



**HAI**  
surveillance  
newsletter.

## Publication of paper on CDI mortality trends in Scotland, 2010 to 2016

Banks A, Moore EK, Bishop J, Coia JE, Brown D, Mather H, Wiuff C.

[https://www.journalofhospitalinfection.com/article/S0195-6701\(18\)30388-8/fulltext](https://www.journalofhospitalinfection.com/article/S0195-6701(18)30388-8/fulltext)

The study showed that CDI is associated with an almost 3-fold increase in 30-day all-cause mortality and places an increased burden on hospital resources by increasing mean length of stay (LOS) beyond the infection date by 22.3% when comparing hospitalised CDI cases and controls. The observation that 30-day all-cause mortality decreased over time may be due to overall improvements in mortality among the general and hospital population of Scotland. Therefore, despite large declines in incidence rates, CDI remains a serious healthcare problem.

## Taxonomic change for *Clostridium difficile*

Based on phenotypic, chemotaxonomic and phylogenetic analyses, a novel genus *Clostridioides* has been proposed for *Clostridium difficile* which will now be known as *Clostridioides difficile*. There are no implications with regards the natural history of infection, infection prevention and control, or clinical treatment.

Lawson PA, Citron DM, Tyrrell KL, Finegold SM.  
<https://www.sciencedirect.com/science/article/pii/S1075996416300762?via%3Dihub>

## Large bowel and vascular

Mandatory SSI surveillance for large bowel and major vascular procedures commenced on 1 April 2017. HPS developed annual SSI reports for these new procedures at management level only for the period 1 April 2017 to 31 March 2018 to support quality improvement. The reports provide risk factor analysis for each NHS board. However it should be noted that the national dataset for Year-ending 2018 Q1 is incomplete.

NHS boards have provided feedback on these procedures through questionnaire and HPS are now carrying out telephone interviews to capture individual NHS boards experiences around implementation of the new procedures into the SSI surveillance programme.

## SSI protocol update

Following the implementation of new mandatory procedures and development of an annual report for these procedures, HPS made some amendments in the SSI 7<sup>th</sup> edition protocol. The amended protocol will be published soon on the website.

The key changes are:

- Exclusion of patients under 16 years old
- Exclusion of minimally invasive procedure (keyhole surgery)
- Exclusion of day case procedures

SSI forms for these procedures have also been updated to reflect these changes and are available on SSIRS for download.

The 90 days readmission surveillance period for implant procedures is currently under review and HPS will provide an update as soon as possible.

## Voluntary risk factor data items to be included in ECOSS *Escherichia coli* bacteraemia enhanced surveillance

Since March 2018 users have been able to add their own local risk factor questions using the local surveillance question design function of the ECOSS enhanced surveillance web tool.

National risk factors have now been developed for urinary tract infections and hepatobiliary infections that would be collected on a voluntary basis by NHS boards using the ECOSS ECB enhanced surveillance web tool. These will be used to develop local and national improvement plans.

In the meantime, and going forward, NHS boards should continue to utilise the ECOSS ECB enhanced surveillance web tool local data field designer to develop local risk factor data sets to inform local improvement plans.

## Surveillance of HAI in Intensive Care Units

The annual report of data collected in 2017 was published in the Scottish Intensive Care Society Audit Group Annual Report, Audit of Critical Care in Scotland 2018,

Reporting on 2017. The report is published on the SICSAG website and can be found here: [SICSAG Annual Report of Critical Care in Scotland 2018](#).

## NSS Discovery - Training

Following the launch of the Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Indicators dashboards earlier this year, the SSHAIP team have carried out training sessions for NHS boards throughout May and June 2018. These sessions covered the sign-up process, navigation and overall content of NSS Discovery, in addition to the functionality of the HAI related dashboards found within the ARHAI Indicators landing page (<https://viz.nhsnss.scot.nhs.uk/#/site/Discovery/views/NSSDiscoveryLevel1ARHAIIndicators/ARHAIIndicatorsLandingPage>).

We are happy to offer a mop-up session to any NHS boards or individual staff members who have not yet participated in one of these sessions. Training is open to anyone who may benefit from accessing Discovery, a tool which contains hundreds of data views on a wide range of public health related indicators. For further information on how to access NSS Discovery or to sign up for a mop-up training session please e-mail [NSS.HPSSSHAIP@nhs.net](mailto:NSS.HPSSSHAIP@nhs.net).

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## Acronyms

**ARHAI** – Antimicrobial Resistance and Healthcare Associated Infection

**CDI** – *Clostridioides difficile* infection

**ECB** – *Escherichia coli* bacteraemia

**ECOSS** – Electronic Communication of Surveillance in Scotland

**HPS** – Health Protection Scotland

**ISD** – Information Services Division

**LOS** – Length of stay

**SAB** – *Staphylococcus aureus* bacteraemia

**SICSAG** – Scottish Intensive Care Society Audit Group

**SSHAIP** – Scottish Surveillance of Healthcare Associated Infection Programme

**SSI** – Surgical Site infection

**SSIRS** – Surgical Site Infection Reporting System