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Examination of Bacterial Pathogens an in Intensive Care Unit of a Military Hospital in Alkharj

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Author's contribution

The sole author designed, analysed, interpreted and prepared the manuscript.

Article Information

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Original Research Article

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ABSTRACT

Aim: The present study was undertaken to identify the most common infectious agents for Intensive Care Unit (ICU) patients in a military hospital in Alkharj – Saudi Arabia.

Methodology: This study was conducted in a military hospital in Alkharj – Saudi Arabia. Identification of Gram-negative and Gram-positive bacteria was performed with standard microbiological methods.

The isolates that are collected from ICU from blood, urine and other samples in the year 2019 are included.

Results: Out of 992 bacterial isolates only 6.15% were collected from ICU. The majority of the bacteria that were found in the ICU were Gram-positive bacteria. The most common bacteria that were found in ICU were *Staphylococcus aureus* followed by *Pseudomonas aeruginosa* and *Escherichia coli*.

Conclusion: We found differences in the prevalence of bacteria in the ICU compared to other studies. The predominant bacteria in ICU were *Staphylococcus aureus*. The present data could help physicians to know the causative organisms and to administer the most suitable antibiotics for treatment of nosocomial infections in Alkharj area after knowing the susceptibility rate of bacteria to different antibiotics.

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Keywords: Bacteria; infectious agents; ICU; nosocomial infections.

1. INTRODUCTION

The development of antibiotics and their use in clinical practice is one of the important achievements of modern medicine. However, after their development, the resistant bacteria causing infections soon appeared, and antibiotic resistance became a serious public health issue. It is estimated that in Europe and in the United States, up to 60% of the nosocomial infections are caused by resistant bacteria [1-3].

The Center for Disease Control and prevention (CDC) has estimated that in the United States, antibiotic resistance is responsible for 2 million infections and 23,000 deaths yearly with losses of productivity equivalent to 33 billion dollars and a direct cost of 20 billion dollars [4]. The European Center for Disease Control, ECDC, have estimated that infections caused by multiresistant bacteria accounts for 1.5 billion € and 25,000 additional deaths yearly [5]. These bacterial resistance lead to many consequences such as increase rate of negative outcomes, mortality, treatment failure and increased the health care cost. Mario and Fernando reported that the consequences of antibiotic resistance include longer hospital stays, an increasing burden on the healthcare infrastructure in addition to other negative outcomes [6].

The prevalence of infections in intensive care units (ICU) was higher than the prevalence in other hospital sections. This might be due to prolonged stay in the ICU and to the severity of disease [7]. Furthermore, in the ICU there are a high number of invasive devices in addition to the immunosuppression of ICU patients that are considered among the major risk factors for developing multidrug resistant bacterial infections [7,8].

World Health Organization (WHO) revealed that the frequency of ICU-acquired infection is at least 2–3 higher in low- and middle-income countries than in high-income countries [9].

Patients in ICUs are one of the main target populations for hospital pathogens. Though ICUacquired infections constitute a high percentage of all Healthcare-Associated Infections (HAIs) [10]. The present study was undertaken to identify the most common infectious agents for ICU patients in a military hospital in Alkharj – Saudi Arabia.

2. METHODOLOGY

This study was conducted in a military hospital in Alkharj – Saudi Arabia. Identification of Gramnegative and Gram-positive bacteria was performed with standard microbiological methods.

The isolates that are collected from ICU from blood, urine and other samples from January to December 2019 were included. The exclusion criteria include the isolates in other hospital units and the isolates before or after 2019.

The bacterial cultures data were collected from microbiology department. The descriptive data were represented by numbers and frequencies. This study is approved by the IRB committee in the military hospital No: 4101728.

3. RESULTS

Out of 992 bacterial isolates only 6.15% were collected from the ICU. Table 1 shows the number and percentage of isolates in the ICU.

Table 1. The number and percentage of isolates in the ICU

Variable	Number	Percentage
Isolates in ICU	61	6.15
A&E	413	41.63
Isolates in other units	518	52.22

The majority of the bacteria that were found in the ICU were Gram-positive bacteria (68.85%). Table 2 shows the number and percentage of gram positive and gram negative bacteria in the ICU.

The most common bacteria that were found in ICU were *Staphylococcus aureus* (65.57%) followed by *Pseudomonas aeruginosa* (13.11) and *Escherichia coli* (11.47). The most common bacteria that were found in ICU are shown in Table 3.

