

NHS Fife

Report to Fife NHS Board on 26 June 2012

**NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT)**

1. PURPOSE OF PAPER

This mandatory bimonthly report on Healthcare Associated Infection (HAI) trends and infection prevention initiatives in NHS Fife is compiled and collated for the Board by the Infection Control Manager (ICM) as required by HDL (2005) 08. It is presented to the Board by the Chief Executive.

2. INTRODUCTION/BACKGROUND

Scottish Government Health & Social Care Directorates (SGHSCD) require this national template to be tabled for every Board meeting.

The report updates the Board on:

- a) Current HAI rates for NHS Fife, and progress against national targets
- b) Progress against Hand Hygiene targets
- c) NHS Scotland Cleaning Services Specification results
- d) Significant HAI incidents / outbreaks, emerging threats.

It has been prepared and approved by the Infection Control Committee and approved by the Strategic Management Team (SMT). It will be submitted to the Clinical Governance Committee (CGC) at their next meeting.

3. GOVERNANCE REQUIREMENTS

Addressed in the report

4. EQUALITY & DIVERSITY

No impact

5. SERVICE USER AND PUBLIC INVOLVEMENT

The Infection Control Committee and its subgroups include public representation.

6. RISK MANAGEMENT

Risks are highlighted where appropriate in the report.

7. RECOMMENDATION

The Board is asked to:

- **note** the Assessment of NHS Fife's position as regards HAI and
- **note** the initiatives underway to reduce the incidence of HAI

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Chief Executive

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26 June 2012

Healthcare Associated Infection Reporting Template (HAIRT)

Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1
National performance is now shown at Annexe A.

1. Summary

Historic HAI data for Forth Park Hospital is now incorporated into the Victoria Hospital tables.

1.1 Achievements

C difficile Infection (CDI) case numbers remain low and the Fife rate 0.22 cases per 1000 Occupied Bed Days (21% below national average), which means NHS Fife is well on track for the March 2013 target.

In the latest national hand hygiene audit, NHS Fife compliance maintained a figure of 97% (compared with 96% for Scotland overall). It has remained above the national average for over two years.

1.2 Challenges

Having reduced SAB case numbers to an averaged eight per month during 2011-12, April saw a rise to 12 cases and May to 23 cases. That total of thirty-five cases equates to half the NHS Fife annual target so there is a very high risk that this target may not be met.

Cases have been (and continue to be) investigated and there are no apparent links, with 13 arising in hospital and 22 in the community due to a variety of causes. It is a credit to staff that none was associated with intravenous canulae (the commonest cause nationally).

Norovirus remains active across the community, however since the last report; only one ward in Fife (at Victoria Hospital) has been closed to new admissions due to norovirus

1.3 Risks

There is a very high risk that NHS Fife will not achieve the March 2013 HEAT target for SAB.

Nationally, norovirus ward closure levels have continuing at a high level much later into the summer than usual. There is a risk that this may also happen in Fife hospitals.

1.4 Forecast

Continued work to identify causes of community SABs and ways to reduce them. **(ongoing)**

Further work with Scottish Patient Safety Programme (SPSP) and HIS to prevent hospital acquired SABs and surpass the HEAT Target 2011-13. **(ongoing)**

2. ***Staphylococcus aureus* (including MRSA)**

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Methicillin Sensitive *Staphylococcus aureus* (MSSA), but the more well known is MRSA (Methicillin Resistant *Staphylococcus aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias (SAB) can be found at: <http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

2.1 Trends

- Having reduced SAB case numbers to an averaged eight per month during 2011-12, the aim was to further reduce them to below five per month during 2013 to meet the HEAT target; however April saw a rise to 12 cases and May to an unprecedented 23 cases. That total of thirty-five cases equates to half the NHS Fife annual target so there is a very high risk that it may not be met.
- Cases have been (and continue to be) investigated and there are no apparent links, with 13 arising in hospital and 22 in the community due to a variety of causes. It is a credit to staff that none was associated with intravenous canulae (the commonest cause nationally).
- Work continues on identifying and targeting all potential causes of SABs.

2.2 National MRSA screening programme

- With the national MRSA screening programme fully in place, work is focusing on ensuring that processes are well embedded, and performance reports to SGHSCD.

2.3 Current initiatives

- NHS Fife continues to investigate key SAB cases to identify initiatives which can further reduce these infections.
- NHS Fife is well ahead of most Boards in this work and is sharing learning through HPS and Health Improvement Scotland (HIS).

