

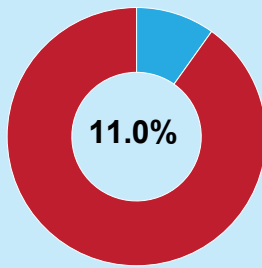
# Epidemiology of healthcare associated BSI in Scottish acute care hospitals

## Prevalence

Prevalence of HA-BSI (n=60)

**0.5%** in acute adult inpatients

↓  
HA-BSI accounted for



of all HAI

## Patients with HA-BSI



**46.7%** female



**53.3%** male

Median age: **62.5** years

**49.2%** had life limiting or end of life prognosis

### Specialty

Specialty	%
Medicine	56.7%
Surgery	28.3%
Geriatric Medicine	8.3%
Intensive Care	6.7%

## Characteristics of BSI



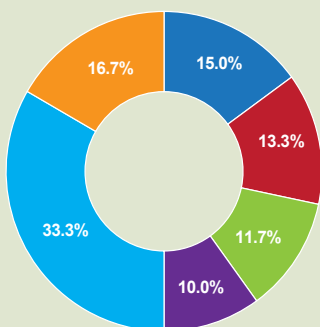
**13.3%** of HA-BSI were present on admission to hospital



### Causative Microorganism

Causative Microorganism	%
<i>S. aureus</i>	22.6%
<i>E. coli</i>	17.7%
<i>E. faecium</i>	8.1%
<i>S. epidermidis</i>	6.5%
<i>E. faecalis</i>	6.5%
Other	38.7%

### Sources of BSI



Central vascular catheter	15.0%
Digestive tract infection	10.0%
Unknown origin	13.3%
Other infection (e.g. meningitis, osteomyelitis, etc.)	33.3%
Urinary tract infection	11.7%
Not recorded	16.7%

## Antimicrobial prescribing



**1.2%** prescribed for treatment for all HA-BSI\*



Most commonly prescribed for treatment of HA-BSI

Flucloxacillin

Vancomycin

Temocillin

## Vascular catheterisation



**3 in 4** patients with HA-BSI had a CVC or PVC in situ prior to onset

**39.3%** of all patients in acute hospitals had a CVC or PVC in situ at the time of survey

\* Data relating to antimicrobial prescribing was based on clinical diagnosis of infection for the purpose of treating the patient. The other data relates to healthcare associated infection that met an epidemiological case definition.