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

Infection Prevention & Control Newsletter provided by Worcestershire Health & Care NHS Trust

THE 2018/19 INFLUENZA SEASON is approaching and the immunisation campaign is underway. Flu is an acute viral infection of the respiratory tract; it is characterised by sudden onset of fever, chills, headache, muscle and/or joint pain and fatigue. On average 8,000 people die of flu in England each year, but in some years the numbers exceed 20,000 (Public Health England, 2014). There are three types of influenza virus: A, B and C; types A and B cause most clinical illness and they normally start to circulate in England during December. Generally, Influenza A viruses cause more outbreaks and Influenza B viruses cause less severe disease and smaller outbreaks, although the 2017/18 flu season saw an unusually high proportion of illness caused by type B. Flu can compound winter pressures on the NHS because staff and carers may become sick, hospital admissions due to flu complications increase and admitted patients often require intensive care and respiratory support. Ward and nursing home closures due to flu outbreaks can also put services under additional strain. The immunisation programme in England aims to help protect those who are vulnerable to complications from flu and reduce the burden of flu on the NHS, social care and communities. As flu viruses change over time the vaccines are made in advance of each flu season and aim to protect against the strains that are most likely to circulate that season. This year has seen a change in the vaccines being offered.

- 👤 People aged 65 and over will be offered an adjuvanted trivalent vaccine, which has been shown to be more effective in this age group this is partly because, as people age, they do not produce as good an immune response to vaccination.
- 👤 Adults under 65 in at-risk groups will be offered a quadrivalent vaccine, which protects against two strains of type B flu instead of one.

As healthcare staff please help protect the population from flu by promoting vaccination, encouraging patients to take up the offer of flu vaccination and also get vaccinated yourself. Our flu immunisation programme sets out to protect those at risk of complications and reduce the burden of illness – please help increase uptake of this vaccination.

100

Years Ago

2nd Nov 1918

Looking Back in Time—In the News.. ‘The flu epidemic claimed 4,482 lives in England and Wales last week. Many areas were unable to cope with the burial of victims and doctors were rushed off their feet.’

Spotlight on: FLUCLOXACILLIN Did you manage to work out the antibiotic... Flucloxacillin is mainly used within the primary care antimicrobial prescribing guidance for the treatment of skin and wound infections. It is a narrow spectrum beta lactam antibiotic of the penicillin group and as such should not be prescribed for patients with a known penicillin allergy. It is used to treat infections caused by susceptible gram positive bacteria which may include *Staphylococcus aureus*, all MRSA infections will therefore be resistant to flucloxacillin. It should ideally be taken on an empty stomach, this means 30-60 minutes before a meal or snack, or at least two hours after.

Change Can't Wait. Our Time with Antibiotics is Running Out

Each November, World Antibiotic Awareness Week (WAAW) aims to increase global awareness of antibiotic resistance and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of antibiotic resistance. Since their discovery, antibiotics have served as the cornerstone of modern medicine. However, the persistent overuse and misuse of antibiotics in human and animal health have encouraged the emergence and spread of AMR, which occurs when microbes, such as bacteria, become resistant to the drugs used to treat them. What simple intervention can you undertake within your workplace to spread the message about preserving antibiotics? Can you:

- 👤 optimise the use of antibiotics in your workplace
- 👤 promote awareness and understanding of the issue with your colleagues or patients
- 👤 take actions to reduce the need for antibiotics by preventing infections
- 👤 strengthen knowledge of yourself and others on our antibiotic prescribing guidance?



Please be alert in your workplace and check that all aspects of infection prevention and control are in place ensuring consistent provision of clean, safe care and minimising infection 100% of the time.

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If you require further information about any item in this newsletter please contact the Infection Prevention & Control Nurses on 01386 502552/32552

Spotlight on: (see below for the answer)



WATCH OUT FOR VIRAL GASTRO-ENTERITIS



Clusters of norovirus are starting to present and there is always a risk of outbreaks and periods of increased incidence in our healthcare settings over the winter months. To keep your area safe please continue to 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. Please remain vigilant when accepting admissions/transfers to ensure that questions relating to prevalence of symptoms within a ward/area and in the individual being transferred have been checked. The quicker we identify possible issues and implement precautions the quicker cases will resolve. If you have any concerns linked to diagnosis, care or management of patients with possible viral gastro-enteritis please contact the IPCNs for advice.

Have you ever thought that you use your hands more than anything else when coming into contact with the world:



What is your "typical day" like from your hands point of view? How can we minimise some of the risks and also ensure that we continue to consistently promote clean, safe healthcare?

LÔÔK

Look out for our new 'Guidance at a Glance' for CPE and Influenza in inpatient units. Answers to frequently asked questions linked to the provision of care and treatment for patients who are being screened for or who are known to be colonised with CPE and also patients who we know or suspect to have influenza.

Home Hygiene—Prevention of infection at home and in everyday life: a learning and training resource. International Scientific Forum on Home Hygiene and Infection Prevention Society (2018).

