



## DE~BUGGED

*Focusing on the provision of Clean, Safe Care...*

Infection Prevention & Control Newsletter for NHS Worcestershire & Worcestershire Health & Care NHS Trust

### INFLUENZA

Currently levels of reported colds and influenza are below seasonal levels, usually influenza occurs most often in winter and peaks between December and March in the northern hemisphere. Influenza or 'flu' is a respiratory illness associated with infection by the influenza virus. Symptoms frequently include a sudden high temperature, headache and general aches and pains, tiredness and sore throat. You can also lose your appetite, feel nauseous and have a cough. Flu symptoms can make you feel so exhausted and unwell that you have to stay in bed and rest until you feel better. For most people influenza infection is just a nasty experience, but for some it can lead to more serious illnesses. The most common complications of influenza are bronchitis and secondary bacterial pneumonia which may require treatment in hospital and can be life threatening especially in the elderly, asthmatics and those in poor health.

The influenza virus was first identified in 1933. There are two main types that cause infection: influenza A and influenza B. Influenza A usually causes a more severe illness than influenza B. New strains are constantly seen which is one of the reasons why the flu vaccine should be given each year, vaccination is the best way to prevent infection. The flu virus is spread in the small droplets of fluid coughed or sneezed into the air by an infected person. These droplets can travel a metre or so and infect anyone within range who breathes them in. Flu can also spread if someone with the virus transfers it on their fingers. For example, if you have flu and you touch your nose or eyes and then touch someone else, you may pass the virus on to them. Similarly if you have flu and touch common hard surfaces such as door handles with unwashed hands then other people who touch the surface after you can pick up the infection. You can reduce the risk of acquiring or spreading flu or colds by being careful with your hygiene.

-  Cleanse your hands regularly, in clinical settings follow the 5 moments for hand hygiene
-  Regularly clean surfaces that are frequently touched such as telephones and door handles
-  Promote the use of tissues to cover mouth and nose when coughing or sneezing
-  Make it easy for used tissues to be put in a bin as soon as possible
-  If you think you have flu you need to reduce the amount of contact you have with others until you feel well again

Remember the Catch it Bin it and Kill it campaign messages and think how you can minimise the spread of respiratory infections by promoting awareness and compliance in your workplace.

### STUDY DAYS

Throughout the year a number of study days for specific staff groups are provided and details are sent out to key individuals for onward dissemination. Dates to note:

-  1 February 2012 Ward Staff Infection Prevention and Control Update 1/2 day sessions
-  28 February 2012 A Masterclass for GPs on *Clostridium difficile*
-  10 May 2012 "Going for GOLD" Infection Prevention and Control Annual Conference and Product Exhibition for Qualified Staff
-  20 September 2012 Infection Control Conference and Product Exhibition for Healthcare Assistants.

Please contact Gail Preece on 01386 502597 for details of the above or to book a place.



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If you require further information about any item in this newsletter please contact the Infection Prevention & Control Nurses on 01386 502552



### WORKBOOKS

Do you want to update your infection prevention and control knowledge? Is infection control part of your mandatory training? Workbooks for infection prevention and control training have now been devised for a number of different staff groups. The intention is to be able to provide different methods by which staff can undertake and demonstrate completion of training. Workbooks are available for:

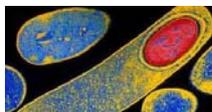
-  Trust Clinical staff
-  Trust Housekeeping staff
-  General Practice Clinical staff

Workbooks are also being developed for:

-  Trust Admin Staff
-  Staff working within Child and Family Services

These can be used as an alternative to e learning or attendance at formal training. Interested? Contact Gail Preece on 01386 502597 to receive a copy of the workbook

## *Clostridium difficile* WHAT'S NEW...



“Dual testing” for *Clostridium difficile* has now been introduced in Worcestershire following a change in national recommendations relating to the microbiological identification of this infection. Two tests are now undertaken on a type 5-7 (liquid) stool sample instead of just the one test which was previously in place. Testing routinely occurs on all liquid stool samples from adults, in 2 to 16 year olds, testing will only be undertaken if there is a clinical suspicion of *Clostridium difficile*.

Following the implementation of this in other areas it is likely to increase positive microbiology results by between 40 and 100 per cent. Dual testing is however recognised as a step forward because it is more accurate and better identifies presence of *Clostridium difficile*.

*Clostridium difficile* associated diarrhoea most commonly follows antibiotic use and although often associated with hospital admission can also follow antibiotic therapy in the community. Other risk factors for infection include prescription of proton pump inhibitors, laxatives and drugs which reduce immunity. Key points that clinical staff should be aware of include:

- ✎ Always send a stool specimen whenever *Clostridium difficile* is suspected BUT do NOT delay treatment pending stool testing if strong suspicion of infection.
- ✎ Review the need for people to receive proton pump inhibitors.
- ✎ Whenever possible, avoid antibiotics in people known to have had *Clostridium difficile* disease.
- ✎ ALWAYS prescribe antibiotics in accordance with prescribing guidance avoid use of cephalosporins/quinolones/clindamycin.
- ✎ Do not routinely prescribe or promote use of anti-diarrhoeal agents for use in people with *Clostridium difficile*.
- ✎ Observe good infection prevention and control practices at all times and ensure healthcare professionals are aware of diagnosis prior to transfer.
- ✎ Use of probiotics as part of a balanced diet may be useful in prevention of relapsing disease.

If you wish to discuss any aspect of *Clostridium difficile* associated diarrhoea further please contact one of the Infection Prevention and Control Nurses on 01386 502552.

## ALWAYS CONSIDER IF ANTIBIOTIC TREATMENT IS NECESSARY...



Prescribing antibiotics for viral or mild self limiting infections such as coughs and colds is unlikely to improve the course of the illness, it can put patients at risk of side effects and encourages further consultations.

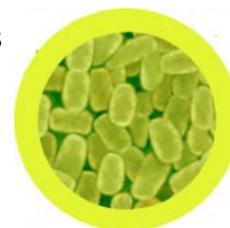


**Clean Hands—Clean Conscience**  
Hand Hygiene is the single most important way to prevent infection from spreading to others. Always practice in accordance with the Five Moments of Hand Hygiene and ensure when undertaking Hand Hygiene that you are Bare Below the Elbows.

## WHOOPING COUGH CASES INCREASE

This increase in cases highlights the importance of vaccine up-

take and also awareness of signs and symptoms. Cases of whooping cough reported to the Health Protection Agency have more than doubled from 421 cases in 2010 to 1040 in 2011. Increases in levels of whooping cough are seen every three to four years, totals in 2011 are similar to those reported in the last peak year in 2008.



Whooping cough affects all ages, but over the last few months the HPA has seen an increase in cases in teenagers and adults between the ages of 15–40. Whooping cough in older people can be an unpleasant illness but does not usually lead to serious complications. Whooping cough, also known as pertussis, can however be a serious illness, especially in the very young. The main symptoms are severe coughing fits which, in babies and children, are accompanied by the characteristic “whoop” sound as the child gasps for breath after coughing. Very young children have the highest risk of severe complications and death. The infection can be treated with a course of antibiotics to reduce possibility of spread but young children may need hospital care due to the risk of severe complications. Vaccination remains the most important method of preventing this disease and children are offered whooping cough vaccine at two, three and four months of age as part of the routine childhood vaccination programme. The vaccine for whooping cough also protects against diphtheria, polio, Haemophilus influenzae type b - a cause of meningitis - and tetanus. Children should receive a booster at around three years of age, before they start school. It is important that children receive all these doses so that they can build up and keep high levels of immunity to the disease.