- **3. Clostridium difficile**

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridium difficile* infections can be found at:

www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277

3.1 Trends

- CDI in Fife has remained at a consistently very low level for over two years. This picture is mirrored in both QMH and VHK with virtually no cases in community hospitals.
- No new national data for *C difficile* has been published since the Oct-Dec 2011 figures highlighted in the last report. These showed the NHS Fife quarterly rate as 0.22 cases per 1000 Occupied Bed Days (OBD) - well below the Scottish average of 0.28 and the 2013 target of 0.36

3.2 Current initiatives

- Enhanced surveillance/case reviews continue for *C difficile* cases both in hospital and the community.

4. Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

4.1 Trends

National Hand Hygiene Audit data published in May showed Fife with a slight fall in compliance rate from 98% 'opportunities taken' to 97%. This still exceeded the national average of 96% and has been consistently above it for over two years.

4.2 Current initiatives

Work on integration of the National Hand Hygiene campaign & audits, with the hand hygiene elements of the Scottish Patient Safety Programme (SPSP), is progressing.

5. Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

5.1 Trends

All hospitals and health centres throughout NHS Fife have participated in the *National Monitoring Framework for NHS Scotland National Cleaning Services Specification*. Since April 2006 all wards and departments have been monitored with quarterly reports being produced through Health Facilities Scotland (HFS).

- The *National Cleaning Services Specification* – quarterly compliance report result for January – March 2012 (*quarter 4*) once again shows NHS Fife achieving GREEN status with a rise to 97.5% and remained ahead of the Scottish average.
- Rollout of the Health Facilities Scotland (HFS) Estates Monitoring tool continues and for January – March 2012 (*quarter 4*) NHS Fife maintained GREEN status with 96.4% and remained ahead of the Scottish average

5.2 Current initiatives

- No Fife hospital result this quarter fell below 95%
- An NHS Scotland Electronic Monitoring Package was piloted in March and April, however further development work is being carried forward nationally before it can be rolled out further.
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6. Outbreaks

This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the outbreak under control and whether this was reported to the Scottish Government. For outbreaks of norovirus a more general outline of the outbreak may be more appropriate.

6.1 Since the last report, only one ward in Fife (at Victoria Hospital) has been affected by norovirus and closed to new admissions, however the picture nationally has been different, with high norovirus ward closure levels continuing much later into the summer than usual.

6.2 Community levels remain high and vigilance is being maintained.

7. Other HAI Related Activity

- No change from the last report

8. Assessment

- Having significantly reduced SAB rates, the first two months of 2012-13 have seen an upward surge. These cases do not appear to be linked, but work is underway to ensure that numbers are contained and the initiatives in place across Fife are being maintained. There is a very high chance that the SAB HEAT target for 2012-13 will not be met.
- Sustained low levels of *C difficile* indicate that the initiatives in place to reduce infection rates are working long-term, however staff remain vigilant to ensure potential cases are identified quickly and managed appropriately. The HEAT targets has already been surpassed.

Board Report Card

For C difficile, NHS Fife continues to maintain one of the lowest rates for any mainland Health Board. Numbers across Fife have remained at a sustained low level for over two years

For Staph aureus bacteraemia, numbers had been holding at a low level since April 2011 however a rise has been seen in April and May.

In the latest published hand hygiene audit NHS Fife compliance was down slightly at 97% (vs 96% for Scotland overall). (Bimonthly national audits are shown in red, local audits in intervening months are in black.)

The National Cleaning Services Specification compliance rose to 97.5% with NHS Fife again achieving GREEN status and on track to exceed the national average once again. The Estates Monitoring element of the Cleaning Services monitor was introduced during 2011 and is now reported here too.

Hand Hygiene Monitoring Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
97	97	96	97	96	98	98	98	97	98	97	97

National Hand Hygiene Audits

Local Hand Hygiene Audits

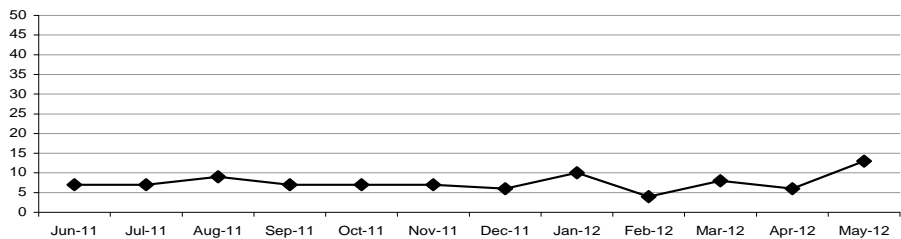
Cleaning Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
97.1	97.2	97.4	97.2	97.2	97.1	97.9	97.1	97.5	97.5	97.3	

