

Welcome

to the 22nd RESIST newsletter from the Antimicrobial Resistance and Infection Control Team (AMRIC). In this edition we reflect on International Infection Prevention Week (IIPW), Pertussis/Whooping Cough and updates to guidance on respiratory tract infections. We also have lots of updates on antimicrobial resistance and IPC news.

Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on hcai.amrteam@hse.ie

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European Antibiotic Awareness Day 18th November

Dr. Colm Henry, HSE Chief Clinical Officer

One of the problems with infection prevention and control (IPC) is that when it works well there is not much to see. It is for that reason that in periods of relative stability vigilance can be even more important. Failure of our controls can have tremendous impacts on patients and our colleagues. For this reason we need to always remain vigilant.

As we approach winter and indeed the end of 2024 I would like to take this opportunity to thank you all for the things we 'don't see'.

Thank you for the cases of hospital acquired *Staphylococcus aureus* blood stream infection that did not happen because you took good care of an IV line. The IV care teams now operating in eight hospitals across the country are especially important in this area.

Thank you for the cases of *Clostridium difficile* that did not happen because you stopped the antibiotics. The constantly updated and improving guidelines for prescribers on [antibioticprescribing.ie](https://www.hse.ie/eng/health/antibioticprescribing.htm) make sure all prescribers always have access to the most relevant advice.

Thank you for staying home when you were unwell. In caring for the most vulnerable, it is important to mind our own health. For our own sake but also for the wellbeing of our patients and colleagues.

Although not counted, these actions represent real infections avoided, illness averted and lives saved.



Dr. Colm Henry,
HSE Chief Clinical Officer

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Every infection prevented means someone is getting better faster, going home earlier and having a better experience in our service. The prevention of those infections is down to the work of everyone who cares, cleans, manages, maintains, operates and prescribes.

I want also to acknowledge the tireless work of IPC practitioners and teams in the community, hospital and national level who have supported all of us in delivering clean safe care in 2024.

As ever there are training resources available on [HSE LanD](https://www.hse.ie/eng/health/amric/) which are continually added to and updated by the AMRIC team. These are collated on the AMRIC Hub which can be accessed through the Hubs and Resources tab. We also have posters, leaflets and other resources available to order through [healthpromotion.ie](https://www.healthpromotion.ie). At the back of this newsletter is a handy guide to assist you in ordering these resources.

And as always vaccination is one of our primary tools to prevent serious illness. The HSE's winter vaccination programme is underway and I encourage each and every HSE staff member to get vaccinated and also to encourage your friends, family and colleagues to do so as well. HSE staff can book a vaccine appointment [here](#).

So thank you again for the infections and the outbreaks that never happened. Though 'unseen', it is much appreciated. I know it took a lot of work from everyone including the IPC teams. I wish you and your loved ones a happy, healthy and safe winter. I hope you get to take a well-deserved Christmas break and recharge the batteries for 2025.

Míle buíochas le achan dhuine, GRMA

Dr. Colm Henry, HSE Chief Clinical Officer

The Role of the Registered Nurse in Antimicrobial Prescribing

The AMRIC team continue initiatives in the area of AMS. We continue our programme of educational resources supporting registered nurses/midwives in AMS.

We work in collaboration with colleagues across access and integration to hold a series of webinars. In September we jointly held a webinar with colleagues from AMRIC community services and a further webinar is planned in November with our colleagues in AMRIC acute services to mark initiatives for European Antibiotics Awareness Day (EAAD).

The new eLearning module will further enhance available resources for health and care professionals in the area of Antimicrobial Stewardship (AMS).



It's almost that time of year again. Monday 18th of November is [European Antibiotic Awareness Day \(EAAD\) 2024](#). It is also [World AMR Awareness Week 2024](#) 18th – 24th November. These annual events provide an opportunity to highlight what an amazing resource antibiotics are, and crucially, how we must all prescribe and use them prudently to reduce the real and emerging threat of antibiotic resistance.

Since their first use more than 100 years ago, antibiotics have transformed modern medicine. These drugs save lives every day when used to treat or prevent bacterial infections, help us through major surgery or undergo chemotherapy. We often take it for granted that there will be an antimicrobial when we need one; unfortunately, this is not the case. We know how adaptable bacteria are and many have changed so that antibiotics no longer treat them as well as they used to. This 'antibiotic resistance' and the emergence of 'superbugs' is one of our biggest challenges in health. In fact, the ECDC estimates that every year, throughout the EU, Iceland and Norway, more than 35,000 people die from antibiotic-resistant infections - an estimate that has increased in recent years. The health burden of antibiotic-resistant infections is comparable to that of influenza, tuberculosis and HIV/AIDS combined.

To put this in a wider context, you may have noted an article published in The Lancet in September this year, building on estimates of the global burden of bacterial antimicrobial resistance in 2019, authors developed a model to forecast the impact of AMR until 2050, based on trends from 1990 to 2021. Details of their forecast are available in the publication, but overall the prediction is that global deaths associated with AMR will increase to 8.2million in 2050 (from ~4.7million in 2021) and the increase in deaths will mainly affect those aged over 70 years. They also analysed how their findings would be affected if there were better treatments of severe infections and better access to infection prevention. In summary, this emphasised the importance of infection prevention, vaccination, optimal use of antibiotics, and reduced inappropriate antibiotics usage in animal and human health, as well as research and development of new antibiotics, all of which reduced the impact of AMR on human mortality.

