

Communicable Disease Report

National evidence-based guidelines for preventing healthcare associated infections

The first phase of national evidence-based guidelines for preventing healthcare associated infections, is being published on 18 January as a supplement to this month's *Journal of Hospital Infection* (1). The Department of Health commissioned these guidelines from the Wolfson Institute of Health Sciences, Thames Valley University, although practitioners from many professional organisations contributed to their production. This first phase deals with the prevention of hospital-acquired infections and focuses on the standard principles of hospital infection control, together with guidelines for preventing infections associated with short-term indwelling urinary catheters and central venous catheters in acute care respectively. The standard principles cover hospital environmental hygiene, hand hygiene, the use of personal protective equipment and the use and disposal of sharps.

The evidence for infection control practices was reviewed and categorised according to its strength and quality. As expected from previous guidelines in the infection control field (2), much of the evidence is graded category 3 – not based on robust experimental or epidemiological studies. All the recommendations in the guidelines are endorsed equally and none is regarded as optional.

John Denham, the Minister of State for Health, has added a foreword to the guidelines, commending them to the NHS. Ensuring that there are effective systems in place to tackle hospital acquired infection is a core underpinning requirement of the NHS Plan Implementation Programme. The guidelines can be adapted for local use and are also expected to be a tool for clinical governance and audit purposes. It is anticipated that they will become an integral part of the Controls Assurance process for hospital infection control and the Commission for Health Improvement will be cognisant of these guidelines in its work. The guidelines will be reviewed as part of the National Institute of Clinical Excellence work programme in 2002.

The supplement will also be disseminated separately by the Department of Health to infection control doctors and nurses, as well as those with clinical governance lead responsibility, with a covering letter signed jointly by the Chief Medical and Nursing Officers. The full text of the guidelines will be available on the Department of Health website at www.doh.gov.uk/hai and on the Hospital Infection Society website at www.his.org.uk. The technical reports of the scientific literature are available on the Thames Valley University *epic* website at www.epic.tvu.ac.uk.

1. Pratt RJ, Pellowe CM, Loveday HP, Robinson N, Smith GW and the *epic* guideline development team. The *epic* Project: Developing National Evidence-based Guidelines for Preventing Healthcare associated Infections. *J Hosp Infect* 2001; **47** (supplement): S1-82
2. Working Party Report. Revised guidelines for the control of methicillin-resistant *Staphylococcus aureus* in hospitals. *J Hosp Infect* 1998; **39**: 253-90.

National evidence-based guidelines for preventing healthcare associated infections

1

Drug resistant tuberculosis in north London – update

2

Bacteraemia, England and Wales: laboratory reports 1999 and 2000

3



Drug resistant tuberculosis in north London – update

The number of cases associated with an outbreak of isoniazid resistant tuberculosis in north London has risen from 26 in August 2000 (1) to 37. The first case associated with the outbreak was diagnosed in 1995, 15 cases were diagnosed in 1999 and 21 in 2000. The dates of diagnosis of the recent cases range from May to October 2000. As with the earlier cases, the recent ones are predominantly young adults of various ethnic groups resident in north or north-east London. Isolates of isoniazid resistant *Mycobacterium tuberculosis* in residents of London have been examined at the PHLS Mycobacterium Reference Unit. The 37 cases share a common strain type based on a preliminary rapid PCR-based typing method (RAPET): 24 have been tested by IS6110 restriction fragment length polymorphism (RFLP) and are indistinguishable.

As a result of the earlier identification of two cases with possible prison links, further investigation was carried out and an additional three cases who had spent time in custody were identified. They shared other features common to the cluster such as residence in north London and/or a common social network. To date only one case is presumed to have acquired infection in prison. Steps have been taken in the prison to reduce the risk of further transmission of infection and prevention and control measures for prisons in general are being reviewed.

In several cases compliance with treatment has been identified as a problem. Recommended treatment is prolonged in isoniazid resistant cases (2). The regional incident management team has asked districts involved in the management of patients in the cluster to ensure that there are robust arrangements in place for the treatment of cases and assessment of contacts, including those directly observed therapy where there is a concern about adherence. The outcome of treatment is being monitored in all cases in the cluster. All contacts are being screened in accordance with standard guidance (3). In addition, all cases of isoniazid resistant tuberculosis in London residents are being typed to identify those with possible links to the cluster, and the rates of isoniazid resistance outside London are being monitored in order to identify any further extension to the cluster. For further information, or to provide information about potentially linked cases, contact Dr Deepti Kumar or Dr Helen Maguire, Regional Epidemiologist, CDSC London (tel: 020 7725 2734, email h.maguire@cdsc.nthames.nhs.uk).