Estates Monitoring Compliance (%)

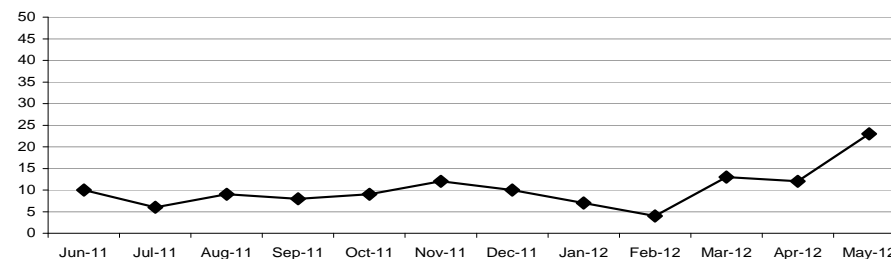
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
96.0	96.6	96.3	95.2	95.9	96.4	96.8	96.9	95.8	95.8	95.0	

Clostridium difficile Cases (ages 15 and over)



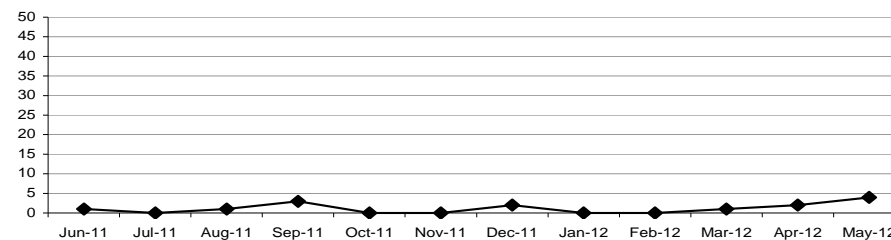
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
7	7	9	7	7	7	6	10	4	8	6	13

Total Staphylococcus aureus Bacteraemia Cases (all ages)



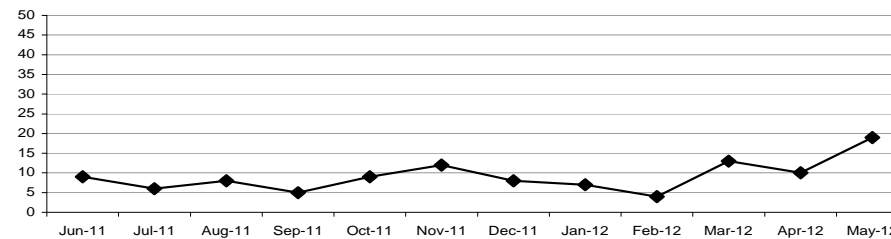
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
10	6	9	8	9	12	10	7	4	13	12	23

MRSA Bacteraemia Cases (all ages)



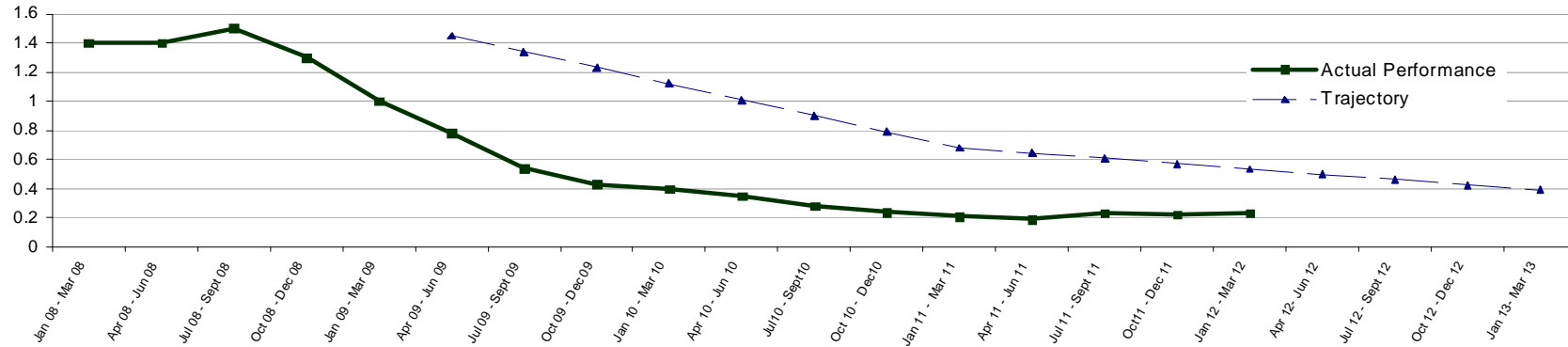
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
1	0	1	3	0	0	2	0	0	1	2	4

