

**Question for written answer P-009678/2011
to the Commission
Rule 117
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Subject: EU's ability to prevent and respond to hospital-acquired infections

Hospital-acquired infections are a major public-health problem and generate considerable economic and human cost.

According to the World Health Organisation, hospital-acquired infections affect more than four million patients and give rise to additional hospital stays totalling 16 million days in the EU every year. What is more, the annual cost to the EU of hospital-acquired infections is estimated at around EUR 7 billion.

Over the last 10 years and more, the Commission and the ECDC (the European Centre for Disease Prevention and Control) have been behind numerous initiatives, such as HAI-Net (Healthcare-Associated Infections Surveillance Network) and EARS-Net (European Antimicrobial Resistance Surveillance Network).

Through their efforts, these networks have made it possible to circulate standardised protocols throughout the EU, collect data and common performance indicators concerning the fight against hospital-acquired and care-associated infections, keep patients and healthcare workers in the EU informed about hygiene matters and the issues linked to sensible and reasonable antibiotic consumption, and, lastly, create national and regional surveillance systems (such as 'Raisin', the hospital-acquired infection early warning, investigation and surveillance network, in France).

Although projects implemented by the ECDC, Member States, healthcare professionals and the Commission have led to the development of ambitious national prevention and surveillance policies, the EU is still having to deal with the emergence of new hospital-acquired infections that are resistant to antimicrobial drugs (AMDRs) .

For example, many studies financed by the Commission's DE for Research have identified new and particularly worrying AMDRs, such as *staphylococcus aureus* resistant to vancomycin and meticillin, and *E. coli* resistant to quinolones.

In view of this grave threat to the health of EU citizens, what scope does the Commission see for developing new prevention methods?

What guidelines and initiatives is it thinking of proposing in this field in the future?