Importance of standardisation of HAI definitions in interpretation of international and/or multinational prevalence studies

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To the editor:

A recent publication by Eilers et al. reported the Dutch experience of the prevalence and determinants associated with healthcare-associated infections (HAI) in long-term care facilities [1]. Ireland also participated in the European Centre for Disease Control coordinated healthcare-associated infections in long-term care facilities (HALT) point prevalence study in 2010. Eilers et al. reported that the prevalence of HAI in Irish long-term care facilities was 11.3%; however, this figure represents the proportion of residents that had either signs or symptoms of infection and/or were on antibiotics. The prevalence of infection in our study was 3.7% (using adapted McGeer definitions) or 2.4% (when strictly applying the McGeer definitions) [1–3].

Eilers et al. defined infection as having a 'suspicion of infection', i.e. having at least one symptom or sign on the HALT score list. In our study 266 (6.4%) residents had signs or symptoms of infection and it is this figure that is perhaps more comparable than the 11.3% quoted.

The HALT study has provided, for the first time, many European countries (including Ireland) with baseline data on HAI prevalence and antimicrobial use in long-term care facilities. As long-term care facilities

represent a heterogeneous group of healthcare facilities, with care ranging from social to medical, inter-facility comparisons without adjustment for case mix can be difficult. In Ireland, we have used the HALT results to draft national guidelines for antimicrobial prescribing in long-term care [4] and to inform preventative programmes at a local level. However, surveillance definitions for HAI in this setting are not yet standardised leading to difficulties when comparing international and/or multinational studies. The proposed HALT-2 study in 2013 may be an opportunity to address this deficit.

References

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