



POSTER PRESENTATION

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# Hospitalization potential at an infectious diseases division of a metropolitan Hospital of Northern Italy; persisting limitations and related problems

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## Background

Notwithstanding the deep modifications of the natural history of HIV/AIDS, the hospitalization potential of Infectious Diseases (ID) wards remains largely inadequate in Italy, according to the continued modification of epidemiology and disease spectrum.

## Methods

A surveillance study of patients (p) needing hospitalization at our inpatient ward (located at S. Orsola Hospital, Bologna, Italy) and their outcome, was prospectively performed.

## Results

From January 2000 to May 2002 our inpatient unit could rely on 16 beds, while since June 2003 (after joining with the other ID unit of our 800,000-inhabitant metropolitan area), the available beds rose to 35. The ID Specialist must act as a consultant for every p with a suspected ID, to assess need of hospitalization and/or isolation measures, and eventually search an adequate place (the so-called "bed service"), should room is not available at our ward. The rate of p admitted elsewhere dropped from the year 2000 (34.3%), to 2001 (26.9%), and 2002 (12.9%), but reached a stabilization during years 2003-2008 (12.1%;  $p < .0001$  versus year 2000). Among the 771 p who could not be admitted by us, no epidemiologic differences were found during time, and HIV disease prevailed (311 p:40.3%). When infectious (but not diffusive) illnesses are of concern, p may be accepted by other city Hospitals, while the event of diffusive ID required a transfert to the closest ID ward.

Until May 2002, the other city ID Unit accepted over 30% of p, but the unification into a single ward partially reduced the need of transferts 40-115 Km far from our city, stabilizing the rate around 12-13% in the last six years. Among the 311 HIV p not accepted at our ward, 26% had a place at the other ID ward, 61% at our Hospital, 3% at Hospitals of the Bologna province, while 10% needed a transfert to other cities.

## Discussion

Still in the third millennium, ID wards play a key role in health care inpatient assistance, although a continuous fitting to prevailing ID and available resources is needed. The lack of suitable beds for p needing admission remains a striking problem, especially when p with acute-severe illness are of concern, and a long-distance transfert may led to potentially severe risks for p health, and breakdown of isolation/protection measures.

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