9th June 2005

MANDATORY SURVEILLANCE OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) BACTERAEMIAS

Dear Colleague

We are writing to inform you of changes to the mandatory surveillance system for Staphylococcus aureus since our previous communication on 9 June 2003. These changes will provide a better evidence base for national policy and will help you better interpret your local situation so that you can take appropriate targeted action to control these infections.

Mandatory surveillance of MRSA bacteraemias by acute NHS hospital Trusts began in April 2001 and we have now published over three years’ data. The Secretary of State for Health announced in March that these data will now be published six-monthly rather than annually. The first six monthly data-set was published on 7 March 2005, together with the previous three years’ data set out in six monthly format. These tables can be consulted at www.dh.gov.uk. The mandatory surveillance scheme has provided key information enabling the Department of Health and local NHS Trusts to focus on this important area of healthcare. Infection control teams, consultant microbiologists and all others involved in the collection and analysis of this data are to be congratulated.

With your help we are currently implementing a raft of interventions aimed at reducing the risk of patients acquiring a healthcare associated infection. So that we can all measure progress on achieving this aim, it is vital that we have good quality surveillance data on healthcare associated infections. We cannot emphasise enough how important this is to help minimise the risk of infection to patients, staff and visitors to our hospitals.
Monthly and quarterly mandatory reporting of MRSA bacteraemias

The first step towards a more comprehensive surveillance of MRSA bacteraemias is to extend the current quarterly reporting system, to include mandatory monthly reporting of MRSA bacteraemia data collected from 1 April 2005. The reports for MRSA data covering April and May should be submitted by 15 June and for all months onwards by the 15th of the following month. **We must emphasise that these dates must be met.** The existing reports on a quarterly basis will continue. A full description of what should be reported on a monthly and quarterly basis is presented in the Annexe.

Mandatory reporting of MRSA bacteraemias is already a condition of the Terms of Authorisation for NHS Foundation Trusts. Monitor (Independent Regulator of NHS Foundation Trusts) supports the introduction of a monthly supply of data in controlling and reducing the spread of MRSA bacteraemias. Retrospective approval is being sought from ROCR.

**Mandatory Enhanced MRSA Bacteraemia Surveillance Scheme – Electronic Reporting**

We have asked the Health Protection Agency to develop a new enhanced reporting system for MRSA bacteraemia surveillance, which will allow the capture of more comprehensive data on MRSA. We believe this enhanced system will be helpful in giving Trusts a more accurate picture of their performance and in building up a better evidence base for prevention of infections. 21 Trusts are already using this system on a pilot basis in preparation for rolling out to all acute Trusts by October. A more detailed description of the aims and content of this enhanced reporting scheme for MRSA is given in the Annex.

**MRSA Bacteraemia Surveillance User Survey**

Directors of Infection Prevention and Control, Infection Control Teams and Consultant Microbiologists recently took part in the Health Protection Agency’s MRSA Bacteraemia Surveillance User Survey. The final report will be sent to you very shortly. It is clear from the results of this survey that many of you would welcome these changes to the existing mandatory scheme for MRSA bacteraemia surveillance. It is also clear that many of you are already collecting additional data, such as the probable place of acquisition of infection.

**Actions**

- **Acute NHS Trust and NHS Foundation Trust Chief Executives:** You should bring to the attention of your Directors of Infection Prevention and Control, consultant microbiologists and infection control teams the guidance on more frequent reporting now required for the mandatory surveillance of healthcare associated infections as set out in the Annex to this letter.

- **SHA Chief Executives:** You should bring to the attention of Performance and Improvement leads the requirement for SHAs to ensure that acute Trusts within each SHA area are supplying the HPA with data to the criteria and timing set out in the Annex.
The enhancements that are being introduced over the next few months will generate a more detailed and informative evidence base on the incidence of *Staphylococcus aureus* bacteramias. This will be vital in meeting the national target of a 50% reduction in MRSA bacteraemias in acute Trusts by March 2008\(^5\). We cannot emphasise enough how important this is in the fight to minimise the risk of infection to patients in future.

