

WRITTEN QUESTION E-7093/08
by Iles Braghetto (PPE-DE)
to the Commission

Subject: Healthcare-associated infections

HCAI (which were previously known as nosocomial or hospital-acquired infections, but are now called healthcare-associated infections to highlight their impact on the whole range of care services provided by the various healthcare delivery systems) are a global problem which is causing considerable concern. At European level, HCAs affect between 5 and 15% of hospitalised patients, with a mortality rate of around 4%. In intensive care units, HCAI infection rates can reach 30%, with a mortality rate of around 40%. It is estimated that, in Europe, HCAs cause a total of over 50,000 deaths per year and cost more than €6 billion, and consequently these infections are a major public health problem. HCAI prevention is a complex problem which requires a many-stranded approach combining a range of measures which must be coordinated to achieve optimum results, including for example: raising awareness and providing information about the nature and scale of the problem, ensuring correct implementation of infection-control procedures (such as hand washing, functional isolation, etc), screening patients for multi-resistant micro-organisms to ensure adequate containment measures are taken, and the prudent and rational use of antibiotics (antibiotic stewardship policies).

Does the Commission agree that it should promote the application of national and European HCAI monitoring systems operating on a uniform basis so as to make it possible to obtain comparable data on the situation in all the various countries? Such systems should be sustainable and should provide data relating not only to hospital treatment of acute cases but also to long-term or convalescent care structures.

Does the Commission agree that it should promote, at European level, appropriate HCAI-control strategies including the various measures whose efficacy is attested by scientific evidence ('clean care' procedures, 'search and isolate' active monitoring systems, screening tests on admission and antibiotic stewardship policies), which should be implemented with due regard to local circumstances in the individual Member States?

Finally, does the Commission believe it has at its disposal sufficiently well-defined quality indicators for HCAI-control policies to enable the structures concerned to be benchmarked?