The Strategy for the Control of Antimicrobial Resistance in Ireland

Annual Report 2010

Contents

Appendices

1. Progress in 2010

Prevention and control of healthcare associated infection (HCAI) and antimicrobial resistance (AMR) is an integral part of patient safety and should be at the core of the delivery of a quality health service. The Luxembourg declaration on patient safety recognised that access to high quality healthcare is a basic human right and efforts to improve patient safety have become a priority for the World Health Organisation (WHO) and the European Commission. Since 2005, Ireland has supported the Alliance for Patient Safety World Health Organisation, when the Tánaiste and the Minister for Health and Children, Ms Mary Harney formally pledged Ireland's support to implement actions to reduce HCAI and to share results in learning internationally.

1.1 **Key Achievements**

The National SARI Committee (NSARI) met twice during 2010 – two meetings in the latter half of the year were cancelled because of adverse weather conditions and other work commitments of committee members which precluded attendance at NSARI. A meeting was held in early January to ensure continuity of committee work. Key achievements included:

- Key discussions held with the DOHC, HSE and Royal College of Physicians of Ireland regarding future strategies for the control of HCAI and AMR
- Development and consultation on national guidelines for the prevention of catheter-associated urinary tract infection
- Development and consultation on national guidelines for the prevention of ventilator-associated pneumonia
- Establishment of new committee to produce national guidelines on the prevention of infection associated with multidrug-resistant organisms other than MRSA
- Work ongoing on updating MRSA guidelines– due for consultation in mid 2011
- Development of a range of educational materials for hospital prescribers by the SARI hospital antibiotic stewardship group for European Antibiotic Awareness Day (EAAD) November, 2010
- Completion of questionnaire on antibiotic use in dentistry by the SARI dental sub-group which will inform guidelines for the use of antimicrobials in dentistry
- Establishment of the National Dental Infection Prevention and Control Committee to oversee and act in advisory role in the implementation of Irish and international standards and guidelines in infection control in dentistry
- Ongoing links with the Department of Agriculture, Fisheries and Food and Veterinary School

1.2 Liaison with the DOHC and the HSE

In 2010, the NSARI continued to attempt to clarify the Committee's terms of reference and reporting relationship with the Department of Health and Children (DoHC) and the HSE. In late 2009, the NSARI met with Dr Tony Holohan, Chief

Medical Officer, to discuss the above. The Committee was informed that it is intended by the DoHC to review its terms of reference in light of changing health system structures and other reforms and to revert in due course.

The Committee met with Dr Eibhlin Connolly in early 2010 and discussion regarding the future of the Committee and the national structures for HCAI and AMR were held. By late 2010 following months of discussions between the DoHC, HSE and National SARI committee representative and the RCPI proposed structures for HCAI and AMR were tabled.

The SARI National Committee continued to be represented on the HSE Healthcare-associated Infection Governance Committee (HCAI GC) for the first half of 2010 and minutes of these meetings were circulated to the National Committee members.

1.3 RCPI/HSE Clinical Care Programme in Prevention of Healthcare-associated Infection

The role of the Directorate of Quality and Clinical Care in the Health Services Executive (HSE), led by Dr Barry White, is to strengthen clinical leadership, improve clinical performance and ensure care is delivered in a manner that maximizes quality while minimising expenditure. The Directorate established a number of national programmes in 2009-2010 to execute this function. These national programmes will provide the change leadership required to:

- Develop national treatment guidelines in line with the National Clinical Effectiveness Committee.
- Support local implementation of best practice and correction of underperformance.
- Provide a sustained focus in improvement in quality and resource utilisation in the medium to long-term.
- Identify and implement innovations that will deliver measurable improvements in access, quality and resource utilisation within the short-term.
- Provide effective communication to stakeholders within and outside the HSE.
- Support the design and implementation of a transparent resource allocation model.

In October 2010, Dr Fidelma Fitzpatrick was nominated by the Faculty of Pathology, Royal College of Physicians (RCPI) of Ireland as clinical lead for the prevention of healthcare-associated infection (HCAI) as part of the RCPI/HSE clinical lead programme. The National Programme in Healthcare-associated Infection will develop a national strategy for the prevention and control of healthcare-associated infection (HCAI) and antimicrobial resistance (AMR) in Ireland, building on progress to date under NSARI. The role of the Clinical Lead for prevention of HCAI is to provide the national leadership required to develop this strategy and to engage and work collaboratively with key stakeholders in this regard. Dr Fitzpatrick and Dr Olive Murphy (NSARI chair) had several discussions in late 2010 with the Department of

Health and Children and the Health Services Executive regarding the role of NSARI in the context of the newly established HCAI clinical care programmes. A draft governance document outlining the establishment of a multidisciplinary RCPI Clinical Advisory group and governance structures within HSE was under preparation in late 2010.

