CONTROL OF HOSPITAL ACQUIRED INFECTIONS IN KOSOVO

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KOSOVA

- 1.7 million inhabitants
- Mean age of 26.5 years
- No health insurance system established yet!
- Governmental expenditures per capita in healthcare **80 USD**!
- 8 hospitals: 7 general hospitals and UCCK with 2034 beds.
CHALLENGES

- Resources- no budget for IPC
- Lack of ongoing surveillance
- Low compliance with hand hygiene
- Clinical microbiology laboratory services
- Misuse of antibiotics and AMR
- Patients and families—provide care materials
- Low salaries and motivation
ORGANIZATION

• IPC is regulated by the Government and hospitals.

• IPC does not exist as a medical or nursing speciality.

• IC is mandatory subject for the students at the Medical School at University since 2007.
Legal preconditions on the control of HAIs

• Two levels:
  • (1) Executive – MoH, through Kosovo Council for Prevention and Control of Hospital Infections and
  • (2) Operative-Councils for Hospital Infections

Some of them solely on paper!
Infection control councils in hospitals

- The deputy director of the hospital is a leader of council for hospital infections.

- provides multidisciplinary collaboration and is comprised by 13 members from all medical and technical services.
Position, structure and composition of the infection control team within hospitals

• Minimum requirement: one ICN in 500 beds.
• The head of infection control team is a doctor that spends 50% of his work in IPC.
• UCCK: one infectologist and 4 ICN, other hospitals one doctor and one nurse
• ICT responsible for the implementation of infection control policies, surveillance and training.
Surveillance-systems for HAIs in Kosovo

• Hospitals are obliged to conduct mandatory prevalence studies of HAIs every three years.

• In ICU incidence studies are mandatory every year with at least 1-3 months of surveillance.

• The main HAIs under surveillance: SSI, UTI, VAP, BSI.
Prevalence of Nosocomial Infections in High-Risk Units in the University Clinical Center of Kosova

L. Raka, MD, MS; D. Zoutman, MD, FRCPC; G. Mulliqi, MD, PhD; S. K.; I. Dedushaj, MD, PhD; N. S. Ahmeti, MD, PhD; M. S.; A. Vishaq, MD; Y. Elezi, MI


Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevierhealth.com/journals/jhin

Short report

Infection control capacity building in European countries with limited resources: issues and priorities

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Infection control in Kosova

L. Raka a, b, *, D. Zoutman c, G. Mulliqi b, A. Raka b, e, M. Bajrami b, f, S. Kr...
• Prevalence 4.9%. ; UCCK-7.2%.
• SSI predominant with 35.5%
• Highest in surgical departments (46.6%).
• Median LOS before HAI 11 days (range: 3-27 ).
• 56.8% used at least one antibiotic.
• Ceftriaxone - the most prescribed 40.3%.
Incidence survey in NICU (5 months in 2018)

- Cumulative incidence rate 18.6%.
- Mortality rate 15.5%.
- Bloodstream infection (sepsis), represented 79.7% of all reported HCAIs
- The CVC-BSI 18.9 per 1000 CVC days
Education & Training of HCW

2017- training in IPC

8 hospitals: 600 HCW and

5 regional primary care centers: 300 HCW: hand hygiene and waste management
Costs in adult ICU

- Average costs for patients’ family with VAP: €647 (two average salaries in KS)
- Patients without VAP: €227.

Selimi S et al. Financial burden of ventilator associated pneumonia among patients in intensive care unit: Kosovo case study (accepted by JBSM)
National Action Plan on IPC
(Stand alone)

1. Governance
2. Education and training
3. Surveillance
4. Clinical microbiology laboratory
5. Patient Safety and Multimodal Strategy
6. Research and international cooperation

Submitted to MoH on December 2018
NAP on AMR

• Antimicrobial Stewardship
Antibiotic use in eastern Europe: a cross-national database study in coordination with the WHO Regional Office for Europe

Ann Verspouter, Ganna Bolokhovets, Lilit Ghazanyan, Vafa Abllova, Galina Pyshnik, Tijana Spasojevic, Imna Korintel, Lui Raka, Baktygul Kambalieva, Lidija Cizmovic, Angela Carp, Vesela Radonjic, Nargis Maqsudova, Hatice Demet Celik, Marina Payer-Pol, Hanne Bak Pedersen, Nina Sautenkova, Herman Goossens, on behalf of the WHO/Europe-ESAC Project Group

Summary
Background There are no reliable data on antibiotic use in non-European Union (EU) southern and eastern European countries and newly independent states. We aimed to collect valid, representative, comparable data on systemic antimicrobial use in these non-EU countries of the WHO European region.

Methods Validated 2011 total national wholesale antibiotic use data of six southern and eastern European countries

Kosova 26.3 DID.

• 20.1 (2017)
Conclusions

• Several initiatives were conducted during the last two decades to empower IPC in Kosovo.

• Focusing on infection control, Kosovo can improve patient safety and quality of healthcare in the future.
THANK YOU!