

Study: Afghan patients a common source of drug-resistant bacteria

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Afghan patients treated at a U.S. military hospital in Afghanistan often carry multidrug-resistant (MDR) bacteria, according to a report in the September issue of *Infection Control and Hospital Epidemiology*, the journal of the Society for Healthcare Epidemiology of America. The findings underscore the need for effective infection control measures at deployed hospitals where both soldiers and local patients are treated, the study's authors say.

The research team, led by Air Force Lieutenant Colonel Deena Sutter of the San Antonio Military Medical Center, studied U.S. and Afghan patients admitted to the military [hospital](#) at Bagram Air Base over a one year period. Of 1071 [Afghans](#) receiving care, 113 had MDR bacteria. In contrast, only 14 of 765 U.S. personnel were found to have MDR bacteria.

The high rate of MDR bacteria among Afghans is partly due to the fact that they generally stay in the hospital longer than U.S. personnel, who are usually discharged or moved stateside within a few days. Longer hospital stays are often associated with higher risk of acquiring MDR bacteria. However, the study found that a surprising number of Afghan patients already had MDR bacteria when they arrived at the hospital. Of the positive [cultures](#) taken from patients whose bacteria were considered community-acquired, more than 58 percent contained MDR bacteria.

Of additional concern is that most of the bacteria recovered from Afghan patients were "Gram negative," which are known to cause

especially hard-to-treat infections.

As part of the mission in Afghanistan, U.S. military hospitals often treat Afghan troops and local non-combatants who are injured in combat operations. Care is also provided to other [civilians](#) as space and resources permit.

"The rates of recovery of [Gram negative and MDR [bacteria](#)] in the local Afghan population cared for at our facility were quite high, exceeding those of civilian patients reported from the Iraqi combat theater," the researchers write. Treating a local population with a high baseline rate of MDR colonization alongside U.S. personnel "makes the practice of good [infection control](#) essential," the researchers conclude.

Provided by Society for Healthcare Epidemiology of America

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