Regional Health Area / AMRIC 'Winter' events

We know how much work there is every day on the ground to promote good practice in antimicrobial stewardship and IPC. My AMRIC colleagues and I have had the pleasure of meeting so many of you in recent weeks as part of the AMRIC and Regional Health Area 'winter' events. To date the events in HSE Dublin South East, HSE South West, HSE West North West and HSE Mid West have proved a wonderful opportunity for old and new colleagues to network, share ideas and showcase IPC and AMR initiatives and learnings in your respective areas. We look forward to meeting colleagues in the coming weeks at the next events in HSE Dublin and North East in Dublin and HSE Dublin and Midlands in Mullingar.



*Dr. Eimear Brannigan, HSE
Clinical Lead for Antimicrobial
Resistance and Infection Control*

Our Role in AMS

While EAAD allows us to shine a light on this important issue, this is part of your core work 365 days a year. You will all be familiar with the [Antimicrobial Stewardship: Guidance for all healthcare settings](#) and your role as antimicrobial stewards. In addition, trusted and much used resources from the HSE, in partnership with GPs and pharmacists, promoting effective antibiotic use can be found at www.antibioticprescribing.ie and <https://www2.hse.ie/conditions/common-illnesses/> provides practical advice and information on dealing with many common illnesses like colds, flu, earaches, sore throats, tummy bugs and rashes and getting better without antibiotics.

We all have a role to play in keeping the focus on these important issues through our practice at work, our conversations with colleagues, family and friends. Education, information and good practice is crucial to continue to bring about positive change and attaining the necessary high standards we all work towards; in this regard, we are heartened at the good practice and proactive approach to improving IPC and AMS during our site visits and regional events around the country.

I know how challenging the winter season is in health care, thank you for your continued focus on IPC and AMS. By now you should have received communication from us about EAAD along with some promotional material to support you in any events you might run to mark this important day.



Tallaght University Hospital have been running a Zero Harm awareness campaign over the month of October titled: 'Access with Care: PVAD Safety Awareness'.

- The Infection Prevention & Control (IPC) Team and the Vascular Access Quality Safety Team (VAQST) focused on the importance of IV line care and the removal of IV lines when not needed to prevent blood stream infections.
- TUH introduced a new intravenous peripheral cannula the BD Nexiva™ closed intravenous catheter. The BD Nexiva™ features a built-in extension set and closed catheter system that is designed to reduce infection, improve adherence to national guidelines, and promote better flushing practices to maintain cannula patency. Additionally, its design eliminates blood leakage during insertion, enhancing user-friendliness and minimising unnecessary handling.
- A leaflet on line care was given to all inpatients.



The IPC Team and the VAQST Tallaght Hospital

International Infection Prevention Week Celebration MLM

The HSE Dublin and North East health region, Midlands, Meath, Louth (MLM) Infection Prevention & Control Team welcomed Infection Prevention & Control Link Practitioners (IPCLP) to the 2nd Workshop of 2024 on the 15th November 2024, as part of International Infection Prevention Week (IIPW).

Thank you to all the Infection Prevention & Control Link Practitioners for their engagement in the IPC/AMS workshop and their work within their facilities.

IIPW is celebrated to educate, raise awareness and advocate for effective IPC practice and the role that healthcare professionals play in mitigating the spread of infection.



Respiratory Tract Infection guidelines on antibioticprescribing.ie were published in September 2024 and key changes are summarised below.

As winter season approaches it is important to ensure all patients are up to date with influenza, COVID-19 and pneumococcal vaccine as per national immunisation guideline recommendations.

[Acute cough / Bronchitis in adults](#)

The antibiotic treatment table for acute cough / bronchitis has been removed to reflect international best practice.

- Acute cough / bronchitis is caused mainly by viruses and is a self-limiting condition.
- In the majority of cases, antibiotics are not indicated.
- Advise people on likely duration of symptoms as per table 1 below.
- Refer to the useful [HSE information on common illnesses](#).
- Did you know yellow/green coloured sputum does not always indicate bacterial infection or the need for antibiotics?
- Advise patients to seek medical attention if symptoms worsen rapidly or significantly.



[Sinusitis in adults](#)

- Acute sinusitis usually follows a common cold. Symptoms for 10 days or less are more likely to be associated with a cold rather than an acute sinusitis. Prolonged symptoms (10 days or more with no improvement) could be due to either viral or bacterial acute sinusitis.
- Bacterial sinusitis is usually self-limiting and does not routinely need antibiotics.
- 80% of cases resolve in 14 days without antibiotics.
- Bacterial cause may be more likely if several of the following are present; symptoms for more than 10 days, discoloured or purulent nasal discharge, severe localised unilateral pain (particularly pain over teeth and jaw), fever or marked deterioration after an initial milder phase. If these symptoms are present, advise the patient to seek medical attention. Other red flags for referral to doctor include changes in vision, severe frontal headache or other neurological signs.
- If an antibiotic is required, the recommended duration of treatment is five days in most cases.
- New guidance for prescribers on the use of intranasal steroids for sinusitis is available: intranasal steroids should be considered for people with symptoms of around 10 days or more.

[Pharyngitis, Sore Throat and Tonsillitis \(Adults & Children\)](#)

- The majority of sore throats are viral in origin. Most people do not benefit from antibiotics. Consider a delayed antibiotic strategy and explain soreness will take about 7 days to resolve.
- The Fever Pain tool can be used as a clinical scoring systems to identify people with higher likelihood of sore throat being caused by *Streptococcus pyogenes* (this tool has not been assessed in children under 3 years).
- Where an antibiotic is deemed necessary, the recommended duration of treatment is 5 days. If scarlet fever is suspected it is advisable to treat for 10 days.

