

NOSOCOMIAL (HOSPITAL-ACQUIRED) INFECTION SURVEILLANCE

KEY POINTS

Methods of surveillance
Examples of alert organisms
Examples of alert conditions

AIMS

The main objectives of surveillance of hospital-acquired infections are:

- Early detection of outbreaks
- Timely investigation and institution of control measures
- Assessment of infection rates with time

Surveillance is part of the routine infection control programme. It helps to identify risks of infection and reinforces the need for good practices. Preventing outbreaks depends on prompt recognition of one or more infections with alert organisms and instituting special control measures to reduce the risk of spread of the organism. Collection of accurate data allows comparison with other units and measurement of response to changes in practice (audit).

METHODS OF SURVEILLANCE

Laboratory-based ward liaison surveillance is used in conjunction with “Alert organism/Alert condition” surveillance. The system is managed by the Infection Control Team and details are reported back to the Infection Control Committee.

LABORATORY-BASED WARD LIAISON SURVEILLANCE (ALERT ORGANISMS)

Positive microbiology reports are screened and may result in a case review, a search for other carriers or infected patients and ward visits by the Infection Control Nurses. Approximately 70% of infections and alert organisms are detected in this way. A patient may be placed in source isolation or discharged from hospital if considered to be a risk of infection to others

WARD BASED SURVEILLANCE (ALERT CONDITIONS)

Alert conditions are medical syndromes such as chicken pox or diarrhoea which immediately suggest a risk of infection. It is the responsibility of the ward staff to notify the infection control team if they suspect an infection which may be a risk to others. Appropriate specimens must be taken and sent promptly, properly labelled, to the laboratory (For example, the first diarrhoeal stool from a patient must be sent for exclusion of salmonellosis and *Clostridium difficile* infection). Source isolation precautions must be instituted immediately that infection is

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suspected.

You must tell the Infection Control Team about any Alert Conditions

TARGETED SURVEILLANCE

Detailed targeted surveillance in specific areas will be performed. An example would be surgical wound infection surveillance. Results are fed back to appropriate clinical units.

Examples of ALERT ORGANISMS
BACTERIA
Methicillin-resistant <i>Staphylococcus aureus</i>
Other resistant <i>Staphylococcus aureus</i>
<i>Streptococcus pyogenes</i> (Streptococcus Group A)
<i>Streptococcus agalactiae</i> (Streptococcus Group B)
Penicillin-resistant <i>Streptococcus pneumoniae</i>
<i>Haemophilus influenzae</i>
<i>Legionella</i> spp.
Glycopeptide-resistant enterococci
<i>Neisseria</i> spp.
<i>Clostridium</i> spp.
<i>Salmonella</i> or <i>Shigella</i> spp
<i>Escherichia coli</i> O157
Multi-resistant Gram negative bacilli
Any unusual bacteria
VIRUSES
Rotavirus
Small round structured virus (Norovirus)
Respiratory syncytial virus
Varicella zoster
Influenzavirus
Rubella
Parvovirus
Measles

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