

Welcome

This is the first newsletter from the antimicrobial resistance and infection control (AMRIC) programme. We hope to issue an update every 10 weeks to keep you informed on new developments, guidelines, statistics and interesting articles. If you have any suggestions on content or want further information please contact us on hcainational.lead@hse.ie

Antimicrobial resistance and infection control (AMRIC) programme

The growing threat of antimicrobial resistance and the spread of new healthcare infections led the HSE Leadership Team to establish a HCAI/AMR team in 2017/18. The AMRIC team was established in response to the challenge of dealing with Carbapenemase Producing *Enterobacteriales* (CPE) and the wider issue of HCAI AMR.

AMRIC Team Members

Professor Martin Cormican Consultant Microbiologist (National Lead HCAI/AMR)
Shirley Keane (Programme Manager)
Audrey Lambourn (Communications Lead)
Mary McKenna (IPCN lead)
Donna McNena (Admin Support)
Maria Molloy (Medical Scientist)
Dr. Nuala O'Connor GP (ICGP AMR Lead)
Marie Philbin, Anti-microbial Pharmacist
Dr. Anne Sheahan, Public Health Consultant

In response to the declaration of the CPE Public Health Emergency the HSE established a broader group called the CPE HSE Implementation Team. This is made up of the AMRIC core team and acute and community leads:

- Margaret Brennan, AND, QPS, Acute Operations
- JP Nolan, Head of Quality And Patient Safety HSE Community Healthcare.
- Pauline Fordyce (Acute Services GM)

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As things have evolved this Implementation Team and Oversight Group has broadened their scope beyond CPE to include antimicrobial resistance and infection prevention and control as a whole. This wider remit is expected to be endorsed by HSE Leadership in February 2019.

The establishment of the AMRIC team, Implementation Team and Oversight Group reflects an increased commitment by the HSE Leadership Team to ensure that the control of healthcare associated infection and antimicrobial resistance are pillars that our health services are built on. It builds on progress in Ireland over the last twenty years however antimicrobial resistance and infection control do not stand still.

The progress of the past does not match the demands of the present and the future. An aging population and improved survival of people with complex disease means that many people in the community and in the acute hospital are more vulnerable to infection than the people we cared for 20 years ago.
(continued overleaf)



Antimicrobial resistance and infection control (AMRIC) programme (continued from page 1)

We have seen new antimicrobial resistant bacteria, including CPE appear and spread throughout the world. To deal with all this we need to up our game.

The basic idea is still simple. We need to use antibiotics better (less is more) and stop bacteria from spreading. Putting those ideas into practice means big changes in how we work. It needs all hands (clean hands) on deck.

The control of healthcare associated infection and antimicrobial resistance is about the hands of very healthcare worker who sees a patient, the thoroughness of every cleaner and laundry worker, everyone in maintenance and in estates, the prescribing and dispensing of every antibiotic and the leadership of every manager and senior clinician.

Beyond all that is about making sure that we do no harm, or as little harm as possible to the people that the HSE serves.

So really then all that we need is a transformation of what we do in the HSE one step at a time starting with the man and woman in the mirror.

Professor Martin Cormican
HSE National Lead
Antimicrobial Resistance and Infection Control Programme



Antimicrobial Resistance & Infection Control Programme

Resist is the new identity for a number of initiatives that the HSE Healthcare Associated Infection/Antimicrobial Resistance programme

has been working on in recent months.

Following some work with the Communications Division and the team we have a new name - Antimicrobial Resistance and Infection Control team. A key part of our role is to create understanding and promote behaviour change around AMR and infection control.

Every person working in the health services has role to play in reducing the spread of antimicrobial resistant bacteria and infection. Each one of us needs to be aware that unnecessary antibiotics can cause us more harm than good. Prescribers can play a large role in AMR by using the national prescribing guidelines (www.antibioticprescribing.ie).