1.3 Publication of National AMR data

National data on AMR is provided through the European Antimicrobial Resistance Surveillance Network, or EARS-Net (formerly the European Antimicrobial Resistance Surveillance System, or EARSS). Ireland has one of the highest levels of participation in EARSS among participating European countries, with Irish EARSS data in 2010 representing 100% of the population. Some improvements in AMR proportions have been observed in recent years, most notably for meticillin-resistant *Staphylococcus aureus* (MRSA). However, Ireland still has a high level of AMR compared to most other European countries:

In 2010, 1252 cases of *S. aureus* bloodstream infection were reported to EARSS in Ireland, with 304 (24.3%) caused by MRSA. The proportion of MRSA has declined significantly year-on year since 2006 (2006, 41.9%; 2007, 38.5%; 2008, 33.8%; 2009, 27.1%). While the numbers of MRSA have decreased by 49% over the past five years, the numbers of isolates that are meticillin-susceptible (or MSSA) have increased by 16% over the same period (from 820 in 2006 to 948 in 2010). The numbers of MSSA appear to have stabilised over the past year (2009, 954) potentially marking a reversal of this increasing trend. Penicillin non-susceptibility in *Streptococcus pneumoniae* increased from 10.4% in 2004 to 23.0% in 2008. The proportion has since decreased from 20.2% in 2009 to 18.2% in 2010. Quinolone (e.g. ciprofloxacin) resistance in *Escherichia coli* increased from 5.4% in 2002 to 23.6% in 2010, the highest level to date. Resistance to 3rd Generation Cephalosporins (3GCs; e.g. cefotaxime, ceftazidime) in *E. coli* increased from 3.0% in 2002 to 8.3% in 2010, while the proportion of isolates that produce extended spectrum beta-lactamases (ESBLs) increased from 1.2% to 6.1% over the same period. Both of these are the highest levels reported to date. ESBL-producing *Klebsiella pneumoniae* increased from 3.7% in 2007 to 8.2% in 2009. In 2010, the proportion decreased to 5.2%; however resistance to 3GCs decreased only slightly from 11.1% in 2009 to 10.5% in 2010. In 2010, no resistance to carbapenems (imipenem or meropenem) was detected among *E. coli* or *K. pneumoniae* isolates reported to EARS-Net in Ireland. The proportion of vancomycin-resistant *Enterococcus faecium* (i.e. VRE) increased from 11.1% in 2002 to 39.2% in 2010. In 2009, Ireland had the highest proportion of VRE among countries in Europe reporting to EARS-Net.

Increases in resistance to individual antibiotic classes have been accompanied by increased reporting of both *E. coli* and *E. faecium* strains that are resistant to multiple classes of antibiotics (or multi-drug resistant; MDR). The proportion of MDR among *E. faecium* isolates increased from 16.2% in 2008 to 26.7% in 2009. In 2010,

the proportion has dropped to 24.5%. The proportion of MDR among *E. coli* isolates increased from 10.4% in 2009 to 11.7% in 2010

1.4 National antimicrobial consumption

Antibiotic use in Irish hospitals is in the mid-to-high range when compared to other European countries. Since 2008 there was an overall decrease in hospital antibiotic use, compared to previous years, with a considerable decrease in the consumption of quinolone antibiotics. This decrease has continued into 2010. Having microbiologists and antimicrobial pharmacists in place, as part of institution-wide hospital antimicrobial stewardship programmes, are crucial in sustaining the decrease. Such programmes have been shown to be hugely cost saving at individual hospital level, as shown in an impact study undertaken by the Irish Antimicrobial Pharmacists Group. European Antibiotic Awareness Day on 18th November 2010 focussed on hospital antibiotic consumption and received significant media coverage.

Since 2009 community (i.e. non-hospital) antibiotic use decreased for the first time since 2002 and continued to decline into 2010. While it is not possible to definitively show cause and effect, the decrease in antibiotic use coincided with the HSE public information campaign on prudent antibiotic use that was put in place as part of the first European Antibiotic Awareness Day in November 2008. National roll-out of the GP prudent antibiotic prescribing education programme and ongoing public information campaigns are required to further reduce community antibiotic use and limit the spread of antibiotic-resistant infections.

1.5 EU antibiotic awareness day 2010

The third European Antibiotic Awareness Day (EAAD) was held on 18th November 2010. EAAD 2010 focused on promotion of prudent antibiotic use in hospitals. To mark the day, the Royal College of Physicians of Ireland (RCPI) released a statement to highlight the issue to RCPI members and the general public. RCPI also organised a media briefing on the day, which resulted in extensive print and radio coverage (despite competing major news stories on the week in question). Promotional templates, produced by the European Centre for Disease Prevention and Control (ECDC), were adapted to include Irish data and circulated to hospitals and made available on the HPSC website. Antimicrobial pharmacists, microbiologists, infectious disease physicians and others organised educational activities at individual hospital level. A letter, highlighting the importance of having effective antimicrobial stewardship teams, was also sent out from the HSE Director of Quality and Clinical Care, the RCPI President and the Chair of the SARI Hospital Antimicrobial Stewardship working group to all hospital managers/chief executives.

