



Enquêtes de cohorte et Infections Nosocomiales

Dr Olivia Keita- Perse
Centre Hospitalier Princesse Grace
Monaco

Place des enquêtes de cohorte dans la littérature dédiée aux Infections nosocomiales

- ⇒ 3 journaux majeurs
- ⇒ 2 derniers mois
- ⇒ Grande proportion des études de cohorte
 - Surveillance
 - Facteurs de risque

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Pathogens in Early-Onset and Late-Onset Intensive Care Unit–Acquired Pneumonia

K. M. C. Verhamme, MD, PhD; W. De Coster, BSc; L. De Roo, HN;
H. De Boerhouwer, MD; G. Nolleet, MD; J. Verbeke, MD; I. Dommeyn, MD; P. Janssens, MD

- ⇒ Objectif de l'étude: comparer les pathogènes isolés lors de pneumopathies nosocomiales selon leur survenue précoce ou tardive
- ⇒ Design: Etude de cohorte prospective
- ⇒ Méthode:
 - patients admis en Unité de soins intensifs dans un hôpital de 700 lits
 - 4 groupes: Pneumopathie précoce: ≤ 7 j traitée/pas traitée, Tardive: > 7 j traitée/pas traitée
 - Régression logistique

La cohorte (prospective)

- ⇒ Système de surveillance HELICS* depuis 2000
- ⇒ Surveillance des infections en USI (24 lits, 2000 patients/an): chaque patient hospitalisé inclus,
- ⇒ Données
 - Administratives
 - Score de gravité, co-morbidités, matériel invasif
 - Infections: bactériémies et pneumopathies (données cliniques, RX et microbiologiques)
- ⇒ Patients inclus du 1er Janvier 1997 au 31 Décembre 2002

Les cas (analyse rétrospective)

- ⇒ Définition précise
- ⇒ Inclusion des patients avec culture positive d'aspiration trachéale ou bronchique (non ventilés: LBA)
- ⇒ 4 groupes de pneumopathies
- ⇒ Autres données: retour sur les dossiers ou sur les registres de prescription informatisée de la pharmacie

Résultats

- ⇒ 4200 patients en USI (>48h)
- ⇒ 498 pneumonies (12%), 298 pneumonies acquises en USI, 90% de VAP
- ⇒ Pneumopathies du groupe 1 (< 7 jours, pas d'ABQ préalables)
 - *P. aeruginosa*: 11%
 - *Enterobacter* sp: 10%
 - *S. marcescens*: 15%

Résultats

TABLE 2. Microorganisms Isolated During 330 Episodes of Intensive Care Unit (ICU)-Acquired Pneumonia, According to Time of Pneumonia Onset and History of Systemic Antibiotic Therapy

Microorganism	No. (%) of episodes, by time of onset and history of therapy			
	Onset <7 days after ICU admission		Onset ≥7 days after ICU admission	
	No antibiotic therapy (n = 141)	Antibiotic therapy (n = 53)	No antibiotic therapy (n = 43)	Antibiotic therapy (n = 93)
<i>Acinetobacter</i> species	0	2 (4)	0	1 (1)
<i>Alcaligenes</i> species	0	0	0	1 (1)
<i>Aspergillus fumigatus</i>	0	1 (2)	0	4 (4)
<i>Burkholderia</i> species	0	1 (2)	0	0
<i>Candida albicans</i>	1 (0.5)	4 (8)	0	1 (1)
<i>Citrobacter</i> species	4 (3)	0	0	2 (2)
<i>Comamonas acidovorans</i>	0	0	0	1 (1)
<i>Enterobacter</i> species	14 (10)	8 (15)	3 (7)	17 (18)
<i>Escherichia coli</i>	22 (16)	2 (4)	8 (19)	19 (20)
<i>Haemophilus influenzae</i>	35 (25)	4 (8)	12 (28)	1 (1)
<i>Klebsiella pneumoniae</i>	19 (13)	2 (4)	6 (14)	13 (14)
<i>Morganella morganii</i>	5 (4)	3 (6)	2 (5)	3 (3)
<i>Moraxella</i> and <i>Neisseria</i> species	4 (3)	1 (2)	1 (2)	2 (2)
<i>Proteus</i> species	19 (13)	4 (8)	6 (14)	4 (4)
<i>Pseudomonas aeruginosa</i>	16 (11)	10 (19)	10 (23)	18 (19)
<i>Serratia marcescens</i>	21 (15)	15 (28)	1 (2)	11 (12)
<i>Stenotrophomonas maltophilia</i>	0	1 (2)	0	1 (1)
<i>Streptococcus pneumoniae</i>	9 (6)	3 (6)	3 (7)	4 (4)
MSSA	22 (16)	5 (9)	9 (21)	15 (16)
MRSA	2 (1)	3 (6)	0	2 (2)
ESBL-producing pathogens				
<i>Enterobacter</i> species	2 (1)	0	0	1 (1)
<i>K. pneumoniae</i>	0	0	0	2 (2)