MSSA Bacteraemia Cases (all ages)



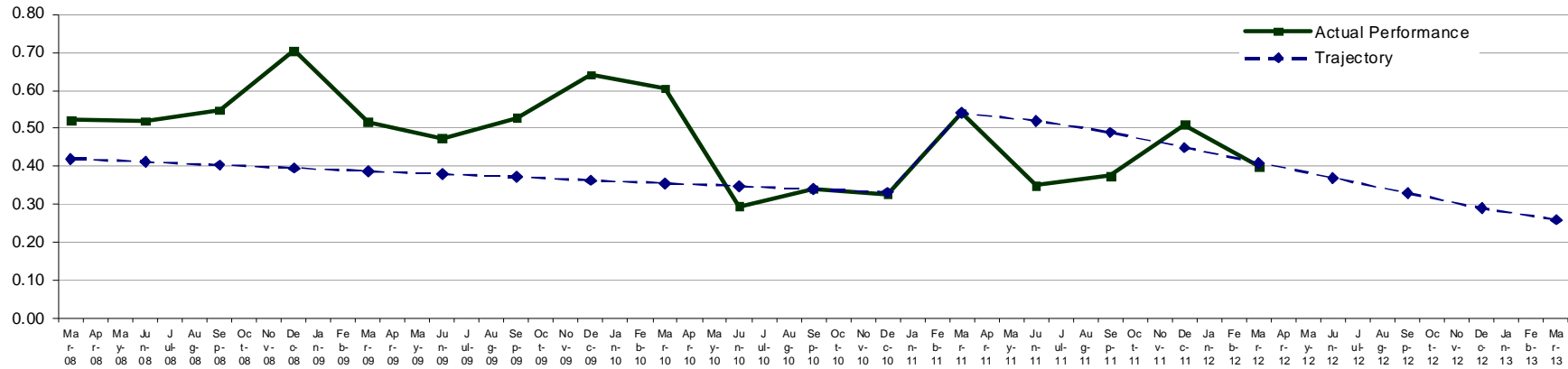
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
9	6	8	5	9	12	8	7	4	13	10	19

Clostridium difficile Infection (age 65 and over) HEAT Target Progress - Local management quarterly data



Rate per 1000 OBD	Jan 08 - Mar 08	Apr 08 - Jun 08	Jul 08 - Sept 08	Oct 08 - Dec 08	Jan 09 - Mar 09	Apr 09 - Jun 09	Jul 09 - Sept 09	Oct 09 - Dec 09	Jan 10 - Mar 10	Apr 10 - Jun 10	Jul 10 - Sept 10	Oct 10 - Dec 10	Jan 11 - Mar 11	Apr 11 - Jun 11	Jul 11 - Sept 11	Oct 11 - Dec 11	Jan 12 - Mar 12	Apr 12 - Jun 12	Jul 12 - Sept 12	Oct 12 - Dec 12	Jan 13 - Mar 13
Actual Performance	1.40	1.40	1.50	1.30	1.00	0.78	0.54	0.43	0.40	0.35	0.28	0.24	0.21	0.19	0.23	0.22	0.23				
Trajectory						1.45	1.34	1.23	1.12	1.01	0.90	0.79	0.68	0.64	0.61	0.57	0.54	0.50	0.46	0.43	0.39

Staphylococcus aureas bacteraemia (including MRSA) HEAT rates - Local management quarterly data



Rate per 1000 AOB	Mar-08	Jun-08	Sep-08	Dec-08	Mar-09	Jun-09	Sep-09	Dec-09	Mar-10	Jun-10	Sep-10	Dec-10	Mar-11	Jun-11	Sep-11	Dec-11	Mar-12	Jun-12	Sep-12	Dec-12	Mar-13
Actual Performance	0.52	0.52	0.55	0.70	0.52	0.47	0.53	0.64	0.61	0.30	0.34	0.33	0.54	0.35	0.38	0.51	0.40				
Trajectory	0.42	0.41	0.40	0.40	0.39	0.38	0.37	0.36	0.36	0.35	0.34	0.33	0.54	0.52	0.49	0.45	0.41	0.37	0.33	0.29	0.26

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridium difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridium difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). Data are presented as both a graph and a table giving case numbers. More information on these organisms can be found on the NHS24 website:

Clostridium difficile : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland's national hand hygiene campaign website:

<http://www.washyourhandsofthem.com/>

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

Understanding the Report Cards – 'Out of Hospital Infections'

Clostridium difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.

