SCOTTISH EXECUTIVE

Health Department
Directorate of Nursing, Midwifery and Allied Health Professionals

Dear Colleague

A REVISED FRAMEWORK FOR NATIONAL SURVEILLANCE OF HEALTHCARE ASSOCIATED INFECTION IN SCOTLAND

This letter updates the framework for National Surveillance of Healthcare Associated Infection (HAI) in Scotland which was originally set out in HDL(2001)57. The revised framework reflects policy developments since the issue of that HDL and forms part of the work programme for the Ministerial HAI Task Force.

NHS Boards are required to implement the revised and new systems to take these changes into account. This letter should be drawn to the attention of Infection Control Managers; Consultant Microbiologists; Infection Control Teams; and Infection Control, Clinical Governance and Risk Management Committees.

Actions

Mandatory elements of surveillance

The requirement for all NHS Boards to collect data on Meticillin Resistant *Staphylococcus aureus* (MRSA) bacteraemias will remain. This continues to be an important proxy measure for the incidence of MRSA infections and for HAIs generally. Reporting under the European Antimicrobial Resistance Surveillance Survey (EARSS) protocol is mandatory with immediate effect: this surveillance system has been combined with the Health Protection Scotland (HPS) surveillance system to supply more complete MRSA data, and Boards already have systems in place to collect and submit this EARSS information.

The inclusion of all Meticillin sensitive *Staph. aureus* (MSSA) bacteraemia will also be mandatory with immediate effect as per the EARSS protocol.

10 July 2006

Addresses

For action

Chief Executives, NHS Boards
Chief Executive, Golden Jubilee National Hospital

For information

Director, Health Protection Scotland
Chief Executive, NHS Education for Scotland
Chief Executive, Health Facilities Scotland
Chief Executive, NHS Quality Improvement Scotland
Chief Executive, NHS Health Scotland
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Surveillance of *Clostridium difficile* will become mandatory from 1 September 2006, and Boards should implement systems from July 2006 with a view to collecting these surveillance data according to the Scottish Surveillance of HAI Programme (SSHAIP) protocol. All SSHAIP protocols are available at http://www.hps.scot.nhs.uk/haiic/HDLSurveillanceMay06.asp

As previously stated in HDL(2001)57, all Boards are required to implement surveillance of in-patient surgical site infection (SSI) for at least two operative procedures: these were chosen from a list provided with HDL(2001)57, now revised and available within the HPS SSI SSHAIP protocol version 4 (weblink as above). In order to achieve comparable indicators across Scotland and beyond, **surveillance of hip arthroplasties and caesarean sections will be mandatory from 1 January 2007** for those boards performing these procedures. However, if Boards do not perform one or either of these two procedures, then they should substitute from the list within the SSHAIP protocol. Neurosurgery SSI surveillance is now included within this 'voluntary' list and is therefore no longer mandatory, with immediate effect.

Post Discharge Surveillance (PDS) must be undertaken, using prospective readmissions data, up to 30 days following discharge on **all** orthopaedic surgical cases under inpatient surveillance, as specified in the SSHAIP protocol. PDS on caesarean sections will also be mandatory for the 30 days following discharge, and a protocol and methodology for this will be defined in the SSHAIP SSI protocol. **Reporting on these two PDS areas is mandatory from 1 January 2007**.

The table below sets out the changes required and the date by which they should be implemented.

Mandatory data to be collected	**Action required**	**Deadline**
MRSA bacteraemias • Reporting under EARSS • All *Staph. aureus* bacteraemias (including MSSA)	• All MRSA cases to be reported using EARSS criteria • Put systems in place	Immediate
Clostridium difficile	Put surveillance systems in place Reporting by SSHAIP protocol	from July 2006 1 September 2006
Surgical site infections to include hip arthroplasty and caesarean sections	Put surveillance systems in place Reporting by SSHAIP protocol	from July 2006 1 January 2007
Post Discharge Surveillance • to be undertaken using readmission surveillance for 30 days post discharge on all orthopaedic surgical cases. • Caesarean sections	Reporting by SSHAIP protocol	1 January 2007

Voluntary elements of surveillance

We encourage NHS boards to comply with the NHS Quality Improvement Scotland (NHS QIS) standard for surveillance within the NHS QIS HAI Infection Control Standards. As a mimimum, structures should be in place for alert organism surveillance, alert condition surveillance and surveillance of HAI outbreaks with reporting according to the existing SSHAIP HAI outbreaks protocol in all NHS directly managed beds within NHS Boards.

In addition to mandatory requirements for surveillance, all infection control teams should also target local HAI surveillance to locally identified priority areas. Whenever possible, this surveillance should be carried out using SSHAIP surveillance protocols. Boards are encouraged to implement as many of the 'voluntary' list of surveillance topics as possible, and a minimum of two in addition to the compulsory elements.

It is widely recognised that increasing resistance to antibiotics and other antimicrobials poses a major threat to the public health. The Antimicrobial Resistance Strategy for Scotland (2002) is currently being revised, and this will include recommendations for future surveillance of resistant organisms. An essential first step is the standardisation of routine resistance testing by NHSScotland laboratories, and the HAI Task Force is looking at supporting this by capital investment in automated sensitivity testing equipment. NHS Boards will be expected to contribute to implementing and sustaining this important initiative, which will be the subject of future communications from the Department.

An integrated and validated system of surveillance is vital for informing local and national interventions and strategic development, and in ensuring the earliest possible ascertainment and characterisation of new and re-emerging hazards. I am grateful for your assistance in ensuring the implementation of the above requirements

Yours sincerely,

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