1.6 Dental Developments

The SARI dental sub-group completed its pilot questionnaire on antibiotic use in dentistry. This will be circulated to all dentists on the register and the results will help in developing guidelines for the use of antimicrobials in dentistry.

The National Dental Infection Prevention and Control Committee was established in 2010 to oversee and act in an advisory role in the implementation of Irish and international standards and guidelines in infection control in dentistry. The membership consists of: National Oral Health Lead, the four principal dental surgeons with a lead role in quality (including infection prevention and control), Infection Prevention and Control Nurse, Senior Dental Nurse, Technical Advisor and Clinical Microbiologist. The areas the committee is working on include:

- HIQA standards for the Prevention and Control of HCAIs and adapting these standards and the self assessment tool for the HSE dental service. This will allow a gap analysis to be done in infection prevention and control in the dental service.
- Reviewing decontamination guidelines for dentistry.
- Developing policies on EPPs in dentistry.
- Antibiotic stewardship.

The committee will also produce an annual report.

1.7 Developments in Veterinary Medicine

1.7.1 Antimicrobial Resistance in Veterinary Practice

Veterinary Ireland is a voluntary representative organization for veterinary surgeons in Ireland. A joint meeting of two subcommittees of this group, the Animal Remedies group and the One Health group was held on 28th September 2010 to initiate discussion on how to address the problem of antimicrobial resistance in veterinary practice in Ireland. As a follow-up to this meeting, species-specific interest groups (Cattle, Horses, Small Animals, Pigs and Poultry) are being requested to draw up general prescribing practice guidelines for their sector. Under a separate initiative, the Department of Agriculture, Fisheries and Food (DAFF) and UCD held a joint meeting with pig practitioners on Friday 5th November in Backweston Laboratory Complex. At this meeting a number of presentations were given outlining international concerns on antimicrobial resistance, data on antibiotic usage on Irish pig farms captured by DAFF, results of studies on antimicrobial resistance levels found in bacterial isolates from Irish pig farms and guidelines on good prescribing practices.

1.7.2 Fourth Session Codex Ad Hoc Intergovernmental Task Force on Antimicrobial Resistance

The Codex Ad Hoc Intergovernmental Task Force on Antimicrobial Resistance (TFAMR) was set up to develop science based guidance, taking full account of its risk analysis principles and the work and standards of other relevant international organizations, such as FAO, WHO and OIE. The purpose of this guidance is (i) to assess the risks to human health from the presence and transmission in food and feed including aquaculture of antimicrobial resistant microorganisms and antimicrobial resistance genes and (ii) to develop appropriate risk management advice based on that assessment to reduce such risk.

The TFAMR held its final session in Korea, 18 - 22 October 2010. The session was attended by 136 delegates from 38 Member countries, 1 Member organization and Observers from 7 international organizations and FAO and WHO. Dr John Egan (DAFF) was the Irish delegate. The session finalised the comprehensive guidance document for conducting risk analysis of food borne antimicrobial resistance for use by governments thus completing the task assigned to it by the Codex Commission. The Task Force forwarded the draft Guidelines to the Commission for adoption. The Representatives of WHO, FAO and OIE congratulated the TFAMR on completion of its rather complex work and the WHO, speaking on behalf of WHO, FAO and OIE, thanked the Republic of Korea for successfully hosting the sessions of the Task Force and complimented all participants for their active participation and hard work. The Representative pointed out that the Guidelines, once adopted by the Commission in 2011, would provide countries with useful guidance on how to identify and manage food borne antimicrobial resistance in order to attain the goal of minimizing risks to human health and that it was up to countries to implement the Guidelines. She also stressed that it was important for countries to first identify problems associated with food borne antimicrobial resistance by setting up surveillance programmes.

The Representative of FAO highlighted the important role the Guidelines, once adopted, would play and that bilateral assistance between countries when implementing the Guidelines would be also useful. The Observer from OIE also informed the TFAMR that OIE would revise the relevant chapters of the OIE *Animal Terrestrial Health Code* and also to take the Guidelines into account and that OIE would contribute to assist member countries to foster common understanding. The full report of the meeting is available at
http://www.codexalimentarius.net/download/report/746/REP11_AMe.pdf

2. Specialty Sub-Committees

A number of SARI specialty subcommittees were involved in drafting a variety of national recommendations and guidelines as outlined below. We wish to acknowledge the contribution of Committee members who gave of their time freely despite many other work commitments. Membership and further updates of the SARI specialty sub-committees can be found on the SARI Section of the HPSC website (Appendix II).

