Dear Colleague

**Surveillance of Healthcare Associated Infections**

We are writing to alert you to the roll out of the next tranche of the mandatory surveillance scheme for healthcare associated infections. This is a component of the healthcare associated infections action plan referred to in the CMO’s strategy to combat infectious disease, *Getting Ahead of the Curve*.

**Background**

In October 2000 the Minister of Health gave an undertaking that all NHS Trusts in England would monitor levels of hospital acquired infection and that this compulsory monitoring would be developed to cover certain blood stream infections, as well as infections of wounds following orthopaedic surgery. Mandatory surveillance of methicillin resistant *Staphylococcus aureus* (MRSA) bacteraemias by acute NHS hospital Trust began in April 2001.

Infection control staff, microbiologists and regional epidemiologists should be congratulated for their roles in collecting, analysing and feeding back these important data. The Communicable Diseases Surveillance Centre of the Health Protection Agency, now publishes the data on a national basis.

From July 2003 this information will be used as the basis of a performance management indicator. This will compare data from the two most recent years so as to provide each Trust with an improvement score. The indicator will form part of the balanced scorecard which will contribute to the Star Ratings for acute hospital Trusts.
Actions

The next tranche of HCAI surveillance should now be activated in line with the detail set out in the attached annex. You should bring this to the attention of your microbiologists and infection control teams. It requires

- reporting of bacteraemias due to glycopeptide resistant enterococci (GRE)
- regular routine laboratory CDR reporting of MRSA bacteraemias
- reporting of Serious Untoward Incidents associated with infection via the normal reporting system for all Serious Untoward Incidents.

We are committed to preventing healthcare associated infections. The provision of baseline information about such infections is of paramount importance to minimise the risk of infection for patients, staff and visitors.

Sir Liam Donaldson
Chief Medical Officer
Sarah Mullally
Chief Nursing Officer
Annex A

SURVEILLANCE OF HEALTHCARE-ASSOCIATED INFECTIONS

The Minister of Health gave an undertaking in October 2000 that all Trusts in England would monitor levels of hospital acquired infection. This began with the establishment of alert organism surveillance for *Staphylococcus aureus* bacteraemia reporting from all acute English NHS Trusts. Further surveillance initiatives should now be implemented, as detailed below.

For action:

1. Further development of alert organism surveillance
   - Trusts should change reporting of their *Staph. aureus* bacteraemia data from aggregate quarterly reporting to regular continuous routine laboratory reporting. This reporting should be via the regional epidemiologists (REs) to the Communicable Disease Surveillance Centre of the Health Protection Agency.
   - The alert organism bacteraemia surveillance currently in place for *Staph aureus* will be extended to include the reporting of bacteraemias, due to glycopeptide resistant enterococci (GRE) by acute NHS Trust from 1 September 2003. Data should be reported as set out above.
   - Trusts will need to ensure that microbiology laboratories are able to electronically report their surveillance information by December 2003. Where new pathology systems are being purchased, it is important that the specification includes the requirement to automatically download and electronically export the data.

2. Reporting of Serious Untoward Incidents associated with infection
   - From September 2003 Trusts need to report Serious Untoward Incidents associated with infection via the normal reporting system for all Serious Untoward Incidents. In the first instance this should be from Trust to the Strategic Health Authority for onward reporting as appropriate. Timely communication with REs in the Health Protection Agency in order that they can provide appropriate advice and support for controlling hospital outbreaks of infection should continue.
   - Such untoward incidents associated with infection are those that produce, or have the potential to produce, unwanted effects involving the safety of patients, staff or others. Reportable incidents are those:
     - that result in significant morbidity or mortality; and/or
     - involve highly virulent organisms; and/or
     - are readily transmissible; and/or
     - require control measures that have an impact on the care of other patients, including limitation of access to healthcare services;

These incidents can be broadly divided into:
Outbreaks: two or more linked cases in healthcare settings
Infected healthcare worker or patient incidents necessitating consideration of lookback investigations (eg TB, vCJD, blood borne infections).
Significant breakdown of infection control procedures with actual or potential for cross-infection (eg release of products from a failed sterilisation cycle, contaminated blood transfusion).

2. For information - Further anticipated developments:

- Alert organism surveillance will be further extended to the reporting of *C. difficile* associated disease following some underpinning work to review current practices. This will inform the development of national standards for the identification and reporting of *C. difficile*. The roll-out of this next stage is expected to be January 2004.

- A programme for enhanced surveillance of surgical site infections (SSI) is being developed. This builds on the previous Nosocomial Infection National Surveillance Service and the voluntary orthopaedic surgery surveillance being piloted in some sites. The roll-out of orthopaedic SSI surveillance to all Trusts undertaking orthopaedic surgery is expected to start in April 2004.

- Further information will follow on these anticipated developments.

References


   http://www.phls.org.uk/publications/cdr/archive02/bacteraemiaarchive02.html