Following the success of the National Hand Hygiene Train the Trainer Programme in community services , we are extending this initiative to the acute hospital services in 2019. This will start with a rollout in 3 pilot sites in Cavan General Hospital, University Limerick Hospital and Portiuncula Hospital.

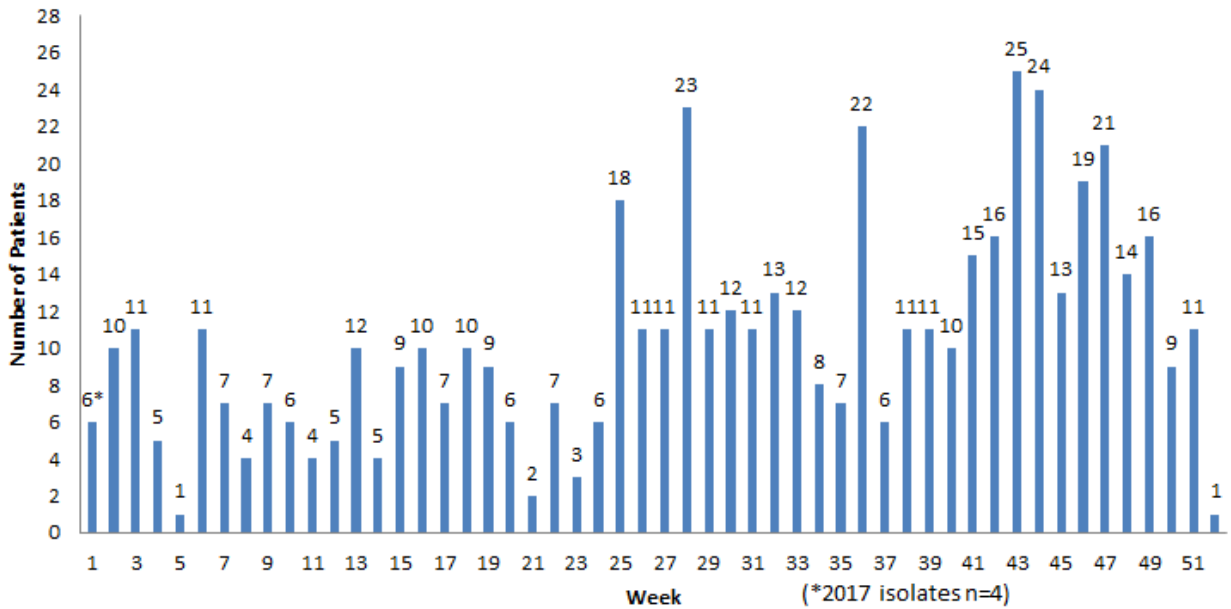
The programme continues to promote a combination of hand hygiene training with standardised materials to enable local trainers be competent is supporting the delivery of mandatory hand hygiene. A new addition to the programme includes materials and methodology to promote improved hand hygiene communication

Over the next few months we will keep you updated on the rollout of the programme. We will be looking to expand the hospital sites and move the implementation into community services. Watch out for updates in this newsletter and on our webpages www.hse.ie/infectioncontrol



