

NOSOCOMIAL INFECTIONS IN A THIRD LEVEL HOSPITAL'S PAEDIATRIC SERVICE IN MEXICO CITY

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Introduction. During hospitalization the patients are at risk to have nosocomial infections (NI): the illness that caused the hospitalization could immunocompromise the host, interrelation with health care personnel, invasive methods that alter normal defense barriers, prolonged stay in the hospital. **Objective.** To know the incidence and epidemiologic characteristics of NI. **Material and methods.** It was a 20 months observational, transverse and prospective study. We identified paediatric patients with NI diagnosis settled in the computerized cardex and then registered in the specific NI National epidemiologic sheet. **Results.** The average monthly egresses was of 189; the NI incidence 9/ 100 egresses. The main service with NI was the Neonatal intensive care unit (NICU) with an average of 53/ 100 egresses. Other services had 16.3/ 100 egresses: Paediatric intensive care 27.6 and non intensive care services 5.1/ 100 egresses. The more frequent diagnosis were sepsis (40%), pneumonia (20%) and urinary infection (UI) (10%). Microbiologic predominantly flora was Stahpylococci (>35%), Enterobacter and Klebsiella and then Candida species. **Discussion.** Differences between adults and paediatric patients with NI are seen, especially in site of infection and risk factors. We saw UI, surgical site and pneumonia in the first ones and sepsis, pneumonia and UI in the second ones. In our experience prolonged stay was one of the major risk factors especially in the NICU. Incidence density for this one was 2.9/ 100 hospitalization days vs 3.0/ 100 in other services. **Key words.** NI, infection sites, microorganisms.