National comparative data does not form part of the template and has been added at Annexe A For the NHS Fife report

Victoria Hospital (including Forth Park)

Board-wide trends are mirrored in VHK, with C difficile case numbers maintained at a low level for over a year.

For SABs similarly, numbers have been very low for the last year, reflecting the effort being put into controlling risk factors, particularly Vascular Access Devices (VAD) but have picked up in April and May.

Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).

Historic data reflect the previous ward configuration for VHK. From February 2012 it represents the new configuration

Hand Hygiene Monitoring Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
98	97	98	97	97	98	98	98	98	97	98	97

Cleaning Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
98	98	98	97	98	98	98				97	

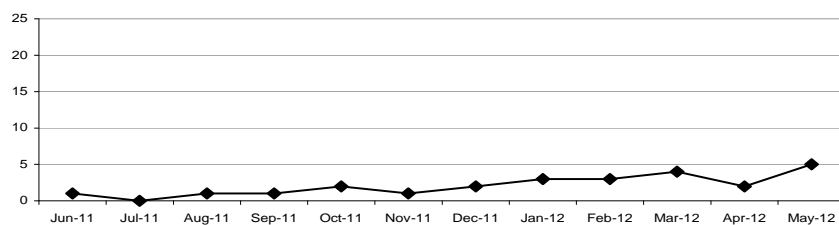
Monitoring suspended during the hospital moves

Estates Monitoring Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
99	99	98	98	99	98	98				97	

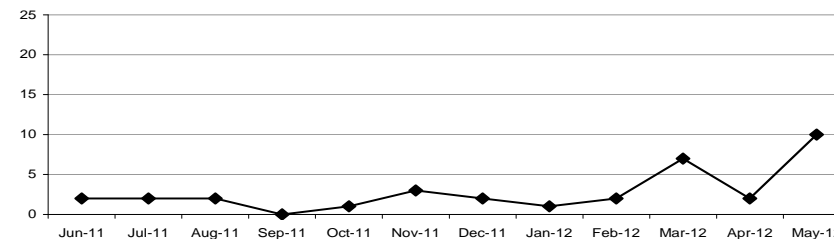
Monitoring suspended during the hospital moves

Clostridium difficile Cases (ages 15 and over)



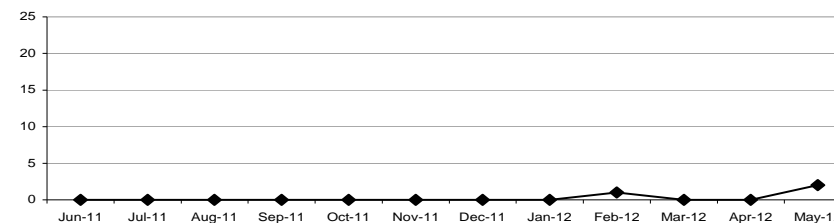
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
1	0	1	1	2	1	2	3	3	4	2	5

Total Staphylococcus aureus Bacteraemia Cases (all ages)



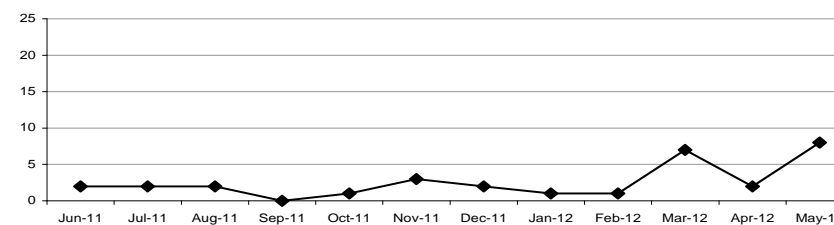
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
2	2	2	0	1	3	2	1	2	7	2	10

MRSA Bacteraemia Cases (all ages)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
0	0	0	0	0	0	0	0	1	0	0	2

MSSA Bacteraemia Cases (all ages)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
2	2	2	0	1	3	2	1	1	7	2	8

Queen Margaret Hospital

The Board-wide trends are mirrored in QMH, with C difficile case numbers continuing at a low level.

For SABs, the decline seen in these since March 2010, particularly with MRSA SABs was maintained, reflecting the significant effort being put into controlling risk factors, especially Vascular Access Devices (VAD).

Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).