Infective Exacerbations of COPD

- Acute exacerbations of COPD may be triggered by viral as well as bacterial infections therefore many exacerbations will not respond to antibiotics. Consider non-infective triggers e.g. environmental pollution.
- Consider prescribing antibiotics if exacerbation is associated with increased dyspnoea and increased sputum volume or purulence.
- If an antibiotic is required, the recommended duration of treatment is 5 days.
- Antibiotic treatment changes: removal of levofloxacin from the empiric treatment table due to safety concerns. See [Fluoroquinolone Warning information](#).

Community Acquired Pneumonia (CAP) in Adults

- If bacterial pneumonia is suspected prompt antibiotic treatment is recommended.
- Clinical judgement supported by the CRB65 score should be applied when deciding whether to treat at home or refer to hospital, considering additional risk factors.
When using the CRB65 each symptom or sign scores one point:
Confusion; Respiratory rate $\geq 30/\text{min}$; BP $\leq 90/60$ mmHg; Age ≥ 65 .
- The recommended duration of treatment is 5 days.
- Treatment of aspiration pneumonia is covered in the guideline.
- Antibiotic treatment changes: the recommended dose of amoxicillin (first-line agent) has been increased for CRB65 score of 1 or more to 1 gram every 8 hours for 5 days.

Pneumonia in Residential Care Facilities

- Nursing home-acquired pneumonia is defined as pneumonia occurring in a resident of a residential care facility or nursing home and more closely resembles community-acquired pneumonia than hospital-acquired pneumonia.
- Clinical judgement supported by CRB65 score should be applied in deciding whether to treat in residential care facility or refer to hospital, considering additional risk factors.
- Additional options are provided for residents who may not be suitable for hospital transfer or when treatment for aspiration pneumonia treatment is required.
- Antibiotic treatment changes: advice on co-amoxiclav oral suspensions for those with swallowing difficulties.

Table 1: Time taken to get better from some common RTIs

INFECTION:	Most are better by:
Sore throat	7 days
Common cold	14 days
Sinusitis	14 - 21 days
Cough or bronchitis	21 days



The AMRIC team have been holding winter events in each of the 6 new Regional Health Areas (RHA's). These IPC and AMS events have been timed to coincide with International Infection Prevention Week (IIPW) and European Antibiotic Awareness Day (EAAD). So far we have visited Dublin South East, the South West and the West North West.

RHA Dublin South East (Kilkenny)



Eimear O'Donovan ADON with the AMRIC Nursing Team speaks to attendees at the Newpark Hotel in Kilkenny



Attendees take part in a Q&A session during the event.

Our first event took us to the Kilkenny in the RHA Dublin South East. One important aspect of these events is for us to share with our IPC colleagues about the work we do.

RHA South West (Cork)

Next we headed to Cork. These winter events are also allowing the AMRIC Team to learn about important IPS and AMS initiatives in each RHA. Such as the AMS work being done in palliative care in Cork University Hospital and Marymount Hospice.



Dr Karen Fitzmaurice, Consultant in Infectious Diseases & Microbiology (CUH/MUH) and Dr Adrian Yan, Registrar in Palliative Care, Marymount Hospice



Shirley Keane AMRIC Head of Service, Dr Peter Kearney, Regional Clinical Director, HSE South West and Dr. Eimear Brannigan AMRIC Clinical Lead.

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RHA West North West (Sligo)

Most recently we travelled to Sligo to meet the teams working in the RHA West North West. As one of the goals of the new RHA structure is to integrate community and acute services our events are also a great opportunity for hospital and community based colleagues to meet and share their IPC and AMS ideas and initiatives.



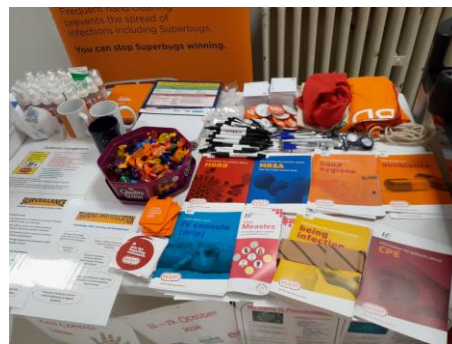
Dr Anthony Breslin, Consultant in Public Health



Attendees take part in a Q&A Session

International Infection Prevention Week (IIPW) 2024

International Infection Prevention Week (IIPW) 2024 was marked in many services across the country. It is vitally important we stay vigilant about proper infection prevention and control (IPC) practices. Here are some photos of the events.



Our Lady's Hospital, Manorhamilton, County Leitrim marked IIPW with a stand with information on IPC



Galway, Mayo and Roscommon IPC/AMS teams, hosted a winter preparedness planning event for healthcare workers

IPC staff at The Midlands Regional Hospital, Portlaoise



*Small hands cling tight, though fever burns,
In eyes that search, the world still turns.
A quiet strength, too young, too bright—
A fight for breath, but not the night*

Poem generated by Chat GPT

This short verse emphasises the resilience of a child facing febrile respiratory illness. It captures tenderness, vulnerability and struggle. It evokes the emotional weight of witnessing childhood sickness but ultimately remains optimistic. It is part of the human condition, and is familiar to parents and clinicians alike.

Whooping cough, caused by *Bordetella pertussis* is an exemplar of an illness that causes a “fight for breath” in our little warriors. It is an endemic disease in the EU / EEA and worldwide. Every three to five years, larger epidemics are expected. After a few years of limited circulation, particularly during the COVID-19 pandemic, in the EU / EEA more than 25,000 cases of pertussis were reported in 2023, and more than 32,000 between January and March 2024.