NOTE. ESBL, extended-spectrum β -lactamase; MRSA, methicillin-resistant *Staphylococcus aureus*; MSSA, methicillin-susceptible *S. aureus*.

Résultats (2)

- ⇒ 2^{ème} analyse en tenant compte de la durée d'hospitalisation: mêmes résultats
- ⇒ Mortalité: 32% (35% pour les pneumonies avec *P. aeruginosa*, *Serratia*, *Enterobacter*, MRSA vs 28% pour les autres)
- ⇒ Après analyse multivariée, les FdR pour retrouver *P. aeruginosa* ou bactéries BLSE: âge, ABQ préalables (C3G, Aminosides, Imipenem)

Résultats/conclusion

- ⇒ Agents pathogènes multi résistants isolés y compris chez des patients faisant des pneumopathies précoces
- ⇒ Pose le problème de l'inadéquation avec les ABQ probabilistes de première intention chez ces patients (Amox clav ou C2G)
- ⇒ **Consensus thérapeutiques locaux doivent être basés à la fois sur les recommandations internationales mais aussi sur les données locales de surveillance**

**Surgical site infection surveillance
for neurosurgical procedures:
A comparison of passive surveillance
by surgeons to active surveillance
by infection control professionals**

Diane Heipel, RN, BSN, CIC,^a Janis F. Ober, RN, BSN, CIC,^a Michael B. Edmond, MD, MPH, MPA,^{a,b}
and Gonzalo M. L. Bearman, MD, MPH^{a,b}
Richmond, Virginia



- ⇒ Objectif de l'étude: comparer la performance des neurochirurgiens dans la détection d'ISO à celle des épidémiologistes/hygiénistes dans le cadre d'une surveillance active
- ⇒ Contexte: perception par les neurochirurgiens d'une ↑ des taux d'ISO
- ⇒ Design: Données de surveillance active vs Etude longitudinale ad'hoc
 - Surveillance active (CDC)
 - Liste des ISO identifiées par les chirurgiens

Résultats

Table 1. Surgical site infections identified in neurosurgical patients stratified by procedure and surveyor

Procedure	Number performed	Number of infections identified	
		Neurosurgeons	ICP
Craniotomy	221	1	3
Spinal fusion	230	4	4
Laminectomy	237	4	8
Ventricular shunt	78	2	2
Total	766	11	17


- ⇒ 1483 interventions sur la période concernée (2004)
- ⇒ 35% des infections non identifiées par les neurochirurgiens
- ⇒ Craniotomies: 3 cas identifiés par les chirurgiens ne répondaient pas aux définitions
 - 1 infection chronique récurrente non liée à la chirurgie
 - Suspicion d'abcès (hématome)
 - ISO mais survenue 30 j après l'intervention sans implant

Résultats

Détection des ISO par les chirurgiens:

- ⇒ Sensibilité 64%
- ⇒ Spécificité 99.6%
- ⇒ VPP 78.6%
- ⇒ VPN 99.2%

Conclusion sur la méthodologie

Avantages	Désavantages
<ul style="list-style-type: none">⇒ Mesure directe du taux d'attaque ou du (des) facteurs de risque⇒ Expositions rares (professionnelles)⇒ Histoire naturelle peut être explorée avec possibilité d'étudier plusieurs outcomes⇒  biais (confusion) si la définition n'est pas précise ou la sélection des groupes à comparer (mais moins qu'enquêtes cas-témoins)	<ul style="list-style-type: none">⇒ Logistique, coût⇒ Attention si expositions multiples

Conclusion: un peu de prosélytisme !

Conditions absolues de réussite d'une enquête de cohorte (et d'une surveillance) :

- ⇒ Surveillance suffisamment « légère »
- ⇒ Exhaustivité des données
- ⇒ Equipes motivées et connaissant chacune le travail de l'autre