Historic data reflect the previous ward configuration for QMH. From February 2012, figures represent the new configuration

Hand Hygiene Monitoring Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
94	96	96	96	97	97	95	98	97	97	97	97

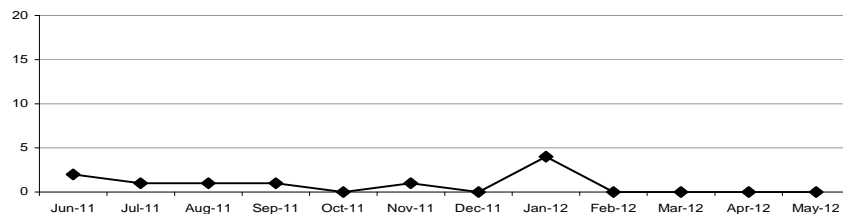
Cleaning Compliance (%)

Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
97	96	97	97	96	98	99	99	99	99	99	99

Estates Monitoring Compliance (%)

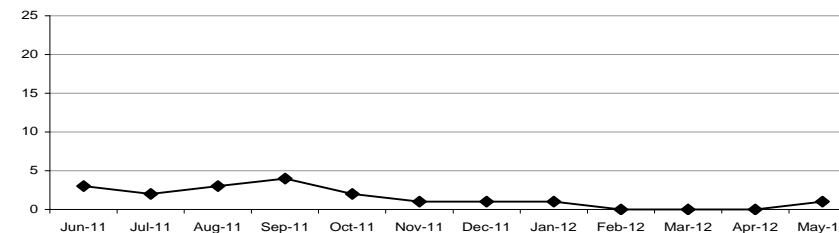
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
92	95	94	94	95	95	96	98	96	96	97	97

Clostridium difficile Cases (ages 15 and over)



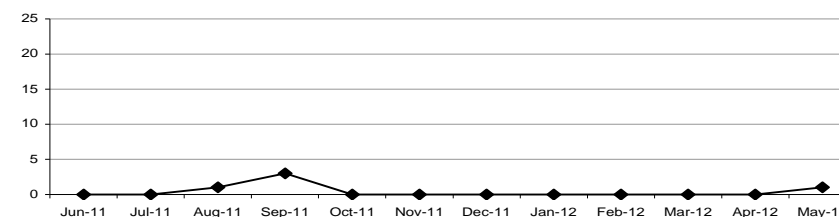
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
2	1	1	1	0	1	0	4	0	0	0	0

Total Staphylococcus aureus Bacteraemia Cases (all ages)



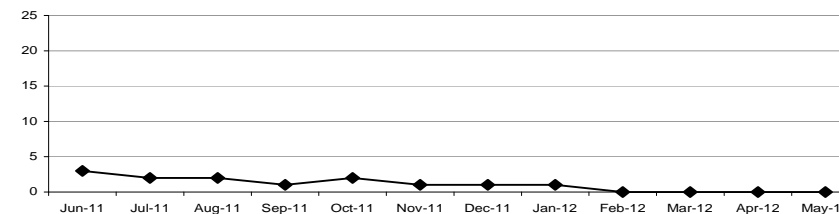
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
3	2	3	4	2	1	1	1	0	0	0	1

MRSA Bacteraemia Cases (all ages)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
0	0	1	3	0	0	0	0	0	0	0	1

MSSA Bacteraemia Cases (all ages)



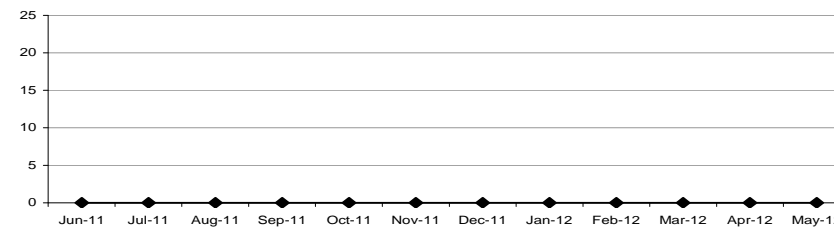
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
3	2	2	1	2	1	1	1	0	0	0	0

