



DE~BUGGED

Focusing on the provision of Clean, Safe Care...

Infection Prevention & Control Newsletter for NHS Worcestershire & Worcestershire Health & Care NHS Trust

“Antibiotic resistance is one of the biggest threats facing us today.” (WHO 2014)



Worcestershire Health and Care 

NHS Trust

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If you require further information about any item in this newsletter please contact the Infection Prevention & Control Nurses on 01386 502552

Why it is relevant to you: Without effective antibiotics many routine treatments will become increasingly dangerous. Setting broken bones, basic operations, even chemotherapy all rely on access to antibiotics that work.

What we want you to do: To slow resistance we need to cut the use of unnecessary antibiotics. As part of that we're asking everyone in the UK, the public and the medical community to become Antibiotic Guardians.

Call to action: Visit www.antibioticguardian.com

When prescribing antibiotics, make sure you follow NICHE recommendations. They offer all prescribers “5 moments to make a difference and prevent antibiotic resistance!” NICHE is a campaign with its acronym inviting prescribers to consider the following:

- Need** (for antibiotic)
- Investigation** (cultures for prescribing)
- Choice** (spectrum of antibiotic)
- How Long** (is your prescription for)
- Evaluate** (your patient and prescription)



What's in the News?

1000's SIGN UP TO BE ANTIBIOTIC GUARDIANS

Public Health England has reported that over 8,000 healthcare professionals and 3,600 members of the public have pledged to help reduce antibiotic resistance. The [Antibiotic Guardian](#) was launched in September by Public Health England as part of activities to support European Antibiotic Awareness Day. The campaign will continue to run throughout the year and sets out to encourage people to make pledges and help promote the efficiency of antibiotics. The most popular pledge related to when a patient is given medication, talking to them about why it has been prescribed, how to take them and why this is important in addition to reminding the patient not to share them or re-use them at a later date. For prescribers, popular pledges related to documenting the need for and supporting microbiology for an antibiotic; documenting choice of agent and duration of treatment to comply with prescribing guidance and pledging to minimise the use of antibiotics whenever clinically appropriate. There is also a similar initiative which is specific solely for dental staff entitled [Antibiotic Action in Dentistry](#) the thunderclap invited 30,532 recipients to pledge “...that where a dental infection needs drainage this is provided before considering the use of antibiotics”

Links to infection prevention and control are now explicit within the revised NMC Code of Practice which states in the safety section (19.3) 'keep to and promote recommended practice in relation to controlling and preventing infection'. <http://www.nmc-uk.org/Documents/NMC-Publications/NMC-Code-A5-FINAL.pdf>



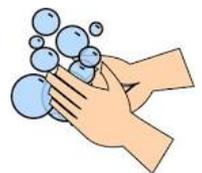
13 May 2015 Book the date out now—more information on our annual conference and product exhibition for qualified

healthcare staff to follow. Information on how you can prevent the spread of infection, promote best practice and hear the latest on bugs, drugs and infections.

THIS YEAR PLEASE BE AN INFECTION PREVENTIONIST...

Infection Prevention and Control is a priority and something that we would all want to be perfect if receiving healthcare. We have recently visited all Trust sites and are keen to promote a number of activities which, if part of your daily routine, will help others and reduce the risk of infection. These include ensuring that:

-  hand hygiene products (soap, alcohol gel and skin cleansing wipes) are accessible, used and that empty dispensers are promptly replenished.
-  multi-surface detergent wipes and 70% hard surface disinfection wipes are available at point of use so items are decontaminated immediately after use.
-  cleaning schedules are in place for clinical equipment and that they are known, promoted and implemented.
-  posters are displayed to promote infection prevention and control.
-  sharps bins are stored safely, labelled, available at point of use and the need for brackets has been actively considered.
-  placement of waste bins makes it easy to dispose of the right waste in the right bin and that bins are labelled to promote segregation.

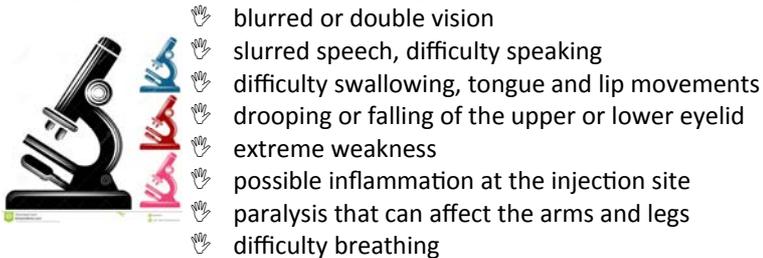


HAND HYGIENE—is the single most important way to prevent infection—make sure you are consistently compliant with the five moments for hand hygiene.

