

# Infections des voies urinaires associées aux sondes vésicales (CAUTI)

## Contexte

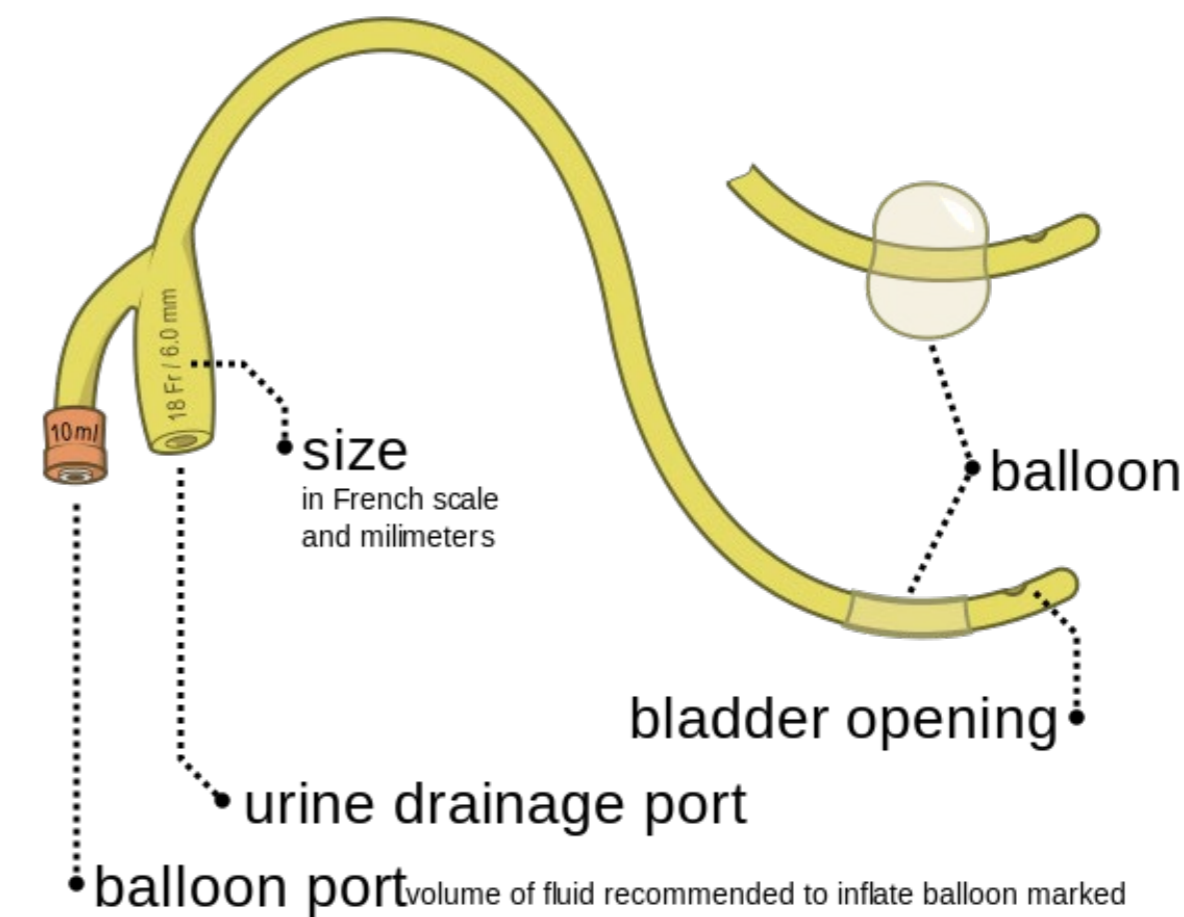
Dr. Alexander Schweiger

Responsable scientifique du module CAUTI Surveillance, Swissnoso

# Épidémiologie : statistiques

- jusqu'à 15% de tous les patients hospitalisés reçoivent un cathéter permanent
- Adultes en CH : ~ 180'000 cathéters permanents par an
- Taux d'infection avec 0,2-4,8 CA-UTI/ 1'000 jours-cathéters

=> Cathéter permanent 5 jours : 2'250 CA-UTI (6/jour)



ICHE 2014;35(5):464-79.

