

Fact Sheet for a Strategy on Infection Protection¹

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Short Version

Healthcare associated infections (HAI) pose a major challenge to patient safety and to healthcare costs in Germany. These include postoperative wound infections, catheter-associated urinary tract infections, central-line-associated bloodstream infections, ventilator-associated pneumonias, as well as infections caused by multidrug-resistant organisms (MDRO). In the inpatient setting, an infection extends the average hospital stay by five days and results in additional costs of 5,000–20,000 euros. If a bloodstream infection (sepsis) occurs, it can lead to death or severe long-term consequences. Healthcare associated infections caused by antibiotic-resistant pathogens are particularly serious.

Clearly defined structures support infection prevention and control and serve as an effective component of pandemic preparedness. They promote and require the continuous and consistent implementation of necessary hygiene measures, the correct use of appropriate medical devices, and regular evaluation within healthcare delivery.

Challenges

- The prevalence of healthcare associated infections remains at an unacceptably high level.
- More than 700,000 patients are affected by healthcare associated infections each year.
- Up to 20,000 people die annually in Germany because of healthcare associated infections.
- The risk of antibiotic resistance increases through inappropriate or poorly considered use of antibiotics in cases of healthcare associated infection. As a result, the prevalence of antibiotic use remains at a constant level.
- A single infection prolongs the hospital stay by an average of 5 days and causes additional healthcare costs of 5,000–20,000 euros.
- Long-term consequences after sepsis are common and result in additional substantial costs for the healthcare system. These include impairments of physical, cognitive, or psychological functions (Post-Intensive Care Syndrome, PICS), diffuse organic brain dysfunction (delirium), or cognitive dysfunctions.
- Beyond immediate healthcare costs, effects on workforce participation must be considered.

Required Framework Conditions and Measures

Quality of Care

The proper execution of medical procedures with the correct application of comprehensive disinfection and hygiene solutions, sterilization, as well as the appropriate and consistent use of suitable medical devices and personal protective equipment (gloves, protective gowns, medical masks) ensures high-quality care.

¹ Translated with the assistance of an AI tool (2026).

Legal Framework and Recommendations

Continuous adherence to and implementation of the legally mandated recommendations of The Commission for Infection Prevention and Hygiene in Healthcare and Nursing (KRINKO) is indispensable for infection prevention.

Adequate Resources for Quality of Care and Surveillance

Qualified hygiene specialists must be ensured as communication partners and interfaces within the teams of medical institutions to maintain hygiene quality in patient care—particularly because rapid detection of existing infections is essential.

Compliance

Qualified personnel must be able to meet requirements under diverse current conditions, including healthcare reforms and crises, especially in times of a potential shortage of skilled workers.

Structural Changes

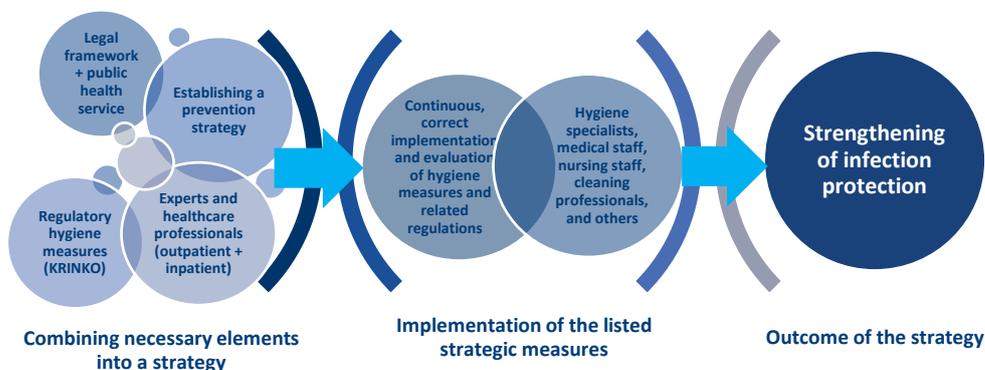
Current reforms are reshaping structures in hospitals and in outpatient care in line with policymakers’ intention to increase outpatient services. Consequently, further review and, if necessary, adjustments are required to strengthen hygiene standards. This includes the content and curricula of medical training.

Necessary Infection Strategy

- Nationwide implementation of reliable infection prevention and control (IPC) combined with optimized antibiotic use through antibiotic stewardship in all medical facilities.
- Ensuring structural and staffing prerequisites for preventive infectious disease medicine through the above-mentioned combination of IPC and antibiotic stewardship as minimum requirements for hospital treatment quality and prescribing authority – including within the political shift toward outpatient care.
- Clear and sustainable anchoring of structural and process quality indicators in both inpatient and outpatient care.
- Continuous review and adjustment of professional training through compliance surveillance related to care quality.
- Evaluation of existing digital tools and, if necessary, consolidation of established digital measures for infection surveillance.

Development and implementation of a strategy that must be applied across sectors and reviewed within the framework of IPC. (Fig. 1)

Fig. 1 – Development and Implementation of an Infection Protection Strategy



Source: own illustration 2026

The importance of infection protection has increased further in times of crisis or war. A resilient approach to changing global circumstances is therefore essential.

Healthcare associated infections can be prevented through clear structures and measures that ensure safe inpatient and outpatient care, supported by reliable hygiene measures and optimized antibiotic use.

Everyone has the right to be protected from healthcare associated infections.

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