In the period from January 2023 to April 2024, 19 deaths were reported in the region, 11 (58%) of which occurred in infants. In England there have been 9 reported deaths in infants who developed pertussis between January and July 2024.

In all of 2023 there were sixteen reported cases. There have been 497 cases of pertussis notified in Ireland this year to 5th October, with 66.7% of cases in infants under 6 months. As in Europe, these figures show that the incidence of pertussis has also been increasing very substantially in Ireland. The peak weekly incidence in Ireland in 2023 was three cases. In 2024, there have been two weeks already where 33 cases were reported. The little warriors at greatest risk are those under six months. This group is too young to have had all their infant pertussis vaccines to protect them. They are reliant on maternal antenatal vaccination for protection. In a departure from the optimism of the closing shot in the verse above, pertussis infection in infants under six months of age results in a hospital admission in over half of cases.

Of those hospitalised:

- 20% have pneumonia
- 3% have seizures
- 0.4-4% may die
- 0.3% develop encephalopathy

In 2012, during the last large outbreak in Ireland, two babies died.



Dylan Thomas implored us to “Rage, rage against the dying of the light”; He begs that we “Do not go gentle into that good night”. Our little warriors should not have to rage. They should be able to drift gently and safely into a good night of sleep. There will be plenty of time to rage. There will be ample opportunity to not go gently into the night. Raging and a dearth of tranquillity at nighttime are the preserve of the teenage years. Our little warriors should be afforded the peace and dignity of gentle restful sleep, uninterrupted by whoops and gasps for air.

Amongst cases of pertussis under the age of one month of age and under six months, 84% and 74% respectively were known to be born to mothers who did not have an antenatal pertussis vaccine. Pertussis vaccination is included in the primary childhood vaccination schedule. It is a component of the 6 in 1 vaccine given at 2, 4 and 6 months of age. Babies born on or after 1st October, 2024 will also get a 6 in 1 vaccine at 13 months of age.

Neonates, who are the most vulnerable, can only be protected by maternal vaccination whilst they are in utero. Maternal vaccination is highly effective against pertussis in babies.

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The National Immunisation Advisory Committee (NIAC) recommend that pregnant women should be offered Tdap:

1. As early as possible after 16 weeks and up to 36 weeks gestation in each pregnancy, to protect themselves and their infant
2. After 36 weeks gestation can still be given although it may be less effective in providing passive protection to the infant.
3. Post partum women: Tdap should be offered in the week after delivery to those women who were not vaccinated during their pregnancy

Advice from trusted healthcare professionals (midwives, obstetricians, GPs, general practice nurses and paediatricians) is known to increase vaccination uptake.

The call to action here is twofold:

Firstly, all healthcare professionals working with pregnant women are asked to recommend pertussis vaccination (Tdap eg Boostrix ®) from 16 weeks gestation. The vaccine is available for free from GPs.

The authors would like to thank Dr Eve Robinson, Specialist in Public Health Medicine at the HPSC for providing data on pertussis cases in Ireland and Dr Ciara McCarthy, GP and ICGP Lead for reviewing this paper.

Authors: Scott Walkin, GP and Clinical Lead for AMRIC with the Irish College of GPs
Chantal Migone, Consultant in Public Health Medicine, National Immunisation Office.
Cliona Murphy, Obstetrician and Clinical Director, National Women & Infants Health Programme

European Antibiotic Awareness Day (EAAD)

November 18th is [European Antibiotic Awareness Day \(EAAD\)](#).

This is an annual public health initiative to raise awareness about the threat to public health of antimicrobial resistance (AMR) and the importance of prudent antibiotic use.

It is a time to remind everyone how valuable antibiotics are. Effective antimicrobials are absolutely essential to the practice of modern medicine. We need effective antimicrobials in order to enable medical interventions and treatments such as chemotherapy, c-section, and organ transplant.

Prudent use of antibiotics can help prevent or slow down resistant bacteria developing and help keep antibiotics effective for the use of future generations.

The latest data confirms within the European Union the number of patients infected by resistant bacteria is increasing. AMR poses one of the greatest risks to human health causing an estimated 1.14 million deaths globally in 2021.

Available resources to support EAAD

The AMRIC team would like to provide some updates and resources that might be useful to help raise awareness around the importance of responsible antibiotic use in association with EAAD in your healthcare setting. Depending on the setting you work in, this might include raising awareness among other staff members,

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providing staff education, hosting EAAD stands, displaying posters, sending an information email to mark EAAD or simply having a conversation with colleagues in your setting.

EAAD Partner Pack

As part of AMRIC's communication plan to support EAAD, a partner pack for key stakeholders containing AMR information and facts, key messages, a news release and social media assets from @hselive - #keepantibioticsworking #antimicrobialresistance - will issue in advance. Your support and engagement is appreciated.

HSE AMRIC Regional Health Area Winter Events

To coincide with EAAD, AMRIC team are running six regional events hosted jointly by AMRIC Clinical Lead, Dr Eimear Brannigan, and each of Regional Executive Officers of the recently established Regional Health Areas. The agenda for these sessions will focus on progress, learning, and reflections in AMS and infection prevention and control, and showcase local quality improvement projects. Each event will have representatives from across the multidisciplinary team based both in the hospital and in the community.