<http://www.bfs.admin.ch/bfs/portal/de/index/themen/14/04/01/key/inanspruchnahme.html>.

# CAUTI PPS

- PPS 2017

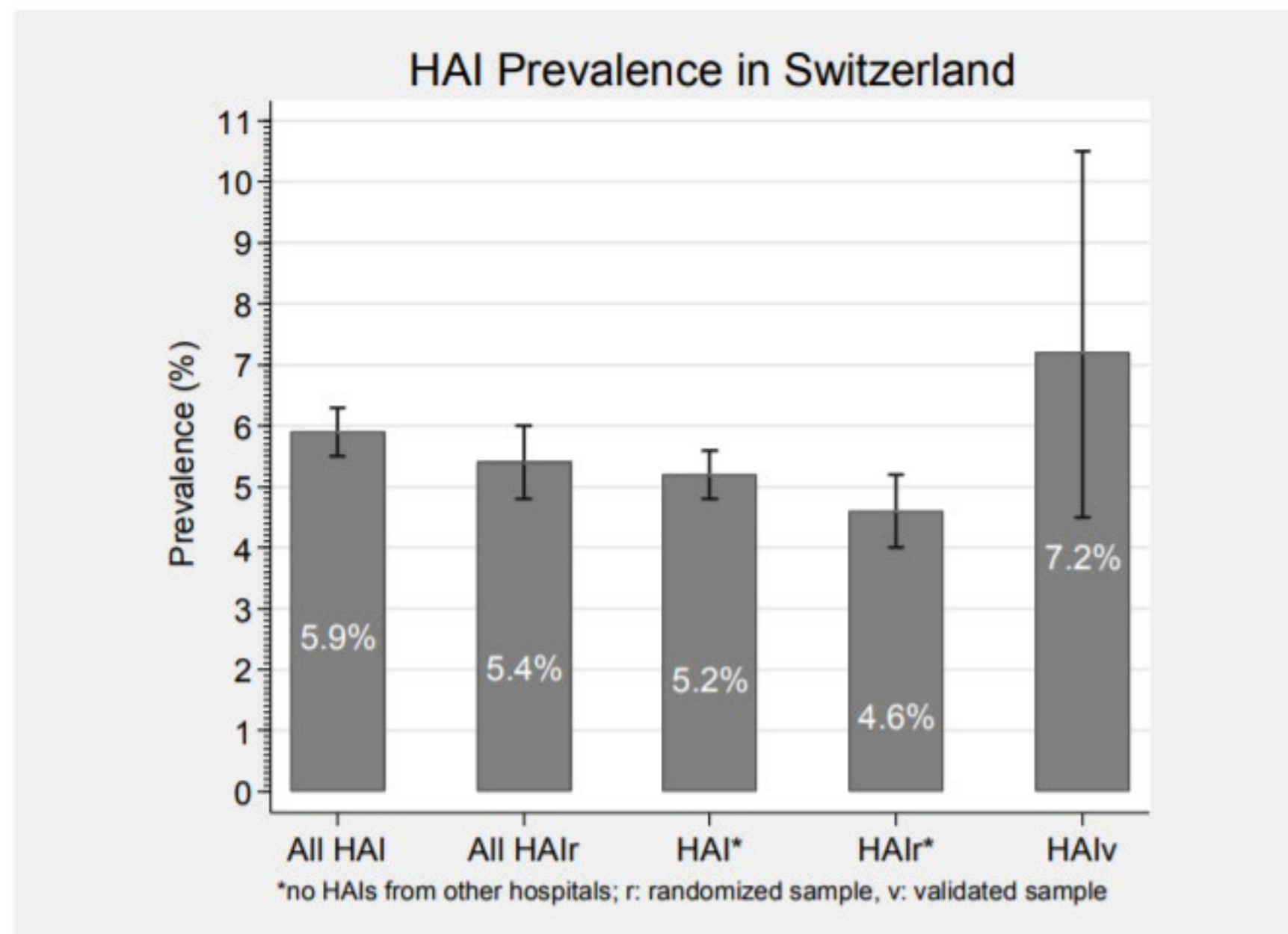
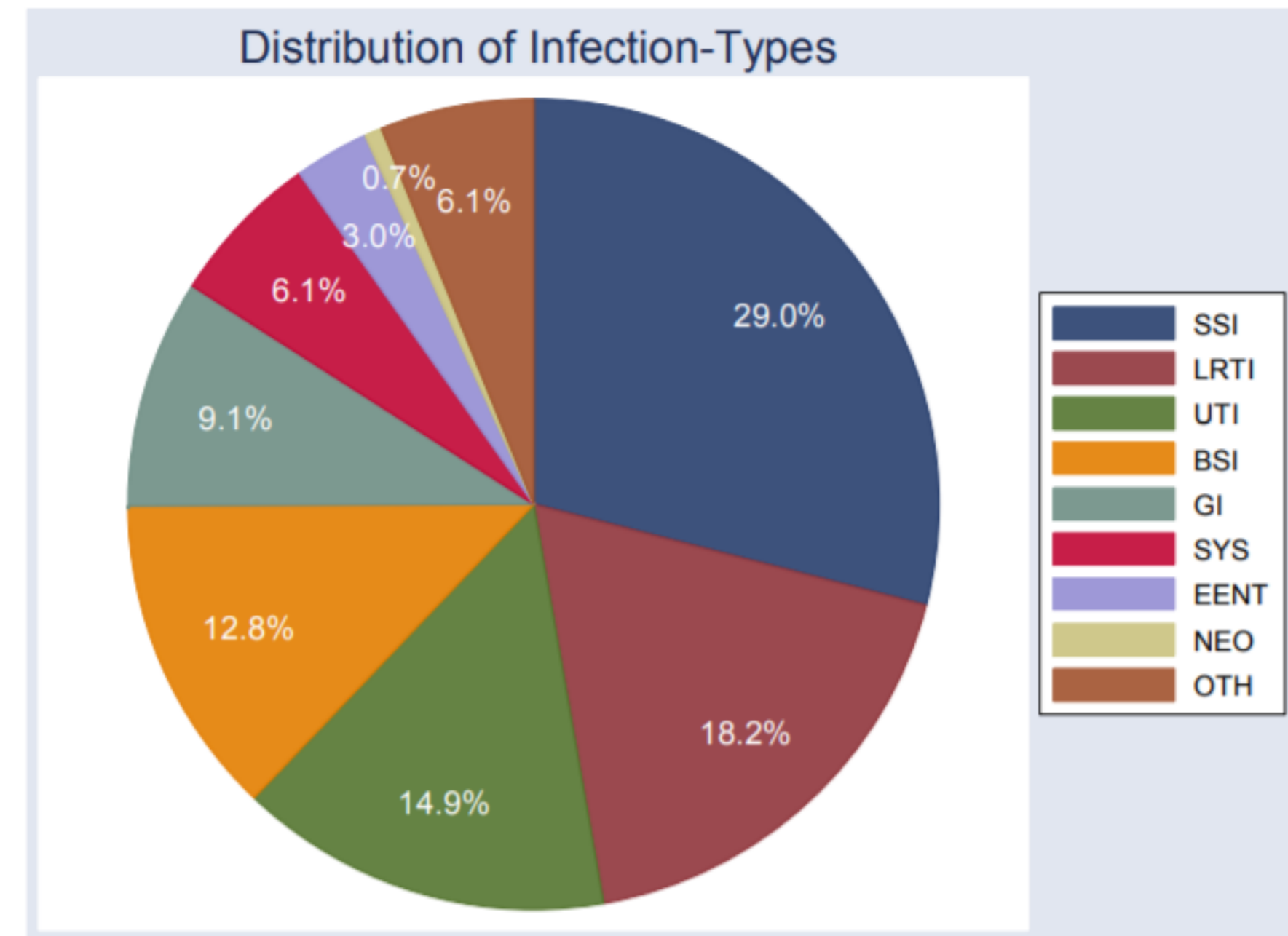