2.1 Hospital Antibiotic Stewardship Working Group: Updating 2003 Antibiotic Stewardship guidelines

The SARI Hospital Antimicrobial Stewardship Working Group met on three occasions in 2010. The main focus of the group's work in 2010 centred on preparation for the European Antibiotic Awareness Day (EAAD) 2010. The focus of the 2010 EAAD was on hospital antimicrobial prescribing. The Working Group developed a range of educational materials for hospital prescribers, based on templates produced by the European Centre for Disease Prevention and Control (ECDC). Information leaflets, template slide presentations and quick reference guides were circulated to hospitals, via the Irish Antimicrobial Pharmacists Group (IAPG), Irish Society of Clinical Microbiologists and Infectious Disease Society of Ireland. Information on the EAAD was also circulated to hospital managers/chief executives. The Working Group organised a media briefing on the day of the EAAD, in collaboration with the Royal College of Physicians of Ireland (RCPI), which resulted in significant media coverage of the event.

Other activities carried out by the Working Group in 2010 included:

- Signing off on a report on the impact of antimicrobial pharmacists, produced by IAPG
- Establishing links to prudent antibiotic prescribing initiatives being developed by RCPI
- Involvement in the development of national recommendations on the development of outpatient parenteral antimicrobial therapy (OPAT) programmes

2.2 Community Antimicrobial Stewardship: GP Educational Initiative and Development of GP prescribing guidelines

In 2010 the group concentrated on development of two key guidelines, Guidelines for antimicrobial prescribing in Primary Care Infection Control guidelines for Primary Care

The guidelines for antimicrobial prescribing in primary care were further developed and refined in light of new, updated international evidence for management of infections in primary care and included the addition of guidance of Primary Care management of influenza, harmonised to national guidance by the Pandemic Influenza Expert Group. Several feedback sessions on the prescribing guidelines were conducted by Marion Murphy at CME group meetings around the country. Following

a consultation process, the guidelines were signed off by the National SARI committee in 2010 and are available on the SARI section of the HPSC website to view and download. It is envisaged that these guidelines will be subject to ongoing review in response to new evidence available and feedback from prescribers. An information piece on the guidelines has been included in the June 2011 edition of Epi-Insight and a formal launch is proposed prior to the winter season 2011.

The Infection Prevention and Control Subcommittee of the Community Antibiotic Stewardship Committee produced infection prevention and control guidelines for general practice as part of its remit under the Strategy for the Control of Antimicrobial Resistance in Ireland (SARI). The ICGP collaborated in the production of these guidelines. The Health Information and Quality Authority (HIQA) is the independent statutory body with responsibility for developing and monitoring standards for health and social care services. The Authority has identified standards for the prevention and control of HCAIs as one of its priority areas in all healthcare settings. This guideline has been formulated for all staff working in the General Practice setting. Public confidence relies on the general practice being seen as a safe place for patients to be treated. This document is in response to the HIQA standards and aims to highlight the relevant issues for infection prevention and control in Irish general practice. The document is currently in final draft and has been submitted to National SARI committee and ICGP Quality in Practice committee for approval.

2.3 Dental Sub Group – see 1.7

2.4 Prevention of Urinary Catheter-related Infection Working Group: Production of National Guidelines:

National guidelines on the prevention of catheter-related urinary tract infections are due to be published in mid 2011 after a consultation process.

2.5 Prevention of Ventilator-associated pneumonia: Production of National Guidelines

The national guidelines were agreed following a consultation process and will be published in early 2011.

2.6 HCAI Surveillance in Critical Care

2.6.1 MRSA in ICU Prevalence Study

Thirty-three ICUs participated in 2010, stratified by ICU type: (i) level 2/3 ICUs (n = 19) (such ICUs contain both ICU and high dependency unit patients) & (ii) level 3 ICUs (n=14) (ICU patients only). ICU bed occupancy and isolation room occupancy rates were high in both the level 2/3 (87% and 84%, respectively) and level 3 ICU groups (90% and 87%, respectively). There are large differences in single room resources; four of the ICUs do not have any single rooms and 36% fall below the recommendation of one single bed to every four ICU beds as set out in the 2005 national MRSA guidelines. While all single rooms are equipped with hand sinks, only 45% have anterooms. Only four of the ICUs (12%) could successfully isolate all of