Community Hospitals

Community hospital data includes

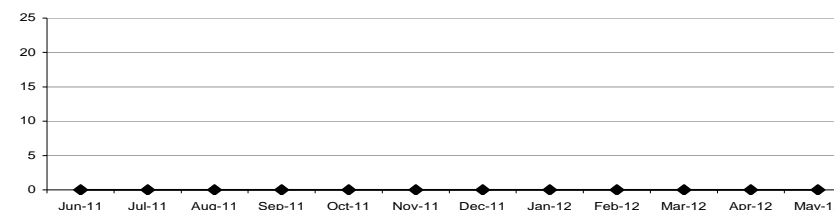
- QMH - Queen Margaret Hospital wards 1-4
- LH - Lynebank Hospital
- WBH - Whyteman's Brae Hospital
- RWH - Randolph Wemys Hospital
- CH - Cameron Hospital
- GH - Glenrothes Hospital
- SH - Stratheden Hospital
- AH - Adamson Hospital
- SAC- St Andrews Community Hospital

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



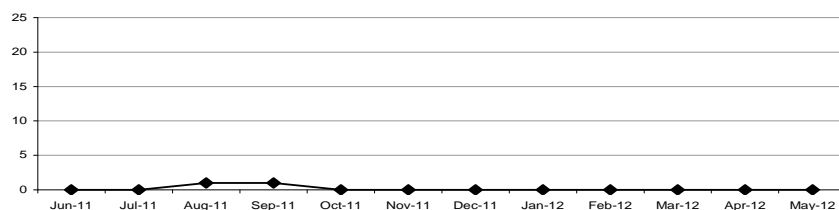
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
0	0	0	0	0	0	0	0	0	0	0	0

MRSA Bacteraemia Cases (all ages)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
0	0	0	0	0	0	0	0	0	0	0	0

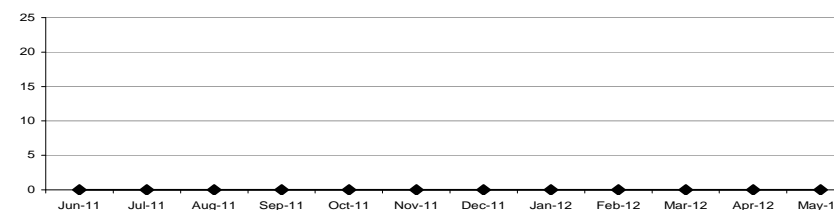
Clostridium difficile Cases (ages 15 and over)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
0	0	1	1	0	0	0	0	0	0	0	0

GH CH

MSSA Bacteraemia Cases (all ages)



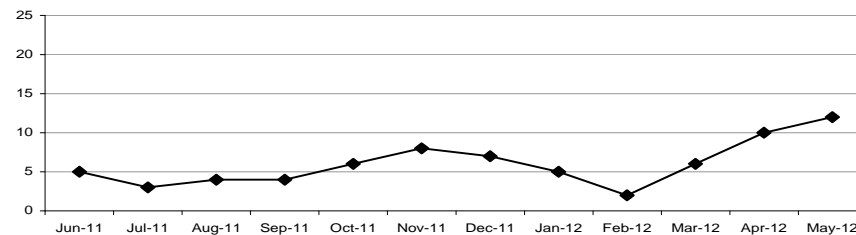
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
0	0	0	0	0	0	0	0	0	0	0	0

Out of Hospital Infections

For *C difficile*, these are infections which have arisen in the community, but may have been treated in the community or in hospital. Rapid Event Investigation (REI) is taking place for cases treated in the community in the same way it is conducted for hospital associated cases.

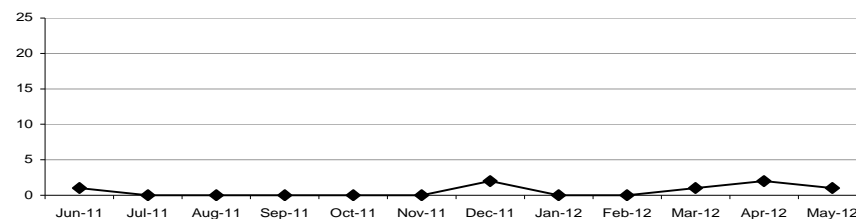
For bacteraemias (SABs) these are infections which have arisen in the community but will have been identified and treated when the patient was admitted to hospital. These may be related to previous healthcare interventions, or may be community acquired. Enhanced Surveillance follow-up is conducted for every case to identify, where possible, the likely cause so that community initiatives can be developed to reduce these.