Figure 33: Distribution of HAI types (835 HAIs)



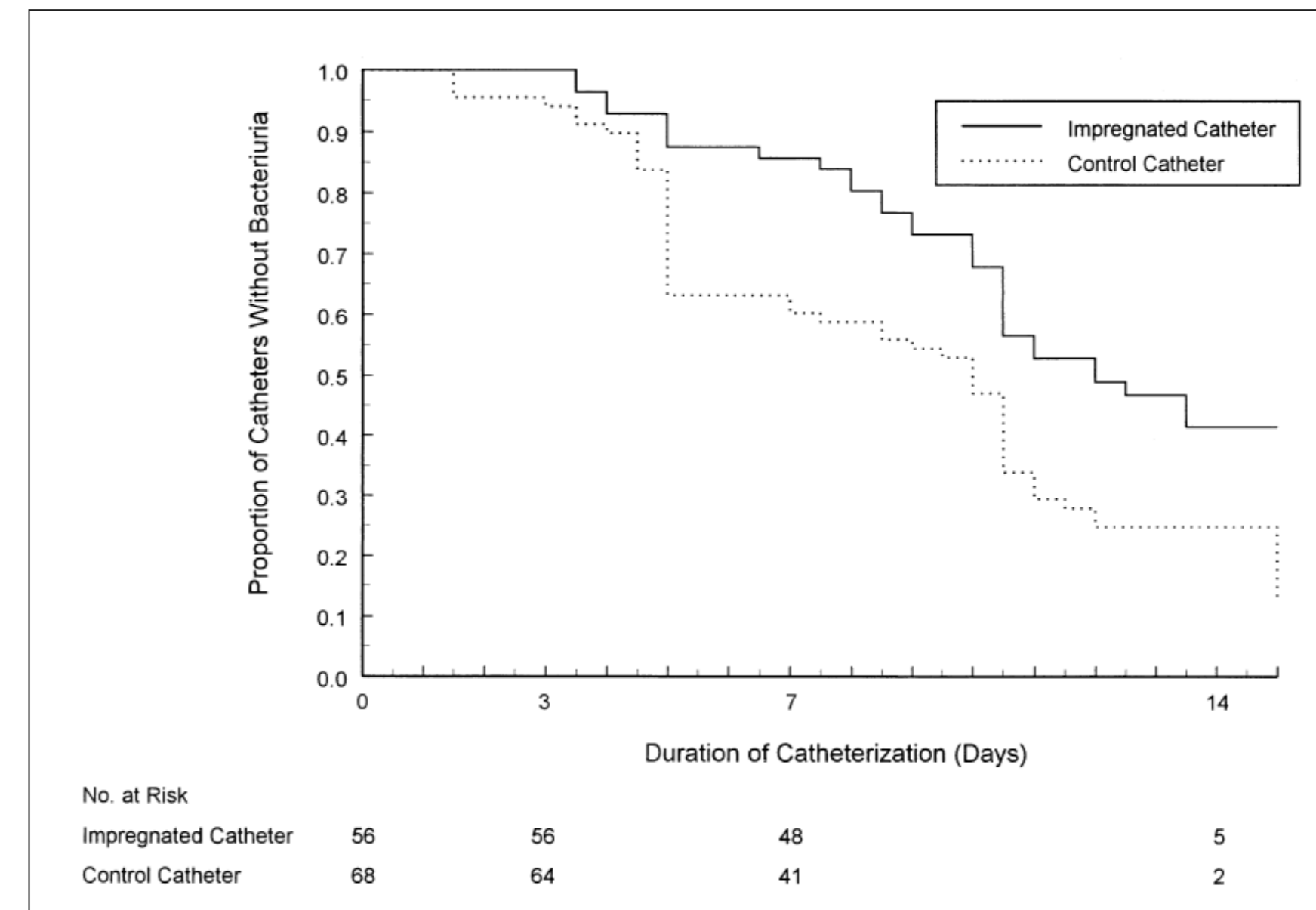
SSI: surgical site infection; LRTI: lower respiratory tract infection; UTI: urinary tract infection; BSI: bloodstream infection; GI: gastrointestinal infection; SYS: systemic infection; EENT: eye; ear; nose; throat; or mouth infection; NEO: specific neonatal case definitions; OTH: other infection