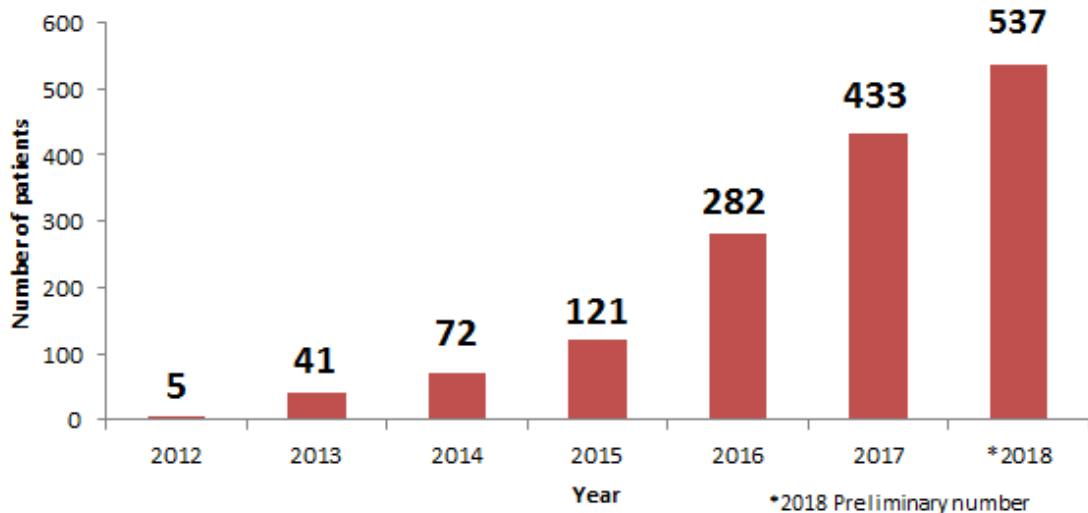
The HPSC provides a monthly report on CPE in HSE acute hospitals. The report presents information from a variety of information systems. It is hoped this information will, as all good surveillance data does, inform the prevention, control and management of CPE www.hpsc.ie

Number of newly detected patients with CPE 2018



CPE Figures 2012 - 2018

Total number of newly detected patients with CPE 2012-2018



Under the Weather campaign

Under the Weather – learn to take care of simple illnesses

You may have seen or heard the Under the Weather advertisement campaign in recent weeks advising you how to manage simple illness at home without the need for an antibiotic www.undertheweather.ie (UTW)

For the vast majority of us, most of the time, we can manage the common symptoms of a virus infection by ourselves. Looking after our health is something that we learn from our parents, friends, doctors, from our own experience and, more and more, from the internet.

What we really need to do is spread the word about all the ways we can manage the symptoms of viral infections ourselves without looking for an antibiotic. UTW gives advice on managing common illnesses for adults and children. The advice is approved by GPs, pharmacists and the HSE.

The website also highlights the need to change our culture around antibiotics; we need to ensure that we reserve antibiotics for those cases where they are really needed – that is for bacterial infections.

Part of the change in culture is using www.undertheweather.ie. If we all understand that we can usually get better ourselves without an antibiotic, that's better for everybody.

Some people still believe antibiotics can help them to get better from common illnesses like tummy bugs, rashes, coughs etc. In fact, antibiotics are useless against most of these infections because they are caused by viruses and antibiotics just don't work on viruses.

The most recent *Healthy Ireland Survey* indicates that 90 per cent of us know that if we take antibiotics too often, or when we don't need to, that they may not work at all in the future. Moreover, 92 per cent of us are happy to trust our GP's advice about whether or not we need an antibiotic, and if so, which one.

Listen out for the radio ads and share the message that you can get better without antibiotics.

Flu Season is here

The flu season has started in recent weeks and there is a wealth of information for patients on www.hse.ie/flu The Expert Advisory Committee has listed some [key points](#) for anti-viral prescribing for health care professionals

When influenza is circulating in the community, antiviral therapy should be considered for influenza-like illness in patients who are very ill or who are in recognised risk groups for severe influenza. Information will be issued to GPs when influenza rates increase and antivirals are recommended. [See weekly influenza activity reports](#)

Previously healthy people (excluding pregnant women) do not need antiviral treatment unless the clinician feels the patient is very ill or is at serious risk of developing complications from influenza. Symptomatic treatment is the preferred option.

Patients who remain unwell after 5 days antiviral treatment need careful clinical assessment. They may have a secondary bacterial infection, or be infected with an antiviral-resistant influenza strain. Specialist consultation is advised especially in immunocompromised or multi-morbidity. There is no evidence that prolonged courses (> 5 days) of antiviral treatment improve outcomes.

The HPSC has published an overview of the 2017/2018 flu season and you can access that [here](#)



HEAR-HEAR!

Most ear infections can be treated at home. Relieve pain and reduce your temperature with over-the-counter medicines recommended by your pharmacist.