HSE AMRIC Antimicrobial stewardship guidance for all healthcare settings

All healthcare workers are antimicrobial stewards. Knowledge, awareness, and participation of everyone involved in the care of patients, in all care settings, is key to creating a culture that support staff to understand antimicrobials and generates behaviours that improve their use. To learn more about how you can engage further in antimicrobial stewardship in your role, review the AMRIC AMS guidance for all healthcare settings (<https://bit.ly/3o3vEyh>).

HSeLanD eLearning modules

AMRIC have created a suite of eLearning modules that promote and support responsible antimicrobial use across all healthcare settings. Visit [HSeLanD](https://hselearning.ie) to complete the AMS modules which include AMS in practice, Prevention and management of UTI, Surgical antibiotic prophylaxis, *Clostridioides difficile* infection and antimicrobial resistance & MDROs.

Health Promotion resources

You can order further AMRIC printed resources such as patient information leaflets and posters from [Healthpromotion.ie](https://healthpromotion.ie) if required. (Select "RESIST" under the topic search feature).

General Practice

GPs have received patient leaflets, merchandise and the partner pack.

Community pharmacy

AMRIC team are delighted to collaborate with Irish Pharmacy Union (IPU) with an EAAD letter that will be delivered to every community pharmacy in the country highlighting ways community pharmacists can mark the day and ongoing AMS work. This letter will be accompanied by a poster on the adverse effects associated with antibiotics and a preferred antibiotic mouse mat.

Antimicrobial pharmacists

Hospital antimicrobial pharmacists and community antimicrobial pharmacists who have requested EAAD event packs will receive them in the coming weeks to assist with their local EAAD campaigns.

IOP webinar for pharmacists

AMRIC hosted an educational webinar in collaboration with the Irish Institute of Pharmacy (IOP) on 23rd Oct 2024 - "A focus on antimicrobial stewardship in advance of European Antibiotic Awareness Day on 18th November". The recording is available on the IOP website, accessible to all registered pharmacists.



Members of the AMRIC Senior Management Team took part in a site visit to the new National Children's Hospital. Once opened the NCH will be a state of the art facility for caring for very ill children.



The full group undertaking the Site Visit including members of the AMRIC SMT

National 'RESIST' Hand Hygiene Programme

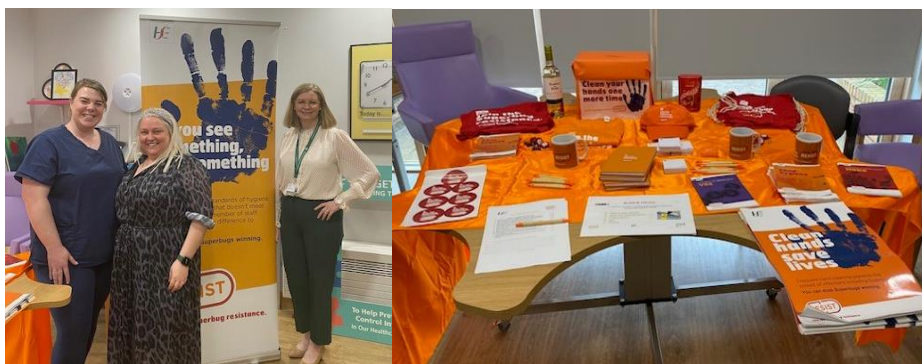
The rollout of the National 'RESIST' Hand Hygiene Programme continues. Facilities across the country continue to join in implementing the programme.



HSE/South East Community Healthcare's St. Theresa's Hospital in Clogheen, Co. Tipperary



HSE/South East Community Healthcare's Dept. of Psychiatry in Waterford



HSE/South East Community Healthcare's Aidan's Psychiatry of Later Life Unit in the Waterford Residential Care Centre



Impact of Community Antimicrobial Pharmacists on Antimicrobial Use in HSE Older Persons Residential Care Facilities: 2020 to 2024

The 2024 National Patient Safety Office annual conference was held on the 17th of September.

The HSE Community Antimicrobial Pharmacists won 1st prize in the general poster competition, a great recognition of the impact of their collaborative work across the country. They described the impact of their efforts to enhance antimicrobial stewardship and reduce antibiotic use in HSE older persons residential care facilities (OP RCFs) across the country over the 4 years they have been in post.

This achievement was only possible with the excellent ongoing engagement with HSE OP RCF nursing and medical staff across the country, support from the CHO Quality Safety and Service Improvement teams, the leadership of the National IPC/AMS team for community settings and the National AMRIC team.

Key take home messages for antimicrobial stewardship in OP RCFs

- **Skip the Dip for UTIs in over 65s. Instead, focus on clinical signs and symptoms to assess the need for an antibiotic for suspected UTI.**
Follow the [UTI Decision Aid](#).
For more information on this quality improvement initiative, see the [Antimicrobial Use in Residential Care Facilities and Nursing Homes section](#) on www.antibioticprescribing.ie
- **All antibiotic prophylaxis for UTI should be reviewed within 3-6 months with a view to de-prescribing.**
[De-prescribing UTI Prophylaxis Guidance](#) is available on www.antibioticprescribing.ie.
- **Determine pneumococcal vaccination status of residents, and offer if necessary, to all persons ≥65years.**
Further information available:
[Supporting pneumococcal vaccination in long-term care](#)

[HSE immunisation guidance for pneumococcal disease](#)



See winning poster overleaf



Shirley Armitage, RHA Midwest Senior Community Antimicrobial Pharmacist, receiving 1st prize for the NPSO Conference general poster competition from Rachel Kenna, Chief Nursing Officer, Department of Health

Shirley Armitage (Senior Antimicrobial Pharmacist, CHO 3), Karen Hanna, Administrative Assistant Staff Officer, HSE Access and Integration, Eimhin Cullen, Data Manager, National IPC/AMS Team, Mala Shah (Chief 2 Antimicrobial Pharmacist, National IPC/AMS Team), Callum Ryan (Senior Antimicrobial Pharmacist, CHO 4), Pat Sheehan (Senior Antimicrobial Pharmacist, CHO 4), Aileen O'Brien (Head of National IPC/AMS Team).



