



For release November 14, 2012

Canada is in danger of losing its ability to monitor hospital-acquired infections

[Ottawa, ON] – Canada is in danger of losing its only national monitoring system for health care acquired infections. The Canadian Nosocomial Infections Surveillance Program (CNISP) is anticipating significant budget cuts next year. “This will severely limit our ability to keep abreast of new threats to Canadian hospitals, such as antibiotic resistant bacteria and new SARS-like viruses, and to ensure all Canadians get the same quality of care, no matter what province they live in,” says Dr. Virginia Roth, co-chair of the Canadian Hospital Epidemiology Committee (CHEC).

Over the past 15 years, CNISP has provided information on the impact of health care acquired infections, allowing each hospital and province to compare their performance against a national benchmark. CNISP has demonstrated that, on any given day, one in 12 adults and one in 10 children admitted to a Canadian hospital has a health care acquired infection.

These infections cause undue suffering and hardship for patients and their families and place a huge financial strain on the health care system. Furthermore, many of these infections are avoidable. By monitoring these infections and identifying emerging infectious diseases, hospitals and provincial Ministers of Health are better equipped to prevent them. “If we lose CNISP, each province will be acting in isolation. There will be no coordination of what gets measured or becomes a priority,” warns CHEC member Dr. Andrew Simor.

Jim Gauthier, President of the Community and Hospital Infection Control Association (CHICA) Canada adds: “Knowing what is happening with resistant organisms in a facility, between provinces and across Canada is vital to protecting all Canadians’ health. Data from the United States, Britain or other countries do not truly reflect the Canadian picture obtained via CNISP.” Infection Prevention and Control Professionals from across Canada look to CNISP to set the standard for local monitoring programs.

“We think it is important that the provincial Ministers of Health, and the Canadian public at large, are aware of the loss of federal support for CNISP,” says CHEC member Dr. Lynn Johnston. Dr. Johnston notes that hospital-acquired infections are a priority area for the World Health Organization. “It will be embarrassing for Canada if we are the only developed country that cannot provide our rates. All other developed countries have a national monitoring program.”

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FACT SHEET

- The Canadian Nosocomial Infection Surveillance Program (CNISP) is the only national source for information about health care acquired infections and emerging pathogens in hospitals.
- Established in 1994, CNISP is a collaboration between the Association of Medical Microbiology and Infectious Disease (AMMI) Canada and the Public Health Agency of Canada (PHAC).
- Canada has one of the only monitoring systems in the world that can link laboratory discoveries with patient outcomes across the country.
- CNISP links Canada's top Infection Control experts. The information and expertise shared through this network strengthens Canada's ability to combat hospital acquired infections and respond to new threats.
- On any given day, one in 12 adults and one in 10 children admitted to a Canadian hospital has a hospital-acquired infection⁽¹⁾
- On any given day, one in 14 patients admitted to a Canadian hospital has an antimicrobial-resistant organism⁽²⁾
- Approximately 220,000 Canadians acquire an infection while in hospital each year⁽³⁾
- 8,000 – 12,000 Canadians die each year of a health care acquired infections⁽³⁾
- Health care acquired infections are the 4th leading cause of death in Canada⁽⁴⁾
- It is estimated that 30 - 50% of health care acquired infections are preventable⁽⁵⁾
- More information about CNISP can be found at: <http://www.phac-aspc.gc.ca/nois-sinp/survprog-eng.php>
- The most recent CNISP reports can be found at: <http://www.ammi.ca/about-ammi-canada/committees/chec>

REFERENCES

- (1) CNISP 2009 Point Prevalence study.
- (2) A.E. Simor, V. Williams, O. Larios, K. Weiss, F. Laing, Z. Hirji, D. Gravel, A. McGeer, and the Community and Hospital Infection Control Association (CHICA)-Canada. ARO Point Prevalence Survey 2010 (unpublished).
- (3) Zoutman, DE, Ford DB, Bryce E et al; The state of infection surveillance and control in Canadian Acute Care Hospitals; Am J Infect Control, 2003; 31:266-73.
- (4) Statistics Canada. Ranking and number of deaths for the 10 leading causes of death, Canada, 2000 and 2009.
- (5) The Canadian Committee on Antibiotic Resistance 2008.