For more great advice see undertheweather.ie

HSE Building a Safer Health Service



GPs make great reductions in reducing inappropriate prescribing

In Ireland broad spectrum antibiotic (AB) use is in the mid to high level compared to our European counterparts. Most conditions seen in primary care can be treated with narrow spectrum antibiotics. Broad spectrum antibiotics should only be prescribed for very limited cases as they contribute to increased antibiotic resistance. The HSE and ICGP undertook an 18-month quality improvement pilot project to reduce potential harm to patients and help combat the problem of antibiotic resistance. The project was based in sections of the SouthDoc GP out of hours services and included over 200 GPs. We focused on increasing the percentage of Preferred “green panel “antibiotics prescribed and reducing the level of Non-preferred “Red panel “broad-spectrum antibiotics.

In South Doc Out of Hours (OOH) in winter 2016/2017: 45% of all AB prescribed were from the non-preferred ‘red’ panel’. Co Amox (a broad-Spectrum AB which should only be prescribed in special cases) accounted for 34% of all AB prescribed. Only 55% of all AB prescribed were from the ‘Green’ preferred list. We embarked on a Quality Improvement journey with South Doc in winter 2017-2018 to try to influence a change in GP antibiotic prescribing pattern and to influence patients’ perceptions of antibiotic prescribing.

We used the preferred antibiotic guidance to influence appropriate prescribing. A computer prompt was installed on all computers to nudge GPs towards prescribing the appropriate (green) antibiotics and to query if an inappropriate antibiotic (red) was selected. GPs also received training, education materials, patient information leaflets, video information for clinics screens and mouse mats with green and red antibiotics listed.

This project was supported by the GPs involved and had some dramatic improvements:

- **The prescribing of red panel (inappropriate) antibiotics reduced from 45% (pre-intervention measure) to 16.5 % by end June 2018.**
- **The % of Co Amoxiclav prescribed reduced from 34% (pre-intervention measure) to 11.4% by end June 2018.**
- **The % of green panel antibiotics increased from 55% (pre-intervention measure) to 79.2% by June 2018.**

The improvements achieved were greater than the original targets for all three quality improvement measures.



The project was recently awarded the first prize at the Department Of Health National Patient Safety Conference for Quality Improvement. The pilot project has recently received additional funding to enable it to be rolled out across all out of hours services in Cork and Kerry.

Pictured at the National Patient Safety Conference are I to r Roisin Breen, SE Quality Improvement Division and Dr. Nuala O'Connor ICGP lead for antimicrobial resistance



Reducing inappropriate prescribing Mouse Mat

Online version is [here](#)

Preferred Antibiotics in Primary Care		
In many cases in Primary Care the Preferred Antibiotic is No Antibiotic <small>See www.antibioticprescribing.ie/ If antibiotic therapy is indicated the preferred first line choices below are most likely to be effective, have fewer side effects, and less likely to lead to resistant infections.</small>		
Respiratory Infections (upper and lower)	Urinary Tract Infections	Soft tissue infect cellulitis, acne
Penicillin V (phenoxymethylpenicillin)	Trimethoprim*	Flucloxacillin
Amoxicillin	Nitrofurantoin*	Doxycycline*
Doxycycline*	Fosfomycin*	Lymecycline*
Clarithromycin* only for specific clinical indication	Cephalexin	Trimethoprim*
Antibiotics marked * may be safely used in patients with true penicillin allergy (immediate hypersensitivity). See www.antibioticprescribing.ie/ for details		
Antibiotics to be avoided First Line in Primary Care		
Co- amoxiclav (unless animal or human bite, facial cellulitis, post partum endometritis, caesarean wound infections, pyelonephritis)	Azithromycin* – only on advice of consultant or if treatin	
Ciprofloxacin* (only in proven resistant UTI or acute prostatitis)	Erythromycin* – probably ineffective due to resistance	
Most other cephalosporins e.g cefaclor, cefixime, cefuroxime	Moxifloxacin* – only on consultant advice	
Clindamycin*	Macrolides (unless TRUE PENICILLIN ALLERGY or spec indication e.g. mycoplasma, helicobacter eradication)	
Antibiotics can be associated with significant drug-drug interactions e.g statins, QT interval prolongation, warfarin. Always Check before prescribing www.antibioticprescribing.ie/		
Building a Better Health Service Seirbhís Sláinte Níosa Fearú & Forbairt		
Preferred Drugs		UNDER the weather
		undertheweath Get advice and g

