Abstracts 517

TITLE: Nosocomial Sepsis in HIV-Infected Patients

AUTHORS: Petrosillo, N; Porcasi, R; Pan, A; Viale, P; Ippolito, G, GHIO
(IRCCS Spallanzani, Rome, Italy)

BACKGROUND/OBJECTIVES: HIV-infected patients are particularly at risk for opportunistic and bacterial infections, especially bloodstream infections associated with indwelling central venous catheters. The aim of this study is to assess the frequency of nosocomial sepsis in HIV-infected patients, and identify possible associated risk factors.
METHODS: We conducted a prospective, multicentre study (Gruppo HIV e Infezioni Ospedaliere-GHIO) among HIV-infected patients in advanced stages of disease (B3, Cl-3 by CDC classification). Demographic data, neutrophils and CD4+count, HIV-RNA value, Severity Index for Adults with AIDS score, information on invasive procedures, chemoprophilaxis, occurrence of all stages of sepsis, and outcome, were determined and recorded. Sepsis was identified according to the American College of Chest Physicians/Society of Critical Care Medicine Consensus Conference definitions.
RESULTS: Our study began in 1998, and included 17 centres. Preliminary results of 833 admissions of 614 HIV-infected patients (445 males, 37.13 median age, range 22 to 70 years old) are shown. We found 39 (4.7%) nosocomial sepsis (NS) syndromes: 27 sepsis (3.2%), 7 severe sepsis (0.8%) and 5 septic shocks (0.6%). Moreover, 56 cases of Systemic Inflammatory Response Syndrome (6.7%) acquired during hospital stay were recorded. At least one central venous catheter was inserted during 103 stays (12.4%). Twenty of the 39 cases of NS syndrome were CVC-associated; the rate of CVC-associated infections was 7.6 X 1,000 day-device (95% C.I. 4.7-11.7). The following organisms were identified: coagulase-negative staphylococci (n=19), Staphylococcus aureus (n=9), Streptococcus pneumoniae (n=1), Enterococcus (n=1), Pseudomonas spp. (n=5), Enterobacter spp. (n=5), Escherichia coli (n=3), Candida spp. (n=16). In 6 cases, more than one organism was identified.
CONCLUSIONS: Preliminary results from our study suggest that NS occurs commonly among hospitalized HIV-infected patients in advanced stages of HIV disease, and that infection is closely associated with indwelling central venous catheter. Indeed, the NS rate is about 35% higher than that observed in previous large studies involving all hospitalized HIV-infected patients, regardless of disease stage. As the number of HIV cases continues to increase, so may the number of HIV-infected patients requiring hospitalization. Clinicians must remain aware of the risk factors for NS, while considering nosocomial infections in the overall management of HIV-infected hospitalized patients.

PRESENTER CONTACT INFORMATION

Name: N. Petrosillo
Address: IRCCS L. Spallanzani-via Portuense 292
Rome, I 00149
Telephone: (39) 065594223
Fax: (39) 065594224
E-mail: craids@excallhq.it