

IPC Advice Newsletter Bulletin for GP Practices

Good Infection Prevention and Control Practice Issue No. 01 – Jan 2020

Flu Update.

PHE has reported that **during the last week of 2019, influenza activity has continued to increase.**

The impact of flu on healthcare services continues to be at moderate intensity levels for hospitalisations and ICU/HDU influenza admissions. The Department of Health & Social Care has issued an alert on the prescription of antiviral medicines by GPs. Prescribers may now prescribe and pharmacists may now supply antiviral medicines for the prophylaxis and treatment of influenza.

The available updated data in this report should be interpreted with caution due to delays in reporting during the Christmas period.

It is advised that if antivirals are being prescribed, they should be given on signs of symptoms of flu, and not on confirmation of laboratory result. Antivirals are only effective against flu within the first 48hrs of symptoms. If the patients result is negative for flu, then antivirals should be stopped.

Please see PHE Weekly national influenza report at:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/855461/Weekly_national_influenza_report_week_1_2020.pdf

MRSA

Barnsley Community has seen 2 MRSA bacteraemia in recent months. We have a target of 0. Root cause analysis is presently being undertaken on the affected patients to identify any underlying causes.

How can we prevent further incidence of MRSA occurring?

In the Community, patients may live within their homes colonised with MRSA without having any symptoms. It is quite often when the patient is admitted to hospital that screening identifies the presence of MRSA. The patient maybe treated with a decolonisation agent and the patient may be clear prior to discharge. However, once at home and back in their own environment, the likelihood of colonisation /Infection is high.

There are certain patients who meet a high risk criteria, these patients may:

- Diabetic who has venous ulcers.
- Presence of an indwelling device, e.g. Hickman line, urinary catheter, PEG.
- Presence of chronic lesions, e.g. leg ulcers or pressure sores
- Problematic and/or open wounds or vac dressings.
- Patient who have been prescribed ciprofloxin
- IV Drug users

These patients will be at high risk of developing MRSA bacteraemia. The Consultant Microbiologists, or the Infection Prevention and Control Nurses are available for advice and support.

Clostridium Difficile - For the April 2019 to present, we have had 10 toxin positive patients. The target for Barnsley CCG is 62. Target is 35 However we have seen an increase throughout the 2018-2019 periods.

How can we prevent further incidence of Clostridium difficile? :

Antimicrobial prescribing - Looking back at the previous root cause analysis, inappropriate antibiotics and long term PPI can contribute to Clostridium Difficile infection.

Sending a sample can confirm the diagnosis and ensure that the correct antibiotics are being prescribed.

Practice Nurse Link Worker Group.

Please find the dates for the Practice Nurse Link worker group for 2020:

Thursday 13 th February	13:00-16:30 pm
Friday 15 th May	13:00-16:30 pm
Monday 25 th September	13:00-16:30 pm
Tuesday 17 th November	13:00-16:30 pm

The venue is in the board room at Kendray Hospital. An invite will be sent 3 weeks prior to the event when booking opens. If you do not receive an invite and would like to be added onto the list, please email the team on bdg-tr.infectioncontrol@nhs.net