their MRSA patients when surveyed. Level 2/3 ICUs could isolate on average 61% of MRSA patients surveyed while level 3 ICUs could isolate 82%. All ICUs screen for MRSA colonisation on admission to ICU. However, there are differences in screening protocols between hospitals, precluding direct comparisons of MRSA figures. The prevalence of MRSA in level 2/3 ICUs was 8.2% in 2010 (range = 1.9 – 22.4%, median = 10.2%) and 9.3% (range = 1.8% - 18%, median = 10.1%) in level 3 ICUs. The prevalence of MRSA was significantly higher in level 3 ICUs compared to the level 2/3 group in 2008 and 2009 but no significant difference was reported in 2010. Due to the difference in patient case-mix between groups level 3 ICUs cater for a more acute patient population with a higher risk of acquiring MRSA prior to ICU admission and post admission through increased intensity of care. The weekly proportion of MRSA that were ICU-acquired was 0.7% in level 2/3 ICUs in 2010 (range = 0 - 3.9%, median = 0.64%) and 0.7% in level 3 ICUs (range = 0 – 1.4%, median = 0.9%). The majority of ICUs (88%) show a proportion of MRSA acquisition of <1.5%, therefore figures on MRSA acquisition are low in the majority of general ICUs.

2.6.2 Catheter related infections in ICU Pilot Study

This pilot collaborative study took place over a three-month period between November 2010 and January 2011. The study was a joint initiative of the Health Service Executive, Health Protection Surveillance Centre and the Intensive Care Society of Ireland. Hospitals in Europe Link for Infection Control Surveillance (HELICS) definitions of catheter related infection were utilised. There were nine participating units in 8 hospitals. A total of 17 CRI were recorded in the three-month period of surveillance. The national CRI rate was 2.2 CRI/1,000 CVC days (range 0.0-8.0 CRI/1,000 CVC days).

2.7 Updating guidelines for the Control of MRSA

A multi-disciplinary Working Group (WG) was formed and met on a number of occasions. The WG has reviewed the scientific evidence and guidelines produced elsewhere. Drafts covering the main headings have been circulated amongst the members. It is hoped that a document will be ready for widespread dissemination for the purposes of feedback and consultation towards the end of the first half of 2011.

2.8 Guidelines for the Prevention and Control of Multi-drug resistant Organisms other than MRSA

The SARI subcommittee for the development of guidelines against multi-drug resistant organisms excluding MRSA met for the first time in September 2010. The committee includes representatives of the Health Protection Surveillance Centre, the Irish Society of Clinical Microbiology, the Infectious Diseases Society of Ireland, the Irish Infection Prevention Society and the Academy of Medical Laboratory Scientists. The aim of the guidelines is to provide recommendations for the prevention and control of multi-drug resistant organisms in Irish healthcare institutions. A preliminary alert document on the control of Carbapenem Resistant Enterobacteriaceae was released in January 2011. It is the intention of the working

group to circulate the first draft of the full guideline document for consultation in the summer of this year.

3. Reports from Regional Committees

Membership of the nine regional SARI committees contains multidisciplinary representation from both acute and non-acute sectors. Details of membership of the Regional Committees, terms of reference and other relevant documentation can be found on the SARI section of the HPSC website. The chair of each regional committee is a member of the SARI National Committee.

3.1 North East

The NE SARI Regional committee, chaired by Dr Rosemary Curran carried out a number of projects during 2010:

- **Microbiology Laboratories**:

Laboratory Information System upgrades including integration with NVRL, Information Technology upgrade in Our Lady of Lourdes microbiology laboratory, provision of Maldi Mass Spectrophotometer in Cavan General Hospital to enable rapid identification of pathogens and of PCR instrument and PCR testing kits for evaluation project on testing for C *difficile* infections. In addition the committee supported infrastructural upgrade in the Louth Hospital microbiology laboratory

- **Surveillance Scientists**:

Software upgrading of statistical and other packages, study of antimicrobial resistance patterns in the community and an assessment of infection management and surveillance software systems

- **Health Promotion:**

School campaign to promote hand washing and provision of promotional materials to improve infection prevention and control

- **Antimicrobial stewardship**:

Updating and printing of hospital antimicrobial prescribing guidelines for Cavan/Monaghan hospital group, printing and distribution of draft community antimicrobial prescribing guidelines and provision of Journal of Antimicrobial Chemotherapy to antimicrobial pharmacists.

