

**Title: SURVEYING OF INFECTIONS RELATED TO HEALTH CARE IN A PRIVATE INSTITUTION GOVERNADOR VALADARES, THE PERIOD 2013-2014.**

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**Abstract**

Infections Related Assistance to Health (IRAS, in Portuguese) originate in health services and manifest during hospitalization or at least 48 hours after discharge, being related to hospitalization, diagnostic or therapeutic procedures. Most IRAH manifested as natural complications of critically ill patients and the resulting imbalance between the normal microbiota and immune competence. Studies show a urinary tract infection as the most prevalent, followed by surgical, respiratory and systemic site. This study aimed descriptive know the topography of the IRAS in a private institution of Governador Valadares, in the 2013-2014 period. Data were extracted from the Hospital Infection Control Service database. The information pointed to the respiratory topographies, bloodstream, urinary tract, surgical site, soft tissue, systemic and others. The results showed that in 2013, the 167 identified IRAS, 38.3% (n=64) were respiratory topography, 18.6% (n=31) systemic, 13.2% (n=22) urinary tract, 10.8% (n=18) surgical site, 8.4% (n=14) bloodstream infection, 1.2% (n=2) soft tissue and 9.6% (n=16) the others. Respiratory topography, 26.3% (n=44) were related to the pneumonia associated with late mechanical ventilation (PAVT, in Portuguese), 10.2% (n=17) associated pneumonia aspiration component (PAH, in Portuguese) and 1.8% (n=3) pneumonia associated with early mechanical ventilation (PAVP, in Portuguese). In 2014, the 138 identified IRAS, 36.9% (n=51) were respiratory topography, 22.5% (n=31) urinary tract, 16.7% (n=23) systemic, 15.2% (n=21) surgical site, 3.6% (n=5) bloodstream infection and 5.1% (n=7) other. Respiratory topography, 19.6% (n=27) were related to PAH, 13.8% (n=19) with PAVT and 3.6% (n=5) with PAVP. Systemic infections, surgical site and pneumonia increase hospitalization within 7 days. The pneumonia and systemic infection are distinguished by high fatality rate. Indicators such as gravity, age, underlying disease, hospitalization time, exposure to invasive procedures and others, enable intra and inter-comparison, and the identification of specific risk factors for the local reality. The direct cost of IRAS include additional daily, laboratory exams and imaging, burden on health professionals spent working time, drug costs, and other inputs.

**Keywords:** IRAS, topography, epidemiology, prevention.

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