

INFECTIOUS DISEASES (BACTERIAL, FUNGAL, VIRAL, PARASITIC, INFESTATIONS)

PREVALENCE AND RISK FACTORS OF NOSOCOMIAL INFECTIONS IN DERMATOLOGY PATIENTS

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Introduction: Nosocomial infections (NI) are a serious problem in healthcare today. Data on their prevalence in dermatology wards is very limited.

Objective: The aim of this study was to identify NI's risk factors in dermatology patients.

Materials and methods: We conducted a prospective, descriptive and analytical study, in one dermatological ward between January 2015 and December 2017. Patients with an infection present or in incubation at the time of admission were excluded from the study. Charlson comorbidity index (CCI) was obtained for all patients.

Results: Over the 24-month study period, 588 patients were investigated. Among these patients (344 females and 244 males, with a median age of 52±22.7), 24 (4%) were diagnosed with NI. The most frequent primary reasons for hospitalization were psoriasis (11.6%), surgery for carcinoma (10.5%) leishmaniasis (8.1%), and pemphigus (7.1%). Median CCI was 2 [0-13]. Cutaneous infections were the most frequent NI (35.7%), followed by urinary tract infection (14.3%), septicemia (14.3%) and bronchopulmonary infections (7.1%). The most frequently isolated pathogenic microorganisms were *Staphylococcus aureus* (35.7%) and *Escherichia coli* (14.3%). By univariate analysis, a higher risk of NI was related to blistering diseases (OR 18.2, CI95 5.7-58), systemic corticosteroids treatment (OR 5.5, CI95 1.8-16), topical corticosteroids (OR 5.8, CI95 1.9-18), and venous catheterization (OR 4.5, CI95 1.1-17.7). At multivariate analysis, risk factors independently associated to NI were: blistering diseases and topical corticosteroids. Length of stay and CCI>1 were not identified as NI risk factors.

Conclusions: The incidence of NI in dermatology patients is low. Hospital infection control programs require a better understanding of NI risk factors. Our study suggests specific NI risk factors in dermatology wards including blistering diseases, and the use of topical corticosteroids. Classic indicators (like CCI) may not be suitable NI predicting factor in dermatology.