Community Antimicrobial Pharmacists win NPSO Poster Competition



Impact of Community Antimicrobial Pharmacists on Antimicrobial Use in HSE Older Persons Residential Care Facilities: 2020 to 2024



Shirley Armitage¹, Callum Ryan¹, Aisling Clancy¹, Mary Regan¹, Patricia Sheehan¹, Catherine Mannion¹, Olivia Gallagher¹, Roisin Foran¹, Margaret Donnelly¹, Nora Dwyer¹, Mala Shah²

1. HSE Community Antimicrobial Pharmacist Group

2. Chief II Antimicrobial Pharmacist, Community Healthcare, Access and Integration, HSE

Background

Antimicrobial use in Irish older persons residential care facilities (OPRCFs) is higher than in other European countries. Unnecessary antimicrobial use can lead to avoidable harm for residents, as well as promoting antimicrobial resistance. In 2020/21, an antimicrobial pharmacist was appointed to each community healthcare organisation (CHO) to monitor, develop and promote antimicrobial stewardship (AMS) in community settings. Initial work involved establishing baseline antimicrobial use, with subsequent development of national guidance in collaboration with the National Antimicrobial Resistance and Infection Control (AMRIC) Programme, promoting best practice in AMS, which is hosted on www.antibioticprescribing.ie.

Methodology

September 2020 – August 2021

4446
Number of persons surveyed
at 135 Facilities

Baseline Point Prevalence Survey (PPS) of antimicrobial use conducted across all HSE OPRCFs. Antimicrobial PPS National Report published with these key recommendations:

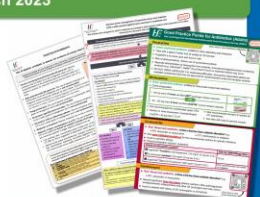
1. **Review**
Every person on UTI prophylaxis in excess of six months should be reviewed with a view to deprescribing.
2. **Prophylaxis**
The practice of routine use of dipstick urinalysis for asymptomatic persons to support diagnosis of a urinary tract infection should cease.
3. **Results**
Electronic access to relevant laboratory results on-site required to support timely decision-making for optimal use of antimicrobials.
4. **Guidelines**
All staff should be aware of antibiotic guidelines at www.antibioticprescribing.ie.
5. **Vaccination**
Pneumococcal vaccination status should be determined, and offered if necessary, to all persons >65 years.

September 2021

Monthly Monitoring of Antimicrobials introduced across all HSE OPRCFs

September 2021 – March 2023

- Feedback of PPS and AMS education and training for RCF staff
- Development of AMS toolkit for residential care facilities
- Development of new antimicrobial guidelines
- Development of a position statement on use of dipstick urinalysis for UTI



March 2023–July 2023

- Monthly monitoring of antimicrobials expanded to capture the proportion used for treatment or prophylaxis of UTI
- Focus groups convened to assess factors influencing dipstick urinalysis practices in OPRCFs
- Nurse Manager surveys undertaken to assess current practice of use of dipstick urinalysis for UTI
- Skip the Dip quality improvement initiative resources developed

September 2023

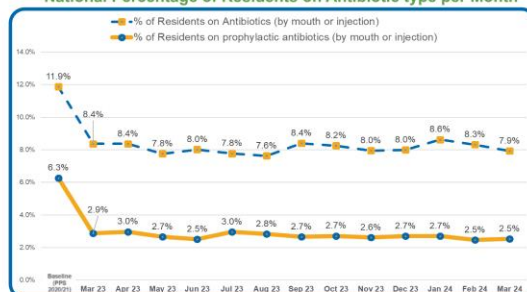
Launch of Skip the Dip for UTIs in over 65s:
A quality improvement initiative to raise awareness of best practice in the management of suspected UTI and to reduce inappropriate antimicrobial prescribing. AMPs conducted workshops for RCF staff. National webinar held and campaign publicised to healthcare professionals through publication in journal articles, conferences and social media.



Results

Baseline PPS data from 2020/21 showed 11.9% of residents were on systemic antibiotics of which 6.3% were antimicrobial prophylaxis; half of all antibiotic prescriptions were for UTI. By Quarter 1 2024, monthly monitoring of antibiotic use showed a sustained reduction with 8.3% of residents on systemic antibiotics and 2.6% on antibiotic prophylaxis.

National Percentage of Residents on Antibiotic type per Month

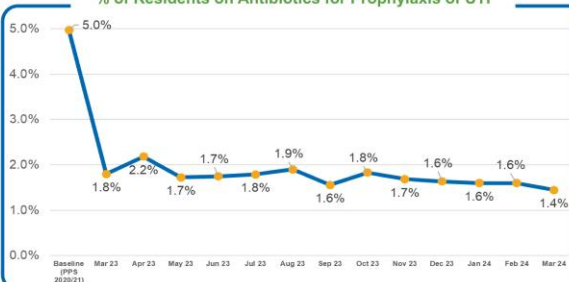


Since the delivery of the Skip the Dip QI, antimicrobial prescribing for the treatment of UTI has decreased from a baseline of 2.6% to 1.6% in Quarter 1 2024; UTI antimicrobial prophylaxis has decreased from a baseline of 5% to 1.5% during the same period.

