

# Three-fold risk of infection for elderly after emergency department visits

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A visit to the emergency department during nonsummer months was associated with a three-fold risk of acute respiratory or gastrointestinal infection in elderly residents of long-term care facilities, according to a study in *CMAJ (Canadian Medical Association Journal)*.

The study involved 1269 elderly residents of 22 long-term care facilities in the Greater Toronto Area, Ontario, and Montréal and Rivière-du-Loup, Quebec. It included 424 residents who visited emergency departments for a variety of conditions, excluding acute respiratory and gastrointestinal symptoms, and 845 residents who did not visit emergency. The researchers focused on visits during nonsummer months as there is a higher rate of respiratory and gastrointestinal infections during these months.

The only literature available on the risk of respiratory and gastrointestinal infections from emergency department visits is associated with pediatric patients. During the study period from September 2006 to May 2008, 424 residents went to emergency departments. These study participants had a higher rate of chronic illnesses and were more likely to be less independent than residents who were not exposed to emergency departments.

"In our study, a visit to the emergency department between September and May was associated with increased risk of a new respiratory or gastrointestinal infection in the week following the visit, but only in the absence of an outbreak in the resident's facility," writes Dr. Caroline

Quach, Montreal Children's Hospital, McGill University Health Centre, with coauthors.

For people who visited an emergency department, there was three-fold risk of contracting a respiratory or gastrointestinal infection, with an incidence of infection of 8.3/1000 resident-days in this group compared with 3.4/1000 resident-days in the unexposed group.

"Once systemic reasons for the transmission of infection in emergency departments are understood, interventions to reduce the risk should be studied," state the authors. "In the meantime, considerations should be given to the implementation of additional precautions for [residents](#) for five to seven days after their return from the [emergency department](#)."

Provided by Canadian Medical Association Journal

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