- **Infection Control**:

Updating, printing and distribution of Regional Infection Control Guidelines for Hospitals, implementation of hygiene monitoring in hospitals, provision of signage for hospitals, purchase of Infection Control textbooks and provision of educational DVDs re Standard precautions

- **Education:**

Provision of training days for healthcare workers including topics such as MRSA, *C difficile*, antimicrobial stewardship and management of urinary catheters

3.2 Northwest

The Northwest Regional Infection Prevention and Control / SARI Committee met on three occasions in 2010, the meetings occurred in the absence of, and with no input from, Regional HSE management. Work was commenced on regional procurement

of dressings for wound care which could result in significant monetary savings. The committee have made initial inroads into the task of analyzing available data on antimicrobial usage in the Primary, Community and Continuing Care sector. Progress in 2011 would benefit from a closer relationship with members of HSE management regionally

3.3 Dublin North

The committee met quarterly in 2010. LIT infection control meetings, attended by both co-chairs (Dr Fidelma Fitzpatrick and Mr Brian Conlan) occurred every six to eight weeks where HSE dashboards, national and local surveillance data and relevant documentation from the NSARI and the regional committee were discussed. Committee activities in 2010 included, production of regional surveillance data to guide antibiotic prescribing (antibiotic susceptibilities on GP urines and sputum *S. pneumoniae*), review of regional and national antibiotic prescribing (hospital and community), review of regional EARSS data, production of an annual newsletter (articles on sharps safety, measles, *C. difficile* infection, sluice room audit and presentation of local antibiotic consumption data) and the third annual Regional Educational Day for healthcare staff working in the community (focusing on prevention of urinary catheter-associated infection). The major concerns expressed in 2010 included governance and reporting relationships of the regional committee in light of HSE organisational changes, and gaps in dedicated infection control expertise in the community areas and in disability & residential settings.

3.4 Dublin South

The Dublin South Regional SARI committee is chaired by Dr Susan Knowles. Within the region there is no system in place with responsibility for implementation of the regional SARI committee's recommendations, including *inter alia* producing an integrated infection prevention and control strategy for the non-acute healthcare sector of the region. The regional committee met once in 2010. Although the quarterly meetings were an important forum for building relationships and consulting with colleagues across diverse healthcare disciplines, Dr Susan Knowles, chair of the committee, postponed all future regional SARI meetings indefinitely until suitable agreed implementation structures were in place. Dr Knowles has met with Mr Gerry O'Dwyer, HSE Dublin Mid-Leinster Regional Director of Operations to progress this issue. Significant changes within HSE structures are currently taking place and final decisions regarding the Dublin Mid-Leinster SARI committees will take place in 2011. Factors under consideration include (a) the number of regional committees required within the Dublin Mid-Leinster HSE region (there are currently 2 regional SARI committees), (b) consideration of co-chairs, one an infection prevention and control expert (either a consultant microbiologist or public health specialist) and the other a senior HSE manager with budgetary responsibility and (c) responsibility for implementation of the recommendations of the advisory committee.

3.5 Dublin Mid Leinster

The committee is chaired by Dr Phil Jennings. The group held two meetings in the Spring and Summer of 2010. No further meeting was held pending changing structures in HSE management and clarification regarding reporting relationships for Regional SARI Committees. There is a system in place for regional analysis of data and data distribution to relevant authorities. Data is distributed from HPSC nationally and discussed at regional SARI meetings. The new SARI National Guideline Reports were highlighted at the monthly hospital performance meetings as recommendations for best practice. The Hospitals completed their Hand Hygiene Audits and these were sent to the Asst. National Director of Health Protection and a copy of same to the Acute Hospital Network Office. The committee agreed that the strongest way to make a case for filling of posts and to drive change is via Audit. Concern was raised that infection control posts were not being filled in some hospitals due to the recruitment embargo and this is now noted in the hospital risk registers. The committee agreed that the model of link nurses in Long-Stay Institutions was a good model for infection control and steps were taken to progress this further for the Midlands hospitals. A new Environmental Monitoring Group (Legionella) was established in the Midlands covering both acute and community hospitals and this initiative was discussed with the committee. The rise in measles cases was a cause of concern for the hospitals and a vaccination programme for measles was organised in the East as an outbreak measure in some of the primary schools targeting children in junior infants. The SARI HSE Dublin Mid-Leinster committee raised the matter of Governance for Hospitals re company representatives and open access to staff with Dr Kevin Kelleher, Asst. National Director, Health Protection, who drafted a letter for circulation to hospitals, LHO Managers and all Heads of Disciplines advising them of new policy in this regard.

3.6 West

No meetings took place in 2010 and the Chair of the Committee resigned as it was not possible to secure a commitment on engagement by senior management for the region.

