

Healthcare-associated infections – a threat to residents of long-term care facilities in Europe



In 2023–2024, ECDC coordinated the fourth point prevalence survey of healthcare-associated infections (HAIs) and antimicrobial use in European long-term care facilities (LTCFs). While the prevalence of HAIs in LTCFs is lower than in acute care hospitals, they are still of concern. Although some HAIs can be treated easily, others may seriously affect individual’s health.

HAIs are a problem for LTCFs



3.1%

of LTCF residents have at least one HAI associated with their LTCF.



86%

of cases are urinary tract, respiratory tract or skin infections



20%

of these cases had a positive microbiological result

Many infections detected in LTCFs are resistant to antimicrobials, and antimicrobials continue to be overprescribed

Reason for prescription (%)



Treatment



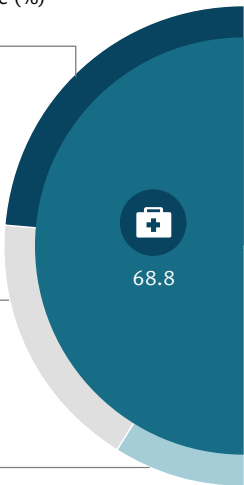
Prophylaxis

Infection type (%)

Urinary tract
41.8

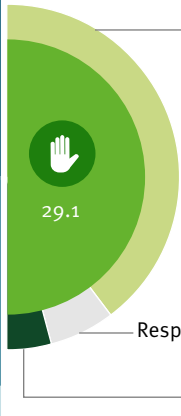
Respiratory tract
30.5

Skin
15.4



Urinary tract
68.5

Respiratory tract
10.6
Skin
7.6



4.1%

of residents received at least one antimicrobial agent



23%

of LTCF infections were resistant to antibiotics*

*Antimicrobial susceptibility testing results were available for a sample of HAIs (n=185), with 23% resistant for the first-level antimicrobials

Recommendations



enhancing antimicrobial prescribing practices by rationalising the use of antimicrobials for prophylaxis, especially for UTI.



promoting the adoption of diagnostic tests to optimise treatment.



ensuring that LTCF staff responsible for nursing care have improved and timely access to microbiological results.

LTCFs infection prevention and control & coordination

Staff in LTCFs



1 in 5

do not have a medical doctor in charge of coordination of practices and policies in the facility



1 in 5

do not have any staff with infection prevention and control (IPC) training



1 in 7

do not have access to external expert advice on IPC



3 in 5

do not have an IPC committee

Protocols and training

Written protocols in place (% of LTCFs)



Having a written protocol doesn't always mean that staff can put it into practice.

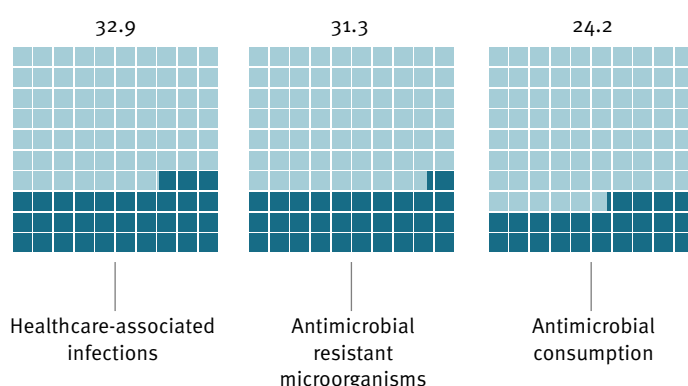
1 in 5

LTCFs have not given their nurses and paramedical staff IPC training

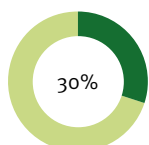


Surveillance

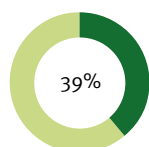
% of LTCFs with surveillance programs - by type



Hand hygiene



do not have regular monitoring and feedback on hand hygiene



did not organise hand hygiene training in the previous year



Most frequent hand hygiene method (%)



4.9
litres



median-consumption of alcohol-based solution per 1,000 resident-days (LTCFs) - lower than acute care hospitals

Recommendations



Ensuring availability of staff with IPC training



Ensuring core competencies for IPC professionals



Ensuring availability of IPC expert advice, allocating adequate resources to IPC training and promoting awareness



Prioritising alcohol-based hand disinfection, implementing quality control and surveillance systems, regular monitoring and feedback

To find out more, see full report:

Fourth point prevalence survey of healthcare-associated infections (HAIs) and antimicrobial use in European long-term care facilities (LTCFs)