



CALL TO ACTION

Preventing Urinary Tract Infections in Europe

A Patient Safety and AMR Priority

About this Call to Action

The **European CAUTI Prevention Alliance** calls for urgent European and national action to reduce the burden of urinary tract infections, including healthcare-associated infections such as catheter-associated urinary tract infections (**CAUTIs**), and related conditions such as incontinence-associated dermatitis (**IADs**).

Urinary tract infections represent a major and largely preventable burden on patients and healthcare systems across Europe. They contribute significantly to antimicrobial use, antimicrobial resistance, prolonged hospital stays, sepsis, avoidable complications and premature deaths, which severely jeopardise patients and exacerbate the shortage of healthcare professionals. Despite this, prevention efforts remain fragmented and insufficiently prioritised at the European level.

Why do we need a Call to Action

Urinary tract infections are among the **most common healthcare-associated infections** in Europe and affect millions of patients each year. In Europe, ECDC estimates **769,336 UTIs every year** in acute care settings¹.

They are a major driver of antimicrobial use and antimicrobial resistance, leading to avoidable complications, lengthy hospital stays, sepsis, premature deaths, increased healthcare costs, and significant strain on healthcare systems.

A substantial proportion of these infections is preventable with the right strategies and programs, particularly those linked to catheter use (CAUTI)². CAUTIs are associated with significant healthcare costs in Europe, estimated at approximately **€477 million annually** based on extrapolations from EU infection incidence and per-case cost studies^{3 4}. While comparable mortality data are not readily available at the

¹ European Centre for Disease Prevention and Control. (2024). *Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals 2022–2023*. ECDC. <https://www.ecdc.europa.eu/sites/default/files/documents/healthcare-associated-point-prevalence-survey-acute-care-hospitals-2022-2023.pdf>

² European Centre for Disease Prevention and Control. (2024). *Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals 2022–2023*. Publications Office of the European Union. <https://www.ecdc.europa.eu>

³ Smith, D. R. M., et al. (2019). Epidemiology and health-economic burden of urinary tract infections. *Journal of Hospital Infection*.

⁴ Hollenbeak, C. S., & Schilling, A. L. (2018). The attributable cost of catheter-associated urinary tract infections. *Infection Control & Hospital Epidemiology*.

European level, estimates from the United States suggest that these infections are associated with approximately **13,000 deaths annually**⁵. At the same time, conditions such as incontinence-associated dermatitis often coexist and further increase the risk of infection and complications.

Critically, UTIs are also a leading source of **sepsis**: between **5% and 10% of hospitalised UTI cases progress to sepsis**, rising to **up to 25% in catheter-associated infections**, making CAUTI prevention one of the most actionable strategies to reduce avoidable urosepsis in Europe⁶.

796,336 UTIs annually in EU acute care	€477M Estimated CAUTI cost in Europe/year	13,000 Annual deaths (US estimates)
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Despite this burden:

- There is **no coordinated European surveillance framework** for urinary tract infections.
- Monitoring and prevention efforts remain **inconsistent across Member States**.
- Urinary tract infections are **not sufficiently prioritised** within European infection prevention and antimicrobial resistance strategies.

Key Policy Challenges

Lack of political prioritisation

Urinary tract infections are not recognised as a distinct policy priority despite their scale, preventability, and impact on patient safety, AMR and healthcare systems.

Fragmented surveillance and data gaps

There is no harmonised European approach to monitoring urinary tract infections, particularly those associated with healthcare settings.

Inconsistent implementation of prevention practices

Variation across Member States in clinical protocols, training, and care pathways leads to unequal patient outcomes, compounded by the absence of harmonised European guidance, including specific ECDC clinical prevention guidelines to minimise CAUTIs and IADs.

⁵ Umscheid, C. A., Mitchell, M. D., Doshi, J. A., Agarwal, R., Williams, K., & Brennan, P. J. (2011). Estimating the proportion of healthcare-associated infections that are reasonably preventable and the related mortality and costs. *Infection Control & Hospital Epidemiology*, 32(2), 101–114. <https://doi.org/10.1086/657912>

⁶ Saint, S., et al. (2016). Catheter-associated urinary tract infection and bacteraemia. *Annals of Internal Medicine*, 165(7), 551–560. Wagenlehner, F. M. E., et al. (2018). Urosepsis: epidemiology and clinical outcomes. *World Journal of Urology*, 36, 115–122.

Insufficient integration into AMR and IPC strategies

Urinary tract infections are not systematically addressed as a key driver of antimicrobial use within existing European frameworks.

Impact on patients and the healthcare workforce

Urinary tract infections and related conditions undermine patient dignity and quality of life, while increasing workload and pressure on healthcare professionals. This is especially important considering the current shortages of healthcare professionals that Europe is facing.

The Five Calls to Action

The Alliance proposes **five Calls to Action** for European and national policymakers.

1

Prioritise urinary tract infections in EU health and AMR policy frameworks

We call on policymakers to recognise urinary tract infections as a priority area for action within European health policy.

The European Commission should explicitly include urinary tract infections within infection prevention and control frameworks and antimicrobial resistance strategies, **notably in implementing the 2023 Council Recommendation on AMR and the upcoming EU IPC Guidelines (2025–2027)**. UTIs should be recognised as a key driver of antimicrobial use and avoidable sepsis, and integrated into national AMR action plans. **EU4Health and other European funding programmes** should support initiatives that address prevention and improve patient outcomes.

2

Embed patient-centred, dignity-driven care in UTI prevention and management

We call for a patient-centred approach to urinary tract infection prevention, **recognising them as a preventable patient safety harm**.

Prevention efforts should prioritise patient safety, dignity, and quality of life, **in line with ongoing EU efforts to strengthen healthcare workforce resilience and quality of care**.

Healthcare professionals should be supported through improved working conditions and prevention-focused care models. Patients and caregivers should be actively involved in the design and implementation of care pathways and policies.

3

Establish EU-wide surveillance systems and reduction targets for UTIs

We call for a coordinated European approach to monitoring and reducing the burden of urinary tract infections.

European institutions should support the development of a comprehensive surveillance framework covering urinary tract infections, **building on existing systems of the European Centre for Disease Prevention and Control (ECDC)**. Harmonised indicators and reporting standards should be established across Member States, **leveraging the European Health Data Space to improve data interoperability and reporting**. Measurable reduction targets should be defined, and progress should be regularly monitored and reported. Financial incentives should be established for acute care settings that meet measurable targets.

4

Scale up implementation of evidence-based UTI prevention practices

We call for the systematic implementation of evidence-based prevention strategies across healthcare settings.

ECDC and Member States should promote the adoption of standardised clinical protocols, **aligned with upcoming EU infection prevention and control (IPC) guidelines**. Training and education for healthcare professionals should be strengthened. Innovative solutions and digital tools that support prevention and early detection should be encouraged, **supported by ongoing revisions of the MDR/IVDR framework to ensure timely access to safe and effective devices and diagnostics**. The exchange of best practices across Europe should be facilitated.

5

Support healthcare workforce resilience through innovation in urinary care

We call for the **inclusion of innovative technologies and systems for urinary management** in acute care settings within European initiatives **addressing the healthcare workforce crisis, such as the EU “Nursing Action”**. These solutions can help reduce the physical burden on healthcare professionals, including frequent lifting, repositioning, and intimate care.

Conclusion

Preventing urinary tract infections, including highly preventable cases associated with healthcare settings, represents a clear opportunity to **improve patient outcomes, reduce antimicrobial resistance, and strengthen healthcare systems** across Europe.

The time to act is now.