3.7 Southeast

The committee is chaired by Dr Maeve Doyle, and meets quarterly. The committee did not meet in the last quarter because the National committee had not met for two quarters. Regional EARSS, regional surveillance data, hospital antimicrobial consumption and alcohol hand rub usage is reviewed on a regular basis and appropriate document control is in place at a regional level. Enhanced *C. difficile* surveillance of acute/non-acute hospital patients commenced in October 2008. Surgical site infection surveillance continues in Wexford General Hospital and commenced in South Tipperary General Hospital in December 2009. In addition, there is a regional mechanism for dissemination of data and advice in the form of a Communicable Disease Update produced by the Public Health Department in the region. Functioning Infection Prevention and Control Committees are established in the four acute hospitals in the region and in the non-acute hospitals in

Carlow/Kilkenny. However, most of the community committees have no infection prevention and control or microbiology personnel on the committee. The Regional Antimicrobial Stewardship group developed "Guidelines for the use of Reserve and Restricted antimicrobials" and developed an 'expanded' (procedure specific) regional "Surgical Prophylaxis Guidelines". Education activities include those provided by the infection prevention and control teams, education for NCHDs, training of link nurses and participation in the peripheral line care bundle programme. This year the first Link Nurse Practitioner Course was held in September/October and included attendees from Occupational Therapy, Radiology and Physiotherapy.

3.8 South

The committee chaired by Dr Anne Sheahan, meets on a quarterly basis. It did not publish a newsletter last year but plans are in place to publish regular newsletters. There are functioning hospital infection control committees in the larger hospitals but in smaller acute hospitals there is a problem with appropriate membership (i.e., microbiologist, clinical consultant, specialist in public health medicine). Each of the five local health offices (LHOs) has established an infection control committee but only one has representation from infection control, microbiology and public health. The RICC is planning to establish a community infection control subgroup to provide support and co-ordination for the LHO committees. However, the governance structures are changing and this will be reflected in the community and hospital ICCs.

Local initiatives in 2010 included:

- GP Infection Control Subgroup: project manager in place to develop Infection Control Guidelines for General Practice.
- AMR Surveillance subcommittee: Report produced on antimicrobial usage and susceptibility data in Cork and Kerry 2009.
- Antimicrobial Stewardship Subcommittee: Antimicrobial guidelines for acute hospitals in the region that were developed in late 2008 have been adapted and implemented in regional hospitals. Ongoing antimicrobial consumption surveillance continues in most hospitals. Point prevalence surveys of antimicrobial use have been conducted in many hospitals and the region contributed to the ESAC Point Prevalence Survey in 2009.
- Projects Funded by the RICC included funding of MPH and Health Protection Courses in UCC, Project on Molecular epidemiology of M tuberculosis group and non tuberculosis mycobacteria in Cork and Kerry 2010-2013, GP project, Surveillance programme and upgrading on facilities in Chest Clinic

3.9 Midwest

The regional SARI committee is jointly chaired by Dr Patrick O'Sullivan, A/DPH, and Dr Nuala O'Connell, Consultant Microbiologist in the MW Regional Hospital Limerick. Until the end of 2009, it met as the Regional Communicable Disease Control Committee (RCDCC). Attendance at the RCDCC and at the various other Regional and Acute Services Infection Control meetings fell during the pandemic. In an attempt to

improve participation and reduce the number of different meetings all being attended by the same people, a new structure was established, the MW Infection Prevention & Control Acute Services and Continuing Care. The membership was also rationalized to be representative of the different stake holder groups, rather than to include all members of stake holder groups. The new Committee plans to meet quarterly but for administrative reasons only three meetings were held in 2010, in May, October and December.

Dr Patrick O'Sullivan attended the LIT meetings in 2010. These were held monthly in the first part of the year, but were then rationalised to quarterly as it was observed that the participants were all meeting at other regional meetings, which were covering different parts of the LIT's TORs. In the first half of the year the LIT meetings each focused on a specific issue e.g. Winter Initiative, Infection Control Committees, HCAI, etc. Dr Nuala O'Connell, Consultant Microbiologist, joined the LIT meetings when the focus was on HCAI. A second Consultant Microbiologist was appointed to the area in the second half of the year and it was hoped that she would take up her post in early 2011.

A regional newsletter, ID Link, is published three times yearly by the Department of Public Health. Infection prevention and control advice, and surveillance data is also available both on the intra- and internet for the MW Regional Hospitals.

Ongoing issues in the region include the need for full CIDR implementation, though the MWRHL Laboratory went live in October and a new regional surveillance scientist is due to be appointed in 2011 and the impact of HR restrictions (specifically non replacement of staff, including hospital cleaning staff) on the regions capacity to implement SARI further.