Percentage of Residents on Antibiotics for Treatment of UTI in HSE OPRCFs

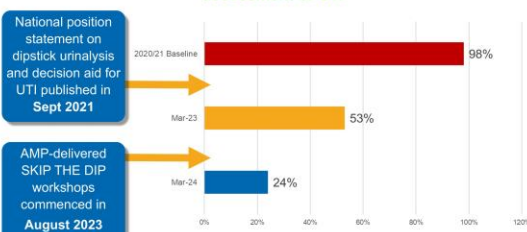


% of Residents on Antibiotics for Prophylaxis of UTI



Baseline data from 2020/21 found 98% of facilities surveyed used dipstick urinalysis for the assessment of UTI. By March 2023, 53% of facilities surveyed were using dipstick urinalysis for the assessment of UTI. Following the Skip the Dip QI, this reduced further to 24% by March 2024.

Proportion of HSE OPRCFs reporting using dipstick urinalysis for assessment of UTI



Acknowledgements

HSE OPRCF staff for engaging so positively with AMS

Contact

Mala.Shah@hse.ie

Conclusion

Community antimicrobial pharmacists have successfully promoted AMS across HSE OPRCFs through audit, feedback, education, development and promotion of AMS resources. Monthly monitoring of antibiotic use has demonstrated a sustained reduction in the proportion of residents on antibiotics for the treatment and prophylaxis of infection, including UTI. The 'Skip the Dip for UTI in over 65s' QI has resulted in substantial behaviour change with a reduction in the proportion of HSE OPRCFs reporting using dipstick urinalysis for assessment of evidence of UTI.

New and updated HSeLanD Modules

The AMRIC team are continuing their work on eLearning throughout 2024. A new eLearning module was launched on IPC Risk assessment in September. Further work completed in Q3 includes the update to eLearning modules which were developed in 2021, which included the module on Blood and Body Fluid Spills.

The previously titled eLearning module “Cleaning and disinfecting the healthcare environment and patient equipment module” has been updated and renamed as “Routine Management of the Physical Environment”.

Welcome to the AMRIC eLearning Hub update

Watch the video of AMRIC Clinical Lead, Dr. Eimear Brannigan below to find out more.



The AMRIC Hub

Each of our eLearning modules align with the National Clinical Guideline No. 30. (2023) and are accredited with NMBI and RCPI and can be readily accessed on our HSeLanD AMRIC Hub.

Other work as part of the eLearning plan for 2024 includes review and update to the module on Surgical ABX Prophylaxis. A new eLearning module is under development on the role of the Registered Nurse/midwife in AMS.

Each of these eLearning modules are highly interactive throughout and designed using internal best practice in learning design to support the performance development of multidisciplinary staff throughout the services across multiple settings.

Mandatory Hand hygiene

In August 2024, the HSE Executive management team (EMT) deemed that the hand hygiene eLearning module on HSeLanD is mandatory for completion by all staff working in healthcare, in the HSE and in HSE funded services on induction and with refresher training required at least every two years.

A blended approach to hand hygiene training is recommended. This can be achieved through the mandatory online e-learning module and the provision of face-to-face learning theory and practical demonstration from an Infection Prevention and Control Nurse (IPCN) or other trained hand hygiene trainer.



Mandatory

AMRIC Hand Hygiene
(To be completed every 2 years)

(Updated Dec 23)

Suitable for: **ALL STAFF**

The importance of effective hand Hygiene which is the single most effective thing that you can do to protect the people you care for and yourself from healthcare acquired infections (HCAI's). The theoretical component of hand hygiene education is available on HSeLanD and is available to all healthcare staff.

30 MINS

2 CPD POINTS

Hand Hygiene training is now mandatory on the AMRIC Hub



Access and Integration Acute Hospitals Antimicrobial Stewardship Pharmacist Workshop

The first Access and Integration AMRIC acute antimicrobial stewardship pharmacist workshop took place on the 12th Sept in Dublin organised by the AMS acute services team. We were delighted to welcome over 50 acute AMS pharmacists from all over Ireland for a day of sharing learnings and experiences from frontline AMS activities. This event comes at an exciting time for AMS hospital pharmacists as we welcome a large cohort of new colleagues to the area of AMS and the recognition of more experienced AMS pharmacists as advanced specialist pharmacists in AMS.

The event was kindly opened by Dr Eimear Brannigan, clinical lead for AMRIC, when she welcomed pharmacists to the day and gave an overview of the role of AMRIC team and some of their key activities in the context of iNAP 2. Therese Dalchan, Head of service with Access and Integration AMRIC acute services, presented an overview of the key work-streams which the team are involved in including the SSI work and IV care teams.

AMS resources including draft AMS team governance documents and draft intravenous to oral switch guidance were presented by the Access and Integration AMRIC acute pharmacists which it is hoped will be available in final version format by Q4.

Nina Acosta and Brian McGee, senior pharmacists with the Access and Integration Drug Management Programme (AIDMP), presented an update on the Hospital Medicines Management System (HMMS) national project to replace hospital pharmacy departments' current legacy software with a standard system, a project that will greatly aid AMS pharmacists in their AMS activities.

A brainstorming session took place to explore what resources would be preferred by AMS pharmacists to support education sessions for their own CPD and what supports could be put in place to allow them to deliver education locally in an efficient way. The feedback from AMS pharmacists working in acute hospitals was invaluable, offering unique insights in to the needs of these sites.

