**DEFINITION**

Healthcare-associated infection (HAI) is an infection occurring in a patient during the process of care in a hospital or other healthcare facility which was not present or incubating at the time of admission.

**AFFECTED ADULTS IN EUROPE**

4.1 Millions every year

On any given day 1 in 18 patients in EU hospitals get at least one healthcare associated infection.

**most common infections**

- **ICU** (intensive care units) → **SSI** (surgical site infections)
  - **PNEUMONIA** 157,014 patients in EU/EEA each year;
  - **BLOODSTREAM** infections 90,090 patients in EU/EEA each year;
  - **URINARY TRACT** infections 82,368 patients in EU/EEA each year.

In 2016, over 10,000 SSIs were reported in the EU from a total of 630,551 surgical procedures.

**THE VALUE OF SCREENING AND EARLY DIAGNOSIS**

According to the ECDC, at least 20% of HAIs are preventable by sustained and multifaceted infection prevention and control programmes.

- **ACTIVE SURVEILLANCE** involves prospective steps to identify patients who have or may develop HAIs, using standardized definitions of infection, pre-determined criteria and protocols that result in risk-adjusted HAI incidence rates.
- **ACTIVE SCREENING** of ‘at-risk’ patients upon admission to a hospital is an effective method to detect whether patients are carrying highly resistant bacteria. This is crucial for preventing infections spread.
- **STEWARDSHIP PROGRAMME** can contribute to reducing healthcare-associated infections by 71% and the overall expenditure by 80%.

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**BURDEN**

- **HAs** account for twice the burden of 31 other infectious diseases.
- **EACH DAY, HAI RESULTS IN:**
  - prolonged hospital stays
  - long-term disability
  - increased use of antibiotics and therefore a higher risk of antimicrobial resistance
  - high costs for patients and their family, and unnecessary deaths
  - massive additional costs for health systems

**ICU AQUIRED INFECTIONS**

thereby constitute a substantial burden in intensive care units in the EU/EEA with large public health and economic consequences. The total burden in ICUs in the EU/EEA countries is estimated at around:

**3.43 Million**

extra days of ICU stay per year.

**POLICY RECOMMENDATIONS**

- Encourage the implementation of **ACTIVE SCREENING PROGRAMMES** through rapid diagnostic technologies.
- Enable the **UPTAKE OF TECHNOLOGICAL SOLUTIONS** that prevent and control infections in hospital and healthcare facilities (e.g. Antiseptic sutures and implants, wound care solutions, air and environment control, diagnostics etc.).
- Encourage and support Member States to put in place and monitor **NATIONAL TARGETS** for the surveillance and reduction of AMR/HAIs.
- Advance the implementation of antibiotic **STEWARDSHIP TEAMS** in hospital and healthcare facilities.
- Facilitate **MUTUAL LEARNING** and make data more comparable through a common terminology for surveillance indicators.

**SOURCES:** ECDC, EC, WHO