extended, and thus the possibility for the maintenance and spread of hospital infections. The spectrum of drugs for therapy is decreasing, due to the increasing resistance of the causative agent.

