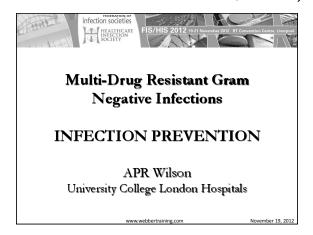
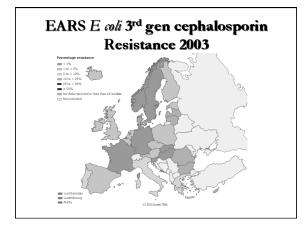
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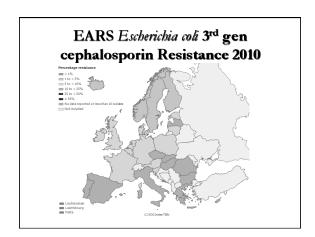
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Transmission

- Complex network of transmission between humans, sewage, environment, food, crops and food animals, and pets.
- Pressure of human/animal antibiotic use
- CTX-M E coli often ciprofloxacin resistant
- Urinary infection most common
- Old age, long stay
- Clone E coli ST-131 spread CTX-M-15





Sources

- Residential homes reservoir gut carriage
- Domestic hand hygiene after toilet
- Hospital : Klebsiella, Enterobacter, Serratia hand hygiene

Report of Joint Working Group, DARC/ARHAI 2012

Basic Principles

- Reduce unnary catheterisation, intubation
- Enhanced cleaning
- Pre-emptive isolation
- Hospital transfer handover
- Outbreak control + root cause analyses

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High risk of transmission

- Diarrhoea, urinary incontinence, close contact
- Highly transmissable strain
- Vulnerable patients
- First case in unit
- Rising number of cases with transmission despite precautions

Serious Incident

- Involve senior management
- Check for transmission + screen patients
- Consider Outbreak Group Meeting -Infection Control Lead, managerial, estates, nursing and clinical members
- Case definition case finding
- Criteria for unit closure

Patient Isolation

- Single room or cohort
- Case mix, multidrug resistance, staffing
- Faecal colonisation enhance environmental cleaning
- Antibiogram / send to reference lab
- Patient specific BP cuffs & stethoscopes

Antibiotic Stewardship

- Staff training
- Monitor and feedback use of antibiotics
- Limit 3rd generation cephalosporins, quinolones and aminoglycosides
- Do not treat colonisations

Screening

- Admissions to unit / ICU
- Pre emptively isolate and screen admissions from high incidence units or known carriers
- Weekly screens
- Do not screen staff unless implicated

Cleaning

- Targeted high contact surfaces bed rails, commodes, door handles, taps
- Close ward and terminal clean
- Consider steam clean or hydrogen peroxide

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Education

- Training of staff on transmission
- Patient and visitor information leaflets
- Record mortality rate and produce report with root cause analysis

Carbapenem-resistant Enterobacteriaceae

- Single room isolation
- Look back 6 months
- Screen contacts rectal swabs
- If uncontrolled close unit
- No routine surveillance
- Terminal clean steam or hydrogen peroxide

Selective decontamination

- Topical non-absorbable antibiotics oropharynx and stomach
- SDD: Short course intravenous antibiotic
- SOD: no iv antibiotic
- 12 meta-analyses and 36 RCT: 10 studies show reduction in pneumonia
- Dutch study 5939 patients 3.5% reduction mortality

Problems

- Will ESBL E coli become common?
- Gut carriage no accurate estimate
- Imported food
- Human animal transmission
- BSAC/HIS/BIA Working Party



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