1. CDSC. Drug resistant tuberculosis in north London. *Commun Dis Rep CDR Wkly* 2000;**10**(32): 285, 88
2. Joint Tuberculosis Committee of the British Thoracic Society. Chemotherapy and management of tuberculosis in the United Kingdom: recommendations 1998. *Thorax* 1998; **53**: 536-48
3. Joint Tuberculosis Committee of the British Thoracic Society. Control and prevention of tuberculosis in the United Kingdom: code of practice 2000. *Thorax* 2000; **55**: 887-901

Bacteraemia, England and Wales: laboratory reports 1999 and 2000

	Annual totals blood (cerebrospinal fluid with or without blood)				2000 ranking	
	1999		2000*		In section	Overall
Gram negative bacteria						
<i>Acinetobacter sp</i>	770	(15)	715	(7)	8	16
<i>Aeromonas sp</i>	73	(1)	65		16	31
<i>Branhamella/Moraxella sp</i>	88		76	(1)	15	29
<i>Campylobacter sp</i>	115	(9)	114	(12)	14	28
<i>Citrobacter sp</i>	406	(1)	400	(1)	10	19
<i>Enterobacter sp</i>	1679	(12)	1609	(8)	4	9
<i>Escherichia coli</i>	11538	(35)	10091	(31)	1	2
<i>Haemophilus influenzae</i> ¹	253	(10)	287	(8)	11	21
<i>H. influenzae</i> type b	26	(8)	21	(5)	18	33
<i>Klebsiella sp</i>	2792	(10)	2852	(12)	2	6
<i>Neisseria meningitidis</i>	886	(278)	798	(216)	7	15
<i>Proteus sp</i>	1741	(3)	1767	(4)	3	8
<i>Providencia sp</i>	68		65		16	31
<i>Pseudomonas aeruginosa</i>	1438	(5)	1391	(7)	5	10
<i>Pseudomonas sp</i> ²	1037	(3)	982	(3)	6	11
<i>Salmonella typhi</i> and <i>S. paratyphi</i>	217		187		12	23
<i>Salmonella sp</i> ³	234	(6)	186	(2)	13	24
<i>Serratia sp</i>	569	(3)	536	(3)	9	17
Totals	23930		22142			
Gram positive bacteria						
<i>Bacillus sp</i>	140	(4)	125	(10)	11	27
<i>Corynebacterium sp</i> and diphtheroids	171	(12)	189	(10)	10	26
<i>Listeria sp</i>	82	(18)	75	(13)	12	30
Staphylococci:						
<i>S. aureus</i>	10628	(68)	10235	(74)	1	1
coagulase negative ⁴	4439	(177)	4194	(152)	2	3
Streptococci and enterococci:						
group A	734	(3)	685	(5)	6	13
group B	811	(40)	891	(45)	7	14
group C	125	(1)	133	(3)	9	25
group G	529	(1)	456		8	18
<i>Enterococcus sp</i> ⁵	3396	(17)	3227	(20)	4	5
α- and non-haemolytic	1883	(23)	1923	(40)	5	7
<i>S. pneumoniae</i>	3807	(193)	4001	(161)	3	4
Totals	26745		26134			
Anaerobic bacteria						
Anaerobic cocci ⁶	186		163		3	22
<i>Bacteroides sp</i> ⁷	1041	(1)	998	(4)	1	12
<i>Clostridium sp</i>	425	(2)	404	(4)	2	20
Totals	1652		1565			
<i>Mycobacterium avium - intracellulare</i> group	18		12	(2)		33
Overall totals	52345		51368			

* Provisional data

1 Includes all *H. influenzae* except type b2 Includes all *Pseudomonas sp* and *Pseudomonas-like sp* except *P. aeruginosa*3 Includes all salmonellas except *S. typhi* and *S. paratyphi*4 Includes all staphylococci except *S. aureus*, and also includes *Micrococcus sp*5 *Enterococcus avium*, *E. casseliflavus*, *E. durans*, *E. faecalis*, *E. faecium*, *E. gallinarum*, *Enterococcus sp*, *Streptococcus bovis*, group D streptococci6 Includes *Peptococcus sp*, *Peptostreptococcus sp*, *Veillonella sp*7 Includes *Bacteroides sp*, *Fusobacterium sp*, *Prevotella sp*, *Porphyromonas sp*