# Pathogénèse : taux de colonisation

- Incidence de la colonisation urinaire  
↑ ~5% par jour
- Pourquoi pertinent ?

Jusqu'à 25% des patients cathétérisés qui ont un CA-ASB développent un CA-SUTI !

Inversement, 75% des personnes atteintes de bactériurie sont asymptomatiques !



“Natural history of catheter colonization”

Thompson et al. JAMA 1984 ; Darouiche et al. Urology 1999 ; Saint S, Ann Intern Med 2002.



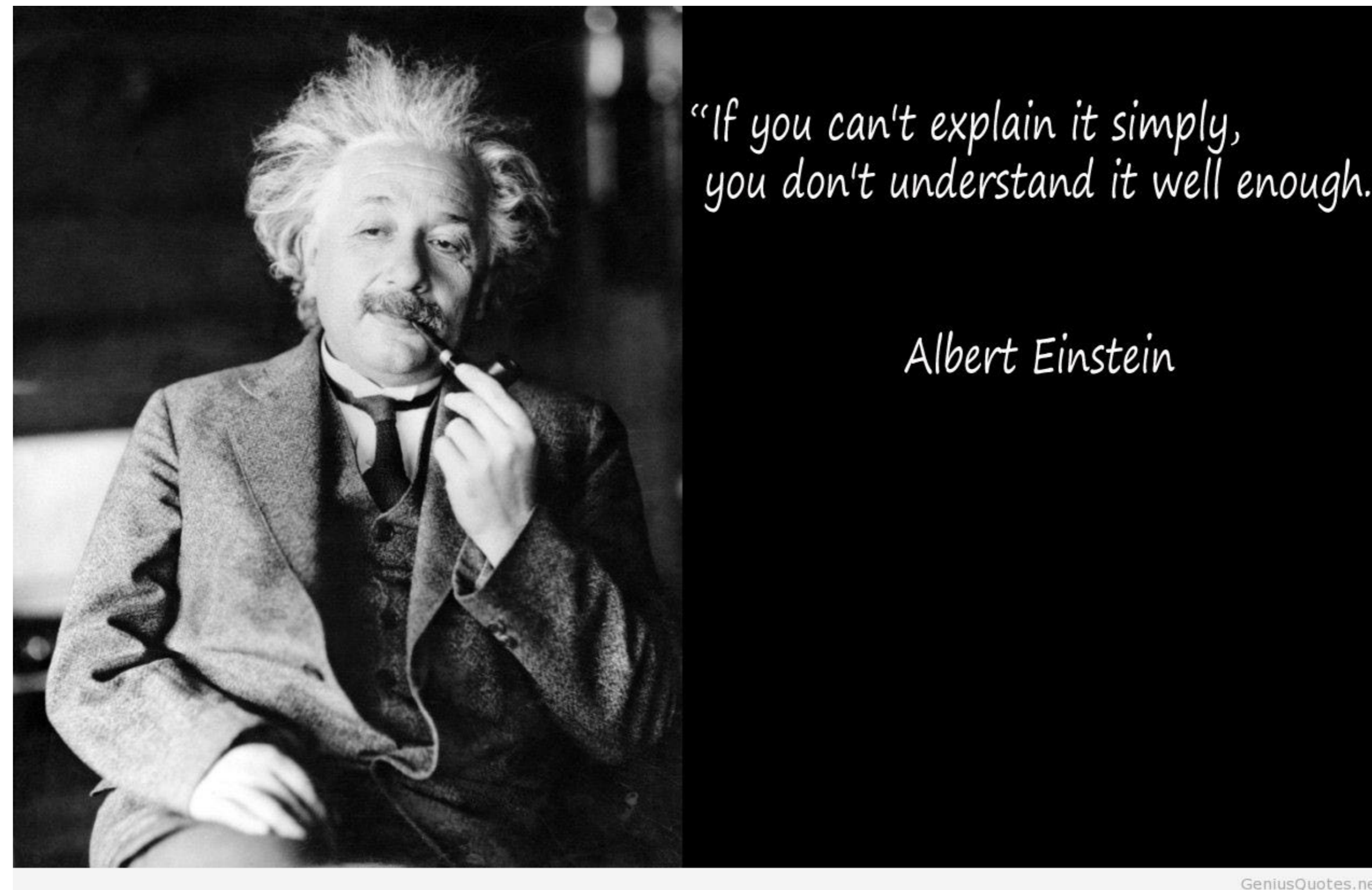
# Infections des voies urinaires associées aux sondes vésicales - CAUTI : autres complications