The idea behind this resource is to encourage people to work together to reduce infections in the home and community by raising awareness that “hygiene is everyone’s responsibility” and an important part of a healthy lifestyle. The resource provides guidance on how to prevent infections occurring and how to reduce the risk of spread if someone in the family/household has an infection. It includes guidance on day to day hygiene that applies to all family/household members as well as to those who are at greater risk or who care for people at an increased risk of infection. The resource addresses concerns and provides answers to people’s questions and is designed for training any group requiring understanding of hygiene in the home and everyday life, in addition to facilitating the public to teach themselves. The resource covers many aspects including general environmental hygiene, fact and fiction about hygiene, everyday infections and food hygiene amongst others. It includes exercises to develop understanding, supplementary notes for learners and trainers and hygiene advice sheets. It is worth promoting and might help you answer questions from patients and their families.. have a look and see what you think...



Turn off the alarm and jump out of bed, or snooze for another 5 minutes? Just don’t rub your eyes...

The alarm goes off right on time, as it does every morning. After having turned it off, some of us jump up ready to face the new day whilst others prefer instead to lie in bed another 5 minutes, nice and warm under the covers. **But** we all rub our eyes, which are blurry after a good night’s sleep. According to a study by the Washington University School of Medicine, in a sample of bed sheets examined, an impressive 18% were found to be contaminated by strains of *Staphylococcus aureus*, a bacterium that can cause a number of diseases; this means there is a significant risk that our hands will have a high amount of bacteria on them when we wake up in the morning. S.A. Fritz et al, *Staphylococcus aureus* Contamination of Environmental Surfaces in Households with Children infected with MRSA, *JAMA Pediatr.* 2014, 168:1030-1038



FAECAL MICROBIOTA TRANSPLANT—IT’S ROLE IN CLOSTRIDIUM DIFFICILE TREATMENT

Recurrent *Clostridium difficile* infection (CDI) occurs in around 20% of cases and is thought to be due to either re-infection or new infection. Re-infection can be linked to the person’s altered immune response which can be affected by persistence of spores that disrupt intestinal flora.

Treatment for CDI focuses on specific antibiotics, metronidazole or vancomycin in a 14 day course and are detailed in the primary care prescribing guidance. Tapered vancomycin course can be prescribed for further relapses (spanning over 10 weeks). Interestingly, fidaxomicin has been licensed for use (costing around £1350); NICE (2012) indicates it is non-inferior to vancomycin and may have the advantage of reducing the rate of recurrence. PHE (2013) suggest fidaxomicin could be considered where there is a high risk for recurrence or for those with severe CDI. There is however another way of treating recurring CDI, by faecal transplantation.

History related to faecal transplantation dates back to 4th Century China where human faecal mixture was prescribed for severe diarrhoea. Over time faecal transplantation as a medical treatment has been explored. In 1985 Eiseman used faecal enemas to treat pseudomembranous colitis leading to a number of studies to determine its efficacy, in turn these have led to further developments. The procedure involves transplanting faecal microbiota (derived from mixing saline with manipulated faeces) from a healthy donor into the gut of a patient with recurrent CDI with an aim of restoring a healthy balance of bacteria. Donors are screened and tested for enteric bacterial pathogens, viruses and parasites. The route of administration has changed over the years with retention enemas in the 1980s; nasogastric installation using a scope in 2000s and self-administered enemas in 2010. In recent times enteric-coated capsules have been developed.

Although the thought of this procedure may be distasteful, evidence to date clearly suggests that faecal transplantation is effective with a mean cure rate of 90% for CDI which is now recognised by NICE (2013). Remember CDI symptoms can be debilitating leading to weight loss, dehydration and complications such as pseudomembranous colitis, toxic megacolon, sepsis and death, appropriate treatment options including faecal transplant are all options that can be considered. Interested? — further reading:

NICE (2012) *Clostridium difficile* infection: fidaxomicin.

NICE (2013) Faecal microbiota transplant for recurrent *Clostridium difficile* infection.

Sbahi H, Di Palma JA (2016) Faecal microbiota transplantation: applications and limitations in treating gastrointestinal disorders *BMJ Open Gastroenterology* 2016;3:e000087. doi: 10.1136/bmgast-2016-000087



Keep Antibiotics Working All healthcare staff have a responsibility to take action to keep antibiotics working. This campaign has now returned to alert the public to the risks of antibiotic resistance, urging them to always take their doctor, nurse or healthcare professional’s advice on antibiotics. The campaign also provides effective self-care advice to help individuals and their families feel better if they are not prescribed antibiotics. Keep an eye out for the adverts on the radio and on TV...



Avoiding Colds in Autumn

There is much talk each year about colds and how they can be avoided. It is interesting to note that children on average have up to 12 colds each year whereas adults will have between 2—4. Some key points you may wish to consider promoting to others include:

- Hand hygiene - yes it really is the number 1 tip for preventing the spread of infection including the viruses which cause colds.
- Cover your mouth when sneezing but not with your hand, if using your hand remember to clean it afterwards. If you are not able to clean your hands after sneezing then sneeze into the crook of your arm. That way you won’t spread the virus around on your hands
- Have a healthy diet to maintain levels of Vitamin C, although it won’t get rid of a cold it is thought to boost immunity.

If the above doesn’t work there is treatment advice for colds on the NHS website <https://www.nhs.uk/conditions/common-cold/>. A cold usually lasts between 5-10 days and advice to help with symptoms includes the need to rest, keep warm and drink plenty of fluids. Don’t hurry to get antibiotics as unless it is thought you have a bacterial infection they will not be prescribed.