Appendix 1 Members of the National Committee 2010

Chair: Dr Olive Murphy, Consultant Microbiologist, Bon Secours Hospital, Cork
Hon. Secretary: Dr Fidelma Fitzpatrick, Consultant Microbiologist, HPSC and Beaumont Hospital, Dublin
Surveillance assistant: Ms Siobhan Dowling, HPSC
Chairs of SARI Regional Committees: 1. **Dublin North**: Mr Brian Conlan, Chief Executive, Mater Hospital, Dublin & Dr Fidelma Fitzpatrick, Consultant Microbiologist, HPSC and Beaumont Hospital, Dublin (co-chairs) 2. **Dublin South**: Dr Susan Knowles, Consultant Microbiologist, National Maternity Hospital, Dublin 3. **Dublin Mid-Leinster**: Dr Phil Jennings, Director of Public Health, Department of Public Health, HSE - Midland Area, Tullamore 4. **South East**: Dr Maeve Doyle, Consultant Microbiologist, Waterford Regional Hospital 5. **South**: Dr Anne Sheahan, Public Health Specialist, HSE-South. 6. **MidWest**: Dr Patrick O'Sullivan, Public Health Specialist, HSE Mid-Western, Limerick 7. **West**: N/A 8. **NorthWest:** Dr Michael Mulhern, Consultant Microbiologist, Letterkenny General Hospital 9. **NorthEast:** Dr Peter Finnegan, Public Health Specialist, HSE North East
Irish Patients Association: Mr Stephen McMahon
The Consumers Association of Ireland: Ms Dorothy Gallagher
Department of Health and Children: Dr Eibhlin Connolly
Department of Health, Social Services and Public Safety (Northern Ireland): N/A
HSE: Dr Kevin Kelleher, Assistant National Director for Health Protection, Population Health
HPSC: Dr Robert Cunney, Consultant Microbiologist, HPSC and Temple Street Children Hospital Shelia Donlon, Infection Control Nurse Manager, HPSC
HIQA (observer): Dr Deirdre Mulholland
Infection Prevention Society Alison MaGuinness, Infection Control Nurse, St Vincent's Hospital

Surveillance Scientist Association: Ms Karen Logan, Surveillance Scientist, Sligo General Hospital
Royal College of Physicians of Ireland: Dr Lynda Fenelon, Consultant Microbiologist, St Vincent's University Hospital, Dublin
Academy of Medical Laboratory Science: Ms Anne-Marie Meenan, Coombe Women's and Infants University Hospital, Dublin.
Irish Pharmaceutical Healthcare Association: Dr Rebecca Cramp
Hospital Pharmacist Association of Ireland: Ms Deirdre Lynch, Cork University Hospital, Cork
Pharmaceutical Society of Ireland: Ms Marita Kinsella
Faculty of Veterinary Medicine: Dr Nola Leonard, Department of Veterinary Medicine, UCD
Department of Agriculture and Food: Dr John Egan, Central Veterinary Research Laboratory, Co. Kildare
Irish College of General Practitioners: Professor Colin Bradley, Dept General Practice, University College Cork
Faculty of Pathology: N/A
Chair, Antimicrobial Stewardship: Dr Edmond Smyth, Consultant Microbiologist, Beaumont Hospital, Dublin
CEO Group: Ms Marie Keane, Deputy CEO/Head of Operations, Beaumont Hospital, Dublin
Dental: Dr Nick Armstrong, Principal Dental Surgeon, Dublin Mid-Leinster

Appendix 2: Links to Relevant Documents

NSARI, working groups and SARI regional committee membership lists and key documents:
http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/StrategyforthecontrolofAntimicrobialResistanceinIrelandSARI/

Detailed results of EARSS and the enhanced bloodstream infection surveillance system:
http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARSS/

Regional and Hospital *S. aureus* bacteraemia Surveillance:
http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanAntimicrobialResistanceSurveillanceSystemEARSS/ReferenceandEducationalResourceMaterial/SaureusMRSA/LatestSaureusMRSAdata/

Antimicrobial Consumption Surveillance:
http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/EuropeanSurveillanceofAntimicrobialConsumptionESAC/

Hand Hygiene Guidelines, Audit Tool, Alcohol hand rub consumptions surveillance and relevant links:
http://www.hpsc.ie/hpsc/A-Z/Gastroenteric/Handwashing/

Hospital Antibiotic Stewardship Guidelines, December 2009: http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/StrategyforthecontrolofAntimicrobialResistanceinIrelandSARI/AntibioticStewardship/Publications/

National guidelines on the prevention, surveillance, diagnosis and management of intravascular catheter-related infection: http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHealthcare-AssociatedInfection/IntravascularIVlines/Publications/

Surgical site infection surveillance: http://www.hpsc.ie/hpsc/A-Z/MicrobiologyAntimicrobialResistance/SurgicalSiteInfectionSurveillance/

2010 Annual Reports from the National Reference Laboratories Salmonella and Antimicrobial Resistance (Food, Feed and Animal Health),

NRL Salmonella
http://www.agriculture.gov.ie/media/migration/animalhealthwelfare/labservice/nrl/SalmonellaAnnReport2010.pdf

NRL Antimicrobial Resistance
http://www.agriculture.gov.ie/media/migration/animalhealthwelfare/labservice/nrl/AMRAnnualReport2010.pdf