VISIT www.worcestershirehealth.nhs.uk for more information or contact the Infection Prevention and Control Nurses on 01386 502552

BOTULISM INFECTION IN HEROIN USERS

Glasgow health officials are probing two probable cases of botulism poisoning in drug injecting heroin users. This can be acquired when spores of the bacterium *Clostridium botulinum* get into the body through a wound. These spores then germinate and produce a powerful toxin which can be fatal. Botulism spores are found naturally in the environment (for example, they can be found in soil) so they can contaminate supplies of street drugs such as heroin. In the UK, over the last two decades there have been a number of clusters, as well as many isolated cases, of wound botulism among people who inject drugs. People who use drugs may get wound botulism through injecting contaminated drugs into skin or muscle. The bacterium that causes botulism can grow in these tissues and produce toxin. The toxin is then absorbed into the bloodstream and leads to paralysis, the bacterium does not grow in blood. Wound botulism is not spread from person to person, but through the use of contaminated drugs. Symptoms can include:



People who use heroin and who have symptoms that suggest botulism should seek care urgently. Further information can be obtained from NHS choices website or www.gov.uk.

NOROVIRUS

Clusters of cases of viral gastroenteritis continue to be identified in community and healthcare settings. Please keep your area safe and discourage visitors who are or have been either unwell with diarrhoea and/or vomiting in the last 48 hours or have been caring for someone in the last 48 hours who has been symptomatic. It is imperative that **staff are aware of the need to remain vigilant when accepting admissions/transfers to ensure that they have asked questions relating to prevalence of symptoms within a ward/area and in the individual being transferred including whether they have previously been positive.** Please ask these questions for all transfers or admissions and do not rely on others to provide the information. **Contact one of the Infection Prevention and Control Nurses on 01386 502552 for advice.**



IMPORTANCE OF FLU VACCINATION THIS YEAR

Research from Public Health England (PHE) has found that the seasonal influenza vaccine this year has provided low protection against flu infections caused by one particular strain, H3N2. The vaccine effectiveness in preventing laboratory confirmed influenza was estimated to be 3% overall this year when in previous years a 50% rate of effectiveness has been seen. The flu season this year has been dominated by circulation of influenza A(H3N2) which has caused cases locally and also outbreaks in healthcare and communal settings. The World Health Organization monitors influenza globally and each year recommends the strains of flu virus that should be included in the flu vaccine for the season. Throughout the last decade, there has generally been a good match between the strains of flu in the vaccine and those that subsequently circulate, so these results must not discourage people in at-risk groups from having flu vaccination now, or in the future. The current vaccine is still expected to protect against flu A(H1N1) and flu B, both of which may yet circulate this season, so anyone in an at-risk group should still get vaccinated if they have not already. Flu vaccine is still the best protection we have against an unpredictable virus which can cause severe illness and deaths each year among at-risk groups, including older people, pregnant women and those with a health condition, even one that is well managed. What this highlights to us is the need for prompt diagnosis of flu cases and also the importance of early use of antivirals to treat and help prevent serious cases of flu in vulnerable patients is even more important this season. If you have any concerns linked to diagnosis, care or management of patients with influenza please contact the Infection Prevention and Control Nurses for advice.

EBOLA QUESTIONS AND ANSWERS



Ebola virus disease (is a rare but severe disease which is caused by the Ebola virus. It can result in uncontrolled bleeding causing damage to vital organs. It was first recognised in 1976 and has caused sporadic outbreaks since in several African countries. The virus is initially transmitted to people from wild animals and spreads in the human population through human-to-human transmission through contact with blood and body fluids. **What are the symptoms?** An infected person will typically develop fever, headache, joint and muscle pain, sore throat and muscle weakness. These symptoms start suddenly, between 2 and 21 days after becoming infected, but usually after 5-7 days. Diarrhoea, vomiting, a rash, stomach pain and impaired kidney/liver function follow. The patient then bleeds internally, and may also bleed from the ears, eyes, nose or mouth. Ebola virus disease is fatal in 50-90% of cases. The sooner a person is given care, the better the chances that they will survive.

Who is at risk? Anyone who cares for an infected person or handles their blood or fluid samples is at risk of infection. Hospital workers, laboratory staff and family members are at greatest risk. Strict infection control procedures and wearing PPE minimises this risk.

Can you catch Ebola by touching the skin of someone who was symptomatic? Even with a symptomatic person, direct contact with blood/body fluids is the only way Ebola is transmitted. Once symptomatic, all body fluids such as blood, urine, stool, vomit, sweat, saliva and semen are infectious. Ebola virus disease is **not** spread through ordinary social contact e.g. shaking hands, travelling on public transport, sitting beside someone who is infected but asymptomatic.

Can you catch Ebola from someone without symptoms? No. People infected with Ebola can only spread the virus to other people once they have symptoms, such as a fever. Even if someone has symptoms, it's important to remember that the virus is only transmitted by direct contact with the blood or body fluids of an infected person.

Is there a treatment for Ebola? There is no specific vaccine or medicine that has yet been proven to be effective against Ebola. In some instances, clinicians treating individuals with Ebola may source and decide to use experimental drugs which to date have proved successful in cases which have returned to the UK. Patients also require intensive supportive care, such as rehydration with intravenous fluids.