

P0244 **Representativeness of a national surveillance network for healthcare-associated infections in long-term care facilities in the Netherlands**

Kati Halonen\*<sup>1</sup>, Sabine C de Greeff<sup>1</sup>, Paul Bergervoet<sup>1</sup>, Linda Verhoef<sup>1</sup>

<sup>1</sup>National Institute of Public Health and Environment, Epidemiology and Surveillance, Bilthoven, Netherlands

**Background:** The Dutch national surveillance network for HAIs in long-term care facilities (LTCFs) contains a.o. a national database for point prevalence surveys since 2009 (SNIV). In addition, in 2017 the Netherlands participated to the third point prevalence survey of healthcare-associated infections (HAIs) and antimicrobial use in European long-term care facilities: HALT-3. This HALT project is initiated by the European Centre for Disease Prevention and control (ECDC). The aim of our study was to determine the representativeness of the Dutch surveillance network in LTCFs.

**Materials/methods:** Based on the HALT-3 protocol (ref), a random sample of 42 LTCFs was considered representative of the Netherlands. To reach this, 97 LTCFs were contacted. Concomitantly, for SNIV, LTCFs with a minimum of 50 beds are requested to participate on voluntary basis. Surveys are performed biannually in April and November. In both HALT and SNIV of all residents demographic characteristics as well as antibiotic use and presence of clinically diagnosed infections (gastroenteritis, lower respiratory tract infection (LRTI), urinary tract infection (UTI), bacterial conjunctivitis, bloodstream infection, skin infections) are reported.

**Results:** In April 2017, 33 LTCFs and 2362 residents were included in the HALT random sample. In SNIV 19 LTCFs and 1504 residents participated. Based on preliminary results of April, the overall prevalence of registered HAIs did not significantly differ between HALT and SNIV: 2.5% 95%CI: 1.9-3.2 in HALT, compared to 2.9% 95%CI: 2.2-3.9 in SNIV (Table 1). When comparing separate HAIs, skin infections were more frequently reported in HALT (1.4%, 95%CI 1.0-2.0) compared to SNIV (0.5%, 95%CI 0.3-1.0) while LRTIs were more frequently reported in SNIV (0.8%, 95%CI 0.5-1.4) compared to HALT (0.3% 95%CI 0.1-0.6). For other HAIs frequencies were too low for comparison.

Table 1: Prevalence of HAI

	<b>HALT</b>	<b>SNIV</b>
UTI	24/2362 (1.0%)	22/1504 (1.5%)
LRTI	6/2362 (0.3%)	12/1504 (0.8%)
Skin infections	34/2362 (1.4%)	8/1504 (0.5%)
Sepsis	0/2362 (0.0%)	2/1504 (0.1%)
Gastroenteritis	0/2362 (0.0%)	1/1504 (0.1%)
Bacterial conjunctivitis	1/2362 (0.0%)	4/1504 (0.3%)
<b>Total HAI</b>	<b>59/2362 (2.5%)</b>	<b>44/1504 (2.9%)</b>

**Conclusions:** Preliminary analysis implies representativeness of the SNIV network for overall HAIs and UTIs. Further analysis is needed to investigate found differences for LRTI and skin infections.