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Chronic dialysis therapy yields a significant infectious burden: A call for national surveillance

Naseema Banu Sheik

International Hospital Group, South Africa

Patients receiving chronic dialysis therapy are vulnerable to infection with resistant micro-organisms. This is an emerging problem internationally with some countries legislating or advocating for implementation of mandatory reporting. This countrywide study was conducted to determine the prevalence and antibiotic resistance profiles of infections and their associated morbidity and mortality in National Renal Care dialysis units. The profile of gram-positive, gram-negative bacterial pathogens and fungal pathogens was described and their antimicrobial susceptibility patterns were evaluated. Morbidity was measured by the number of patients that required admission for the infection and their duration of hospital stay. Mortality was considered related to the infection if death occurred within 30 days of the diagnosis of the infection. For PD the infection rate was 31.3 per 100 dialysis patient years (95% CI 24.2-39.8). This was significantly higher ($p < 0.0001$) than the infection rate for HD which was 7.2 per 100 dialysis patient years (95% CI 6.2-8.3). The bloodstream infection rate (BSI) for HD was 2.1 per 100 dialysis patient years (95% CI: 1.6-2.8) and the peritoneal site infection rate (PSI) was 19.4 per 100 dialysis patient years (95% CI 14.0-26.4). With the increasing infections that patients with the end-stage renal disease are posed to a rigorous Infection Prevention and Control, the programme was implemented. Hand Hygiene was a primary focus area and we implemented measures for staff to be assessed on monthly hand hygiene practices and a daily surveillance of BBE was carried out. Other measures in the PD modality was rigorous health education for all PD patients regarding signs and symptoms of infections.

Naseema.Sheik@nrc.co.za