Bacteria	Number of isolates in ICU	Percentage of isolates in ICU
Gram-negative bacteria	19	31.14
Gram-positive bacteria	42	68.85

Bacteria	Number of isolates in ICU	Percentage of isolates in ICU
E.coli	7	11.47
P.aeruginosa	8	13.11
Acinetobacter baumannii	4	6.55
S.aureus	40	65.57
Coagulase-negative staphylococci	2	3.27

Table 4. The percentage of bacteria in ICU in compared with the total prevalence of bacteria

Bacteria	Total number	Number of isolates in ICU	Percentage of isolates in ICU in compared with total isolates
E. coli	249	7	2.81
P. aeruginosa	97	8	8.24
A. baumannii	19	4	21.05
S. aureus	298	40	13.42
Coagulase-negative staphylococci	32	2	6.25

Only 2.81% of the total *E. coli* was collected form ICU specimens. Table 4 represents the percentage of different bacteria in ICU in compared with the total prevalence of these bacteria.

The most commonly prescribed antibiotics in the inpatient were metronidazole, cefuroxime, azithromycin and amoxicillin/clavulanic acid all as a tablet. But as injection the commonly prescribed was ceftriaxone.

4. DISCUSSION

The majority of the bacteria that were found in the ICU in the present study were gram positive bacteria. The most common bacteria that were found in ICU were S. aureus followed by P. aeruginosa and E. coli. In contrast to that Bahram Esfahani et al. [11] reported that Gramnegative bacteria were more common than Gram-positive and reported that P. aeruginosa (13.9%), Klebsiella spp. (11%), and E. coli (6.4%) were the most prevalent bacterial infections. Spencer RC [12] reported that the bacterial isolates were equally divided between Gram-negative and Gram-positive species and that the commonly reported bacteria were Enterobacteriaceae (34%), S. aureus (30%), Ρ. aeruginosa (29%). coagulase-negative staphylococci (19%) and enterococci (12%). Mario et al. reported that Pseudomonas spp.

(78.7% compared to 85.1%) and *Acinetobacter* spp. (19.6% compared to 10.9%), were the most prevalent [13].

The European Centre for Disease Prevention and Control in the annual epidemiological report 2016 stated that regarding healthcare-associated infections acquired in intensive care units, the most frequently isolated microorganism was *Pseudomonas aeruginosae* specially in ICUacquired pneumonia episodes, coagulasenegative Staphylococcus Spp. Specially in ICUacquired bloodstream infections and *Escherichia coli* especially in ICU-acquired urinary tract infections [14].

Moreover, in contrast of our study Funda Yetkin et al. stated that the most frequently detected organisms in ICU were *Acinetobacter* spp., followed by *P. aeruginosa*, *E. coli*, *K. pneumoniae* and *Candida* spp. [15]. Furthermore, Carlos Junior et al. reported that the most frequently isolated bacteria were *Enterobacteriaceae followed by P. aeruginosa* and *S. aureus*, similar to our study [16].

Additionally, in contrast to our study, Sugata Dasgupta et al., Sanwar M. Mitharwal, et al. and Keshni Naidu et al. reported that Gram-negative bacteria were more common in ICU than Gram-positive bacteria. Sugata Dasgupta et al. [17] reported that Gram-negative *Enterobacteriaceae*

were the most frequently isolated pathogens closely followed by *Pseudomonas* species. Sanwar M. Mitharwal, et al. [18] reported that *A. calcoaceticus-baumannii* complex, *P. aeruginosa*, and *K. pneumoniae* were the most common microorganisms. Keshni Naidu et al. [19] stated that Gram-negative bacteria were the most common pathogens isolated, especially *K. pneumoniae* (extended-spectrum β -Lactamaseproducing), Acinetobacter and *Pseudomonas* species.

The most commonly prescribed antibiotics in the inpatient were metronidazole, cefuroxime, azithromycin and amoxicillin/clavulanic acid all as a tablet. But as injection the commonly prescribed was ceftriaxone. It is important to follow guidelines to prescribe antibiotics appropriately, additionally it is important to know the bacterial resistance rates.

5. CONCLUSION

We found a difference in the prevalence of bacteria in the ICU compared to other studies. The predominant bacteria in ICU were by Staphylococcus aureus followed Pseudomonas aeruginosa and Escherichia coli. The present data could help physicians to know the causative organisms and to administer the most suitable antibiotics for treatment of nosocomial infections in Alkharj area after knowing the susceptibility rate of bacteria to different antibiotics. More efforts are needed to awareness of health increase the care professional regarding infections in the ICU and it is important to implement the suitable preventive measures to reduce the occurrence of infection in critically ill patients.

