

I principali microrganismi responsabili (frequenza %) delle polmoniti batteriche acquisite in Comunità (CAP), associate all'assistenza sanitaria (HCAP), nosocomiali (HAP) e associate a ventilazione/intubazione (VAP)

Frequency of Occurance of Bacterial Pathogens Associated With CAP, HCAP, HAP, and VAP (n= 4,543) (M.H. Kollef et al 2009)

Bacterial Pathogens	CAP (n=2,221)	HCAP (n=988)	HAP (n=835)	VAP (n=499)
Gram-positive pathogens, %				
<i>S. aureus</i> (all)	25.5	46.7	47.1	42.5
MSSA (all)	17.2	21.1	26.2	28.5
MRSA (all)	8.9	26.5	22.9	14.6
All MRSA as percentage of al <i>S. aureus</i>	34.8	56.8	48.6	34.4
Streptococcus nongroup	13.4	7.8	13.9	7.0
<i>S. pneumoniae</i>	16.6	5.5	3.1	5.8
Other Gram positive	7.1	7.7	8.1	8.6
Gram-negative pathogens, %				
<i>Pseudomonas</i> sp	17.1	25.3	18.4	21.2
<i>Haemophilus</i> sp	16.6	5.8	5.6	12.2
<i>Klebsiella</i> sp	9.5	7.6	7.1	8.4
<i>Escherichia</i> sp	4.8	5.2	4.7	6.4
<i>Enterobacter</i> sp	2.9	3.5	4.3	5.6
<i>Anicetobacter</i> sp	1.6	2.6	2.0	3.0
Other Gram negative	4.1	9.5	3.7	6.2

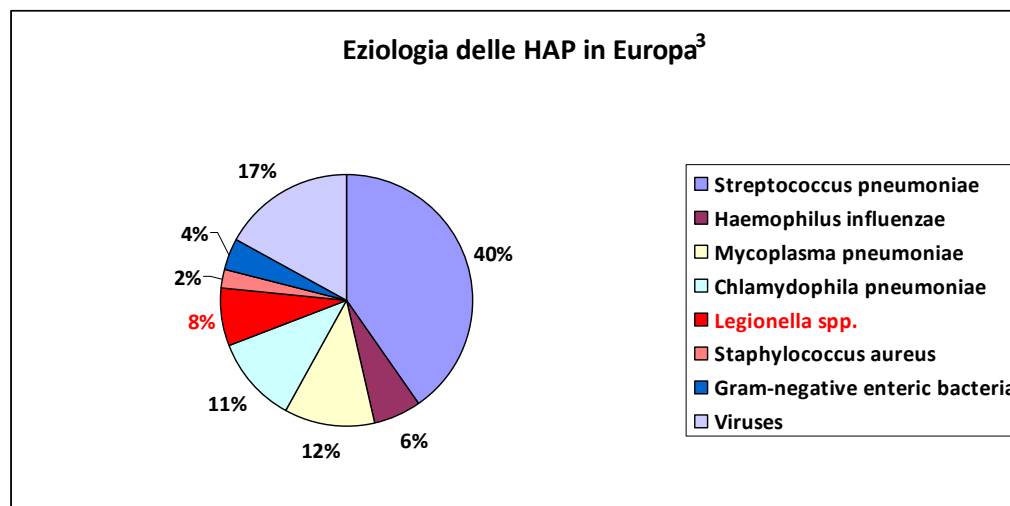
Legenda:

CAP = Community-acquired pneumonia (insorte in comunità, senza elementi riconducibili alle HCAP)¹

HCAP= Healthcare-Associated Pneumonia (insorte in strutture sanitarie e sociali secondarie, es. Lungodegenze, RSA, case di riposo, dialisi giornaliere, chemioterapie ambulatoriali, terapie immunosoppressive in regime di DH o ambulatoriali, ambulatori chirurgici ecc...)¹

HAP= Hospital-acquired pneumonia (polmoniti ospedaliere, insorte in ospedale dopo ≥ 48 h dal ricovero, che non erano in incubazione al momento dell'ammissione)²

VAP/IAP= Ventilator (Intubation) - Associated Pneumonia (polmoniti associate a ventilazione / intubazione, insorte dopo > 48 h -72 h dall'intubazione endotracheale)



¹Infectious Diseases Society of America/American Thoracic Society Consensus Guidelines on the Management of Community-Acquired Pneumonia in Adults 2007;44:S27-72

²Guidelines for the Management of Adults with Hospital-acquired, Ventilator-associated, and Healthcare-associated Pneumonia. Official statement of the American Thoracic Society and the Infectious Diseases Society of America approved by the ATS Board of Directors, December 2004 and the IDSA Guideline Committee, October 2004 Am J Respir Crit Care Med Vol 171. pp 388-416, 2005 DOI: 10.1164/rccm.200405-644ST

³Peto L, Nadjm B, Horby P, et al. The bacterial aetiology of adult community-acquired pneumonia in Asia: a systematic review. *Transactions of the Royal Society of Tropical Medicine and Hygiene*. 2014;108(6):326-337. doi:10.1093/trstmh/tru058.