Sir Liam Donaldson  
Chief Medical Officer

Professor Christine Beasley  
Chief Nursing Officer

**References**

5. Letter from John Bacon, DH Director for Health and Social Care Delivery, and Christine Beasley, Chief Nursing Officer, Gateway ref. 4104, *Healthcare Associated Infection and Hospital Cleanliness*, 5 November 2004.

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http://www.dh.gov.uk/AboutUs/HeadsOfProfession/ChiefMedicalOfficer/CMOletters/fs/en
ANNEX: MANDATORY SURVEILLANCE OF METHICILLIN RESISTANT STAPHYLOCOCCUS AUREUS (MRSA) BACTERAEMIAS

Monthly and quarterly mandatory reporting of MRSA bacteraemia

The results of the recent user survey of the MRSA bacteraemia mandatory surveillance scheme, to be published shortly, indicate that there are some variations remaining between Trusts in the interpretation of the criteria for reporting. It is vitally important that reports from different Trusts are based on the use of an identical definition. We attach the highest importance to removing any remaining variations in reporting between Trusts. Chief Executives have the responsibility to ensure that reporting from their Trusts meets these criteria.

We must emphasise that any report of MRSA data must include all MRSA positive blood cultures detected in the laboratories, whether clinically significant or not, whether treated or not, whether acquired in the Trust or elsewhere.

The data that we require to be reported monthly by microbiology laboratories to the Health Protection Agency by the 15th of the following month are:

- Total number of MRSA positive blood cultures. (The data will not be validated at this stage.)

The data that we require to be reported quarterly by microbiology laboratories to the Health Protection Agency are:

- Total number of MRSA positive blood culture episodes. Repeat reports in the same individual within 14 days of the first report are considered to be part of the original episode and should not be reported. Duplicate reports that are more than 14 days apart from the first report of that episode should be reported, as these are considered to be a separate episode.
- Total number of Staphylococcus aureus positive blood culture episodes. Repeat reports in the same individual within 14 days of the first report are considered to be part of the original episode and should not be reported. Duplicate reports that are more than 14 days apart from the first report of that episode should be reported, as these are considered to be a separate episode.
- Total number of positive blood culture sets.
- Total number of blood cultures (sets taken, not individual bottles).

All data reported on a quarterly basis must be validated. This data will be used to inform the monthly tracking of progress towards the Trust MRSA target.

Mandatory Enhanced MRSA Bacteraemia Surveillance Scheme – Electronic Reporting

The aim of the enhanced MRSA surveillance scheme is to respond to the experiences of Trusts as shown by the user survey. We regard these enhancements as a positive response to the comments that have been received from those contributing to the S. aureus mandatory surveillance system. The enhanced reporting system enables reports to be entered in ‘real time’ as they occur, and allow reports to be expanded in ways that will generate better information about the incidence and risks of infection.
A number of Trusts have expressed concern that the surveillance system as it currently operates does not show the proportion of reported MRSA bacteraemias that were contracted before admission to their Trust. The enhanced system allows for the separation of reports identified within 48 hours of admission from those acquired during the current admission. However, Trusts should **under no situation** use a similar rule to select reports for the existing mandatory surveillance of MRSA bacteraemia.

The enhanced system will also allow Trusts to specify the department or specialism where the patient was being treated when the infection was identified.

21 Trusts are already operating this system on a trial basis to facilitate its development and enable a rollout to all acute Trusts by October.

**Role of the Health Protection Agency**

Policy on the reporting and detailed requirements of the mandatory surveillance systems for healthcare associated infections is set by the Department of Health. NHS Trusts, usually via their Directors of Infection Prevention and Control, consultant microbiologists or infection control teams submit surveillance data to their Regional HPA who validate, collate the information and carry out some regional analyses. SHAs ensure that the NHS provides the information to the HPA to the criteria and timescale required.

The Regional HPA also forward information to the HPA Centre for Infection who perform and publish national analyses and forward Trust specific data to the Department of Health. This is then published on the CMO’s website. Bacterial isolates with exceptional resistance or representatives of suspected hospital outbreaks can be sent to the Centre for Infection’s reference laboratories for investigation. This flow of information and bacteria for reference investigation should continue.