CONSENT

As per international standard or university standard written patient consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

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COMPETING INTERESTS

Author has declared that no competing interests exist.

REFERENCES

- García M, Cornejo A, León D, Arenas M. Current status of colonization and infection by multiresistant bacteria in the Spanish Intensive Care Unit: Resistance Zero Program; 2018.
- Gajdács M. The concept of an ideal antibiotic: Implications for drug design. Molecules. 2019;24:892.
- Gajdács M, Bátori Z, Ábrók M, Lázár A, Burián K. Characterization of resistance in gram-negative urinary isolates using existing and novel indicators of clinical relevance: A 10-year data analysis. Life. 2020;10:16.
- US Department of Health and Human Services. Centers for Disease Control and Prevention. Antibiotic resistance threats in the United States; 2018. Available:https://www.cdc.gov/drugresistan ce/threat-report-2013/index.html
- European Centre for Disease Prevention and Control. Healthcare–associated infections acquired in intensive care units. In: ECDC Annual Epidemiological Report for 2015. Stockholm: ECDC; 2017. Available:https://ecdc.europa.eu/sites/porta l/files/documents/AER_for_2015healthcare-associated-infections.pdf
- 6. Gajdács M, Albericio F. Antibiotic resistance: From the bench to patients. Antibiotics. 2019;8:129.
- Phu VD, Wertheim HF, Larsson M, Nadjm B, Dinh QD, Nilsson LE, et al. Burden of hospital acquired infections and antimicrobial use in Vietnamese adult intensive care units. PloS One. 2016;11(1):e0147544.
- Routsi C, Pratikaki M, Platsouka E, Sotiropoulou C, Nanas S, Markaki V, et al. Carbapenem-resistant versus carbapenem-susceptible *Acinetobacter baumannii* bacteremia in a Greek intensive care unit: Risk factors, clinical features and outcomes. Infection. 2010;38(3):173-80.
- World Health Organization. Health careassociated infections fact sheet; 2016. Available:http://www.who.int/gpsc/country_ work/gpsc_ccisc_fact_sheet_en.pdf
 Vincent JL. Nosocomial infections in adult intensive-care units. Lancet

(London, England). 2003;361(9374):2068-77.

- 11. Esfahani BN, Basiri R, Mirhosseini SMM, Moghim S, Dolatkhah S. Nosocomial infections in intensive care unit: Pattern of antibiotic-resistance in Iranian community. Advanced Biomedical Research. 2017;6: 54.
- Spencer RC. Epidemiology of infection in ICUs. Intensive Care Medicine. 1994; 20(Suppl 4):S2-6.
- Gajdács M, Burián K, Terhes G. Resistance levels and epidemiology of non-fermenting gram-negative bacteria in urinary tract infections of inpatients and outpatients (RENFUTI): A 10-year epidemiological snapshot. Antibiotics. 2019;8:143.
- European Centre for Disease Prevention and Control. Annual Epidemiological Report 2016 – Healthcare-associated infections acquired in intensive care units. [Internet]. Stockholm: ECDC; 2016. [Cited 2020 March 12]
- 15. Yetkin F, Yakupogullari Y, Kuzucu C, Ersoy Y, Otlu B, Colak C, et al. Pathogens of intensive care unit-acquired infections and their antimicrobial resistance: A 9-year

analysis of data from a University Hospital. Jundishapur J Microbiol. 2018;11(10): e67716.

- Toufen Junior C, Hovnanian ALD, Franca SA, Carvalho CRR. Prevalence rates of infection in intensive care units of a tertiary teaching hospital. Revista do Hospital das Clínicas. 2003;58:254-9.
- Dasgupta S, Das S, Chawan NS, Hazra A. Nosocomial infections in the intensive care unit: Incidence, risk factors, outcome and associated pathogens in a public tertiary teaching hospital of Eastern India. Indian Journal of Critical Care Medicine: Peer-Reviewed, Official Publication of Indian Society of Critical Care Medicine. 2015;19(1):14-20.
- Mitharwal SM, Yaddanapudi S, Bhardwaj N, Gautam V, Biswal M, Yaddanapudi L. Intensive care unit-acquired infections in a tertiary care hospital: An epidemiologic survey and influence on patient outcomes. Am J. Infect Control. 2016;44(7):e113-7.
- Naidu K, Nabose I, Ram S, Viney K, Graham SM, Bissell K. A descriptive study of nosocomial infections in an adult intensive care unit in Fiji: 2011-12. Journal of Tropical Medicine. 2014;545160.

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