William Fitzgerald, Superintending Veterinary Inspector for the AMR unit with Department of Agriculture, opened the afternoon session providing an overview of AMS in the agricultural sector and the extensive work being undertaken to support iNAP2. "Patient for Patient safety", a patient representative group kindly worked with organisers to provide a patient story to be presented on the day, an important perspective highlighting the impact of acquiring a resistant organisms on the patient's experience in the acute hospital. Mala Shah, Chief II Antimicrobial Pharmacist, finished the presentations with a showcase of the community AMS activities and emphasised the importance of reaching out to community AMS pharmacists in the health regions to coordinate and support AMS activities.



Access and Integration AMRIC Acute Services Team.



Group Photo of all Acute Antimicrobial Pharmacists that attended the event.



This is a reminder to all staff that you have access to a wide range of patient leaflets and translated patient information. Please allow 7 working days for completion of orders.

There are a number of AMRIC print resources available to order including awareness posters, guidance posters and patient information leaflets. These resources are available to order online from www.healthpromotion.ie. To place an order you should first set up a professional account when registering. To access the AMRIC resources you should select RESIST from the search box. This will bring up the many items that are currently available to health professionals to order.

The printed patient information leaflets include the following:

CPE	<i>C. diff</i>	VRE
MRSA	ESBL	IV lines
How to take your antibiotics	Norovirus	Urinary catheters
Infection prevention in hospital	Multiple Drug Resistant Organisms (MDROs)	

We have updated healthpromotion.ie so now you can view a PDF preview of all of our items before ordering.

If you are having any issues with ordering a complete guide can be found on the HPSC website at this link:

<https://bit.ly/AMRICOrders>



RESIST merchandise (t-shirts, note books, bags etc) is reserved for hand hygiene day, European Antibiotic Awareness Day and RESIST launches. Merchandise will continue to be issued via the AMRIC team and are not available to order online. If you have any queries please contact the AMRIC team hcai.amrteam@hse.ie



Antimicrobial Resistance and Infection Control Programme

Welcome

To the 19th RESIST newsletter from the Antimicrobial Resistance and Infection Control (AMRIC) Team. In this edition we look back on International Infection Prevention Week, European Antibiotic Awareness Day, the new AMRIC Hub on HSE and AMRIC resources. We have lots of updates on antimicrobial resistance and IPC. Thanks for your comments and inputs, if you have any suggestions on content or want further information please contact us on hcai.amrteam@hse.ie

Dr. Colm Henry, HSE Chief Clinical Officer

As Chief Clinical Officer for the HSE, I welcome the publication by the Department of Health of The National Clinical Guideline for Infection Prevention and Control No 30. This was not an easy task but one that was led by Professor Martin Cormican, as Chairperson and members of the Guideline Development Group. I want to thank you this group for their commitment through the development of this particularly important and complex guideline.

I want also to thank Dr. Eimear Brannigan, AMRIC Clinical Lead for her expert clinical knowledge and the AMRIC team for their support for this work. This document is a welcome support to all health and social care professionals in their work, as well as supporting the safety of patients, their families and carers.

Antimicrobial resistance (AMR) has been recognised and as one of the greatest potential threats to human and animal health.

Antimicrobial resistance has long-term consequences for health and healthcare and these will be profound unless we act now. The two pillars of the response are: (a) improving how we use antibiotics and (b) improving infection prevention and control. If we prevent infection, we need less antibiotics.

The foundation for the control of infection has been the care and attention to detail of the "hands on" carers with support from the local and national infection prevention and antimicrobial teams.

1. Message from the Chief Clinical Officer
2. NICE Guidance Launched
3. AMRIC Clinical Lead
4. Remembering Sarah Fagan
5. National Clinical Surveillance Infection Control System
6. IPW and EAAD
7. Skip The Dip Campaign
8. AMRIC Hub Launched & eLearning Update
9. AMRIC Workshop
10. AMRIC Stands & New Patient Information Leaflet
11. GAMSAS Accreditation
12. Seabird Cases Increasing
13. AMRIC Resources and Ordering

I would like to give a special mention to these teams across the country for their extraordinary contribution. Their work across the whole spectrum of healthcare prevent healthcare infections amongst the most vulnerable of people, keeping patients and colleagues safe and protecting services.

Every day antibiotic resistance is making people suffer more and die younger than they need to. We know that every year many people in Europe die earlier from antibiotic resistance. Antibiotics were the wonder drugs of the last century, the magic bullets. We got better at making antibiotics in bulk and doing it cheaply.

Dr. Colm Henry, HSE Chief Clinical Officer

December 2023
Edition 19

If you have an article in mind, please send in an outline of what it will be about, along with an estimated word count, as well as suggested photography. The more photographs the better!

Please bear in mind that due to space restraints, not every article submitted will make it into the newsletter

- News articles - maximum 400 words
- Feature articles - maximum 900 words for a two-page feature
- Photographs in jpeg format,
- Clear captions for all photographs submitted, particularly if it's a stand-alone picture with extended caption

If you have any suggestions on content or want further information please contact: hcai.amrteam@hse.ie or liam.mcloughlin2@hse.ie

Upcoming Deadlines

Winter edition

Initial ideas by:
Friday, 15th December 2024
Finished articles by:
Monday 9th January 2025

Spring 2025 edition

Initial ideas by:
Friday 14th March 2024
Finished articles by:
Monday, 24th March 2025

European Antibiotic Awareness Day: 18th Nov 2024

If you are having an event please let us know and send us on some pictures and you can be included in our next edition of RESIST