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, interfacility 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