LETTER TO THE EDITOR

Response to: “Antimicrobial drug-resistant microbes have a higher risk of health care-associated pneumonia in eastern Taiwan”

To the Editor,

Before responding to the statement of Chang et al,1 we have to clarify the following definitions of nosocomial infection, healthcare-associated infections, and healthcare-associated pneumonia (HCAP). Otherwise, the readers will be misled.

First, in the definition of the Center for Disease Control, R.O.C. (Taiwan), “nosocomial infection” has been replaced with “healthcare-associated infections,” which enrolled the patients after admission to acute care hospitals. Low respiratory tract infection or HCAP is one of the 12 categories in the guideline.2 Second, the guidelines for preventing HCAP, published by the Centers for Disease Control and Prevention (USA) in 2003, covered all pneumonia cases in acute care hospitals, and in other healthcare settings and other facilities where healthcare is provided.1 Third, the American Thoracic Society (ATS) and the Infectious Diseases Society of America introduced their HCAP guidelines according to the conditions of patients prior to admission in 2005.4 The term “HCAP” includes those patients who have been hospitalized in an acute-care hospital for ≥2 days in the past 90 days, have been residents in a nursing home or long-term care facility (nursing home-acquired pneumonia), have received intravenous antibiotic therapy, chemotherapy, or wound care within the past 30 days, or have attended a hospital or hemodialysis clinic.1,4

We would agree with the viewpoint of Chang et al on core microbes with high drug resistant rate if the healthcare-associated pneumonia were nosocomial pneumonia following the definition of the CDC, Taiwan. However, the HCAP reported by Wu et al5 enrolled patients according to the criteria, with minor modifications of the definition, of the American Thoracic Society guidelines in 2005 and is obviously different from the setting described by Chang et al.1 The major finding from Wu et al1 is that up to 43% of the patients had culture-positive pneumonia caused by potential antimicrobial drug-resistant microbes.

In conclusion, multiple drug resistant organisms are increasing in pneumonia patients, not only among those in acute care hospitals but also those in the community setting, especially in cases with some high-risk factors. Surveillance, prevention of healthcare-associated infections according to the recommendations of guidelines, and antibiotic stewardship remain the key actions in the future.

References


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