- Infections secondaires
  - Prostatite, épididymite, orchite
  - Bactériémies (env. 3% en cas de bactériurie), endocardite
  - Arthrite et ostéomyélite septiques
- Traitement inutile de CA-ASB
  - Augmentation de la résistance aux antibiotiques (outbreaks décrits) et diarrhée associée à *Clostridium difficile*
- Complications non infectieuses :
  - Strictures, traumatismes mécaniques et mobilité réduite (délire)

Schaberg DR, et al. *The Journal of infectious diseases* 1976, **133**(3):363-366. Yoon HJ, et al. *American journal of infection control* 2005, **33**(10):595-601.

# Principal facteur de risque pour CAUTI

# Un cathéter !



**SPECIAL ARTICLE**

**Are Physicians Aware Of Which of Their Patients  
Have Indwelling Urinary Catheters?**

Sanjay Saint, MD, MPH, Jeff Wiese, MD, John K. Amory, MD, Michael L. Bernstein, MD,  
Uptal D. Patel, MD, Judith K. Zemencuk, MA, Steven J. Bernstein, MD, MPH,  
Benjamin A. Lipsky, MD, Timothy P. Hofer, MD, MS



**Table 1.** Awareness and Appropriateness of Urinary Catheterization among Inpatients, Stratified by Respondent Training Level

| Category             | Appropriate versus Inappropriate Urinary Catheters |   |  |   |  |   | <i>P</i> Value* |
|----------------------|--|---|--|---|--|---|-----------------|
|                      | Observations of Patients with a Catheter (Number)  | Observations in Which Provider Was Unaware of Catheter [Number (Percent)] | Observations of Patients with an Appropriate Catheter (Number) | Observations in Which Provider Was Unaware of Appropriate Catheter [Number (Percent)] | Observations of Patients with an Inappropriate Catheter (Number) | Observations in Which Provider Was Unaware of Inappropriate Catheter [Number (Percent)] |                 |
| All providers        | 319  | 88 (28)   | 211  | 44 (21)   | 108  | 44 (41)   | <0.001          |
| Medical students     | 39   | 8 (21)  | 26   | 5 (19)  | 13   | 3 (23)  | 0.77            |
| Interns              | 88   | 19 (22)   | 58   | 9 (16)  | 30   | 10 (33)   | 0.06            |
| Residents            | 104  | 28 (27)   | 70   | 13 (19)   | 34   | 15 (44)   | 0.006           |
| Attending physicians | 88   | 33 (38)   | 57   | 17 (30)   | 31   | 16 (52)   | 0.04            |
| <i>P</i> value†      |  | 0.06  |  | 0.09  |  | 0.29  |                 |

\* Comparing proportions who were unaware of appropriate versus inappropriate catheters.

† Comparing proportions who were unaware, by level of training.