Letter to the editor: Is a reduced duration of post-discharge surgical site infection surveillance really in our best interests?

B M Davies (benjamin.davies4@nhs.net)¹, H C Patel¹

1. Department of Neurosurgery, Greater Manchester Neuroscience Centre, Salford Royal Foundation Trust (SRFT), Salford, United Kingdom

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To the editor:

In a recent issue of *Eurosurveillance*, a well-considered study by Koek et al., among other objectives, investigated the impact of reducing the post-discharge surveillance duration on surgical site infection (SSI) incidence [1]. The premise for this was the redefinition in the United States (US) of surveillance for surgeries involving implants, to 90 days, compared with the previously accepted one-year end point. The authors indicate that a similar change is expected in Europe and go on to support this redefinition in their conclusion, despite a potential 14% of SSIs being overlooked.

Our experience at a single neurosurgical centre would be similar. Of the 1,778 procedures including an implant between October 2011 and February 2014, 61 SSIs were identified after one-year follow-up. If follow-up were restricted to 90 days, this number would be reduced by 15%. Equally, the likelihood of developing an SSI significantly drops after this point. Other studies have identified comparable patterns [2].

So, clearly, redefining the end point will reduce the incidence of SSI. In the US, where financial penalties exist for the development of SSI, some will welcome a reduction in its 'reported' incidence. Koek et al. suggest that by shortening the duration of surveillance, there would be greater consistency among centres, allowing for more accurate and real-time inter-centre comparison. Such comparison has allowed individual centres to successfully recognise and respond to relatively high infection rates [3].

However, if our goal is to advance our knowledge and eliminate the problem entirely, is an artificial reduction in SSI incidence in our best interests? SSI is a relatively uncommon problem with a multifactorial aetiology. Research into combative strategies are challenged by the low event rate, demanding and often failing to attain the large sample numbers required to identify individual advances [4,5]. If the goal posts are magically changed to overlook a large number of SSI, are we

not further handicapping our efforts to eliminate this significant problem?

Conflict of interest

None declared.

Authors' contributions

Both authors contributed to the writing of this letter.

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