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e Centers for Disease Control and Prevention (CDC) has developed a basic de nition of HAI, reissued in 2004 [1]. HAI is de ned as developing during hospitalization, but not present at the time the patient is hospitalized and not cultured. Generally, infectious diseases that occur 48 to 72 hours or more a er admission and within 10 days a er discharge. Some hospitals use these de nitions as described. Other hospitals may use some, but not all, CDC de nitions. And other medical institutions may need to change or develop their own de nitions. Whichever de nition you use, it must be consistent within the facility and be the same as or similar to the de nition developed by the CDC or used by other researchers. e existence of standard de nitions is useful when a medical institution wants to compare monitoring results or performance measurements within its various medical / surgical disciplines with those of other medical institutions or nationally published data. Risk factors for patients with medical-related infections

Transmission of an infection in a medical facility requires three components: the source microorganism, the sensitive host, and the means by which the microorganism is transmitted to the host.

During medical care, patients may be exposed to a variety of extrinsic microorganisms (bacteria, viruses, fungi, and protozoa) from other patients, healthcare professionals, or visitors. Other reservoirs were contaminated (eg, in the environment) with the patient's endogenous bacterial ora (eg, the patient's skin, mucosa, gastrointestinal tract, or residual bacteria on the respiratory tract) that may be di cult to control. Inanimate surface or object). Touching the surface of the hospital room, device, medicine). e most common sources of HAI-causing infectious agents, described in a scienti c review of 1,022 outbreaks [2], are individual patients, medical devices or devices, hospital environments, medical sta , and contaminated. Medicines, contaminated food and contaminated patient care equipment. Host vulnerability depends on patients have di erent susceptibility to the development of infections a er contact with pathogenic organisms. Some people do not develop symptomatic diseases because they have an innate protective mechanism that resists increased growth of microorganisms and is immune to the pathogenicity of certain

4. Horan-Murphy E, Barnard B, Chenoweth C, Friedman C, Hazuka B, et al. (1999) APIC/CHICA-Canada infection control and epidemiology: professional and practice standards. Am J Infect Control 27:47-51.

5. Andrews LB, Stocking C, Krizek T, Gottlieb L, Krizek C, et al. (1997) An alternative strategy for studying adverse events in medical care. Lancet 349:309-13.