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)



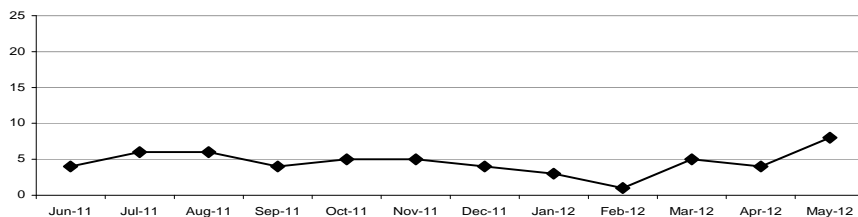
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
5	3	4	4	6	8	7	5	2	6	10	12

MRSA Bacteraemia Cases (all ages)



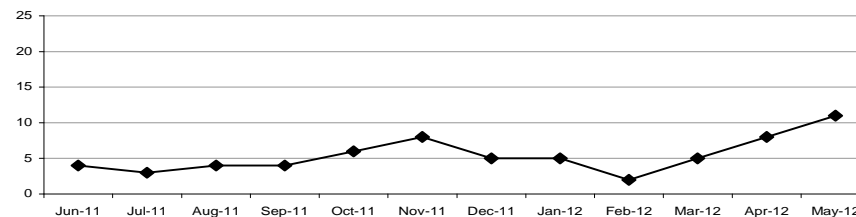
Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
1	0	0	0	0	0	2	0	0	1	2	1

Clostridium difficile Cases (ages 15 and over)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
4	6	6	4	5	5	4	3	1	5	4	8

MSSA Bacteraemia Cases (all ages)



Jun-11	Jul-11	Aug-11	Sep-11	Oct-11	Nov-11	Dec-11	Jan-12	Feb-12	Mar-12	Apr-12	May-12
4	3	4	4	6	8	5	5	2	5	8	11

Annexe A

National Statistics

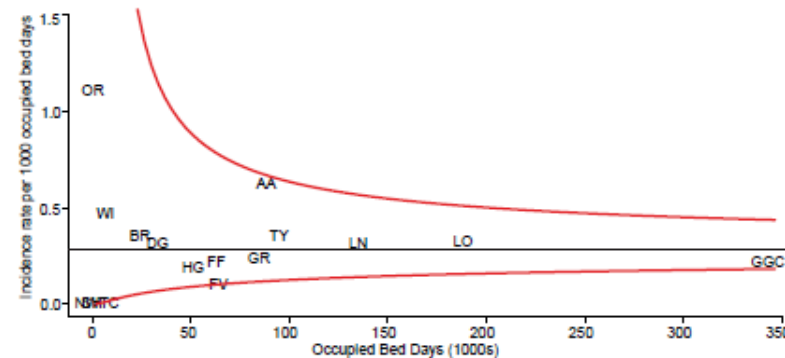
National surveillance data for *C difficile* and for SABs (including data for MRSA) has been published by Health Protection Scotland (HPS) for the period up to December 2011

For *C difficile*, the NHS Fife quarterly rate fell slightly to 0.22 cases per 1000 Occupied Bed Days (OBD) – still well below the Scottish average of 0.28

For MSSA SABs the NHS Fife quarterly rate rose to 0.48 cases per 1000 Acute Occupied Bed Days (AOBD) - above the Scottish average of 0.28

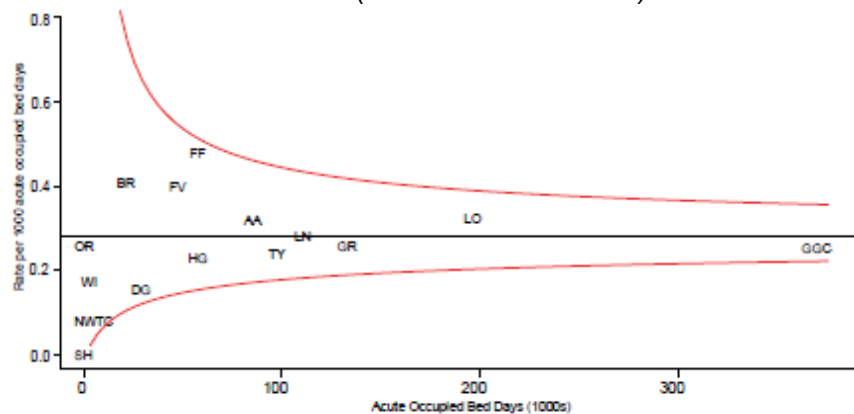
For MRSA SABs, NHS Fife quarterly rate fell to 0.03 per 1000 AOBD – below the Scottish average of 0.04

C difficile (over 65) Oct-Dec 2011 NHS Fife is shown as FF (*below the centre line*)



MSSA bacteraemia Oct-Dec 2011

NHS Fife is shown as FF (*above the centre line*).



MRSA bacteraemia Oct-Dec 2011

NHS Fife is shown as FF (*just below the centre line*).