New patient information leaflets

As part of the rollout of the Resist hand hygiene programme the distribution of these 10 new leaflets will be trialed in the 3 hospital pilot sites for Resist.

The new leaflets have been drafted to support patients (and staff) who are giving the news to a patient that they have been colonised, or when giving antibiotics, putting in an IV line or catheter.

They are not yet available to order until the distribution process has been trialed. The leaflets will be online in February .



The team is looking for resources to translate them and have them online as A4 factsheets by the end of Q2 2019.



Send any comments or suggestions for content to hca.lead@hse.ie

CPE and HCAI guidance issued since July 2018

www.hse.ie/infectioncontrol

- ❑ CPE toolkits for GPs, Patients, Community and Acute services ([click here](#))
- ❑ Provisional Guidance relating to Inter-Facility Transfer of Patients Colonised or Infected with Antimicrobial Resistant Organisms (AMRO) Including Carbapenemase Producing *Enterobacteriaceae* (CPE) (January 2018).
- ❑ Fact sheet 1 of 6: Subject: Healthcare associated infections (HCAI) and Antimicrobial Resistance (AMR) For: Patients, relatives and healthcare workers (January 2018).
- ❑ Factsheet sheet 2 of 6: Subject: CPE general information and background for: patients, relatives and healthcare workers (January 2018).
- ❑ Factsheet 3 of 6: Subject: CPE information for healthcare workers for: any healthcare worker (January 2018).
- ❑ Factsheet 4 of 6: Subject: Information for patients carrying CPE for: patients, families and healthcare staff caring for patients with CPE (January 2018).
- ❑ Factsheet 5 of 6: Subject: How to manage CPE when you are at home. For: patients, families and community based healthcare staff caring for patients with CPE (January 2018)
- ❑ Factsheet 6 of 6: Subject: Superbugs for: patients, relatives and healthcare workers (January 2018).
- ❑ Provisional Guidance on wearing of Headscarves and Long-Sleeve Tops for Staff Working in Operating Rooms (July 2018).
- ❑ Environmental Testing for Carbapenemase Producing *Enterobacterales* (CPE) (July 2018).
- ❑ Guide to prioritisation of patients for single room isolation when there are not sufficient room for all those patients that require isolation (July 2018).
- ❑ Guide to performance assurance process for KPIs (August 2018).
- ❑ HSE HCAI Escalation Procedure (August 2018).
- ❑ Guidance on Root Cause Analysis Procedural Guide with CDI RDA and (PDF Docs) SABSI RCSA Forms and Worked Examples (August 2018).
- ❑ Guidance on assessing evidence of transmission and end of transmission of CPE (August 2018).
- ❑ Information update - Ceftazidime-Avibactam and NDM producing *Acinetobacter* species (September 2018).
- ❑ Guidance on Hospital Out-Patient and Day Care for people colonised with Antimicrobial Resistant Organisms (AMRO) including Carbapenemase Producing *Enterobacterales* (CPE) (October 2018).
- ❑ Guidance on CPE testing of children and pregnant women with very frequent readmission to the same hospital (December 2018).
- ❑ Guidance on surgical operations and other procedures on patients colonised or infected with antimicrobial resistant organisms (December 2018).
- ❑ Environmental Testing for Carbapenemase Producing *Enterobacterales* (CPE) (July 2018)
- ❑ Laboratory Methods for Detection of Carbapenemase Producing *Enterobacterales* (CPE) (July 2018).

