

S. aureus bacteraemia surveillance

Quarterly report

January – March 2012 (Q1 2012)

Key points

- Overall *S. aureus* (SA) rates for Northern Ireland (MRSA plus MSSA bacteraemias) decreased by approximately 0.4% during quarter one 2012.
- MRSA rates increased by approximately 55% compared to quarter four 2011 (from 17 to 27 reports).
- MRSA reports during 2011/12 fell 17% compared to 2010/11.
- MSSA rates decreased by approximately 12% compared to quarter four 2011 (from 80 to 72 reports).
- MSSA reports during 2011/12 rose by 13% compared to 2010/11.
- SA rates for quarter one 2012 remain within expected parameters on the SPC chart for Northern Ireland.
- MRSA rates rose within the expected parameters on the SPC chart for Northern Ireland.
- MSSA rates remain within expected parameters on the SPC chart for Northern Ireland.

***S. aureus* bacteraemia surveillance**

***S. aureus* (MRSA plus MSSA)**

- The Northern Ireland rate of SA bacteraemia (MRSA plus MSSA) **decreased** from 0.250/1,000 occupied bed days in quarter four 2011 to 0.249/1,000 occupied bed days this quarter (Figure 1 and Table 3).
- In all, 99 SA reports were notified between January to March 2012, an increase of 2 (2%) on the previous quarter (97 reports).

MRSA

- The number of MRSA bacteraemias **increased** by 59%, from 17 reports in quarter four to 27 reports this quarter (Table 1).
- The MRSA rate **increased** by 55%, from 0.044/1,000 occupied bed days in quarter four 2011 to 0.068/1,000 occupied bed days this quarter (Figure 1 and Table 3).
- The overall percentage of SA patient episodes reported as MRSA **increased** by approximately 9.7%, from 17.6% in quarter four to 27.3% this quarter (Table 3).
- One of the five Health and Social Care Trusts (HSCTs) saw a decrease in MRSA rates during this quarter (Figure 3). Regarding the HSCTs that saw an increase, when the MRSA rates for this quarter are compared to quarter one in previous years, using 95% confidence intervals, there is no statistically significant change (Figure 4).

MSSA

- The number of MSSA bacteraemias **decreased** by 10%, from 80 reports in quarter four 2011 to 72 reports this quarter (Table 2).
- The MSSA rate **decreased** by 12%, from 0.206/1,000 occupied bed days in quarter four to 0.181/1,000 occupied bed days this quarter (Figure 1 and Table 3). There was no statistically significant change in MSSA rates between the two quarters (Figure 1).
- This quarter, all five HSCTs reported higher MSSA rates than MRSA (Figure 2).
- MSSA rates decreased in four of the five HSCTs this quarter (Figure 5). However, when compared to quarter one in previous years, there is no statistically significant change in MSSA rates in any of the Trusts (Figure 6).
- Figures 7 and 8 show the rates of MRSA and MSSA patient episodes in each hospital and HSCT during this quarter (see also Tables 1 and 2).

SPC charts

- Trends in overall SA rates, and in MRSA and MSSA rates, since SA reporting commenced in 2001 are presented for each HSCT in the form of Statistical Process Control (SPC) charts in Figure 9 and Appendix 2. SPC charts allow a distinction to be made between natural variation and 'special cause variation' where something unusual may be occurring. Further details on SPC charts can be found in appendix 4.
- For Northern Ireland as a whole, SA, MRSA and MSSA rates remain within expected parameters of the regional SPC charts (Figure 9a-c).

Caveats

- The data in this report reflect SA patient episodes that have been validated by diagnostic laboratories in each HSCT and compared to the Northern Ireland healthcare associated infections (HCAI) web-based surveillance system. The data may be subject to change. Any updates will be reflected in the next quarterly surveillance report.
- A number of recent SA reports (for which patient source was known) have been from patients located in accident and emergency departments at the time of blood sampling. Although the actual source of infection may have been external to the accident and emergency department where the specimens were tested, these patients are included in the relevant HSCT's quarterly SA total. Transferred patients and duplicates between HSCTs (within 14 days) are removed from the dataset, as much as possible, using information from the usual laboratory reporting systems, including CoSurv and EARSS. It should be noted that the potential for including duplicates remains.
- Appendix 5 has been added to this report to assist with clarification of definitions relating to *S. aureus* patient episodes.
- KH03a bed day data was not available for the Royal Maternity Hospital; therefore, the figures used are based on an estimate generated using quarter four bed day data for this hospital from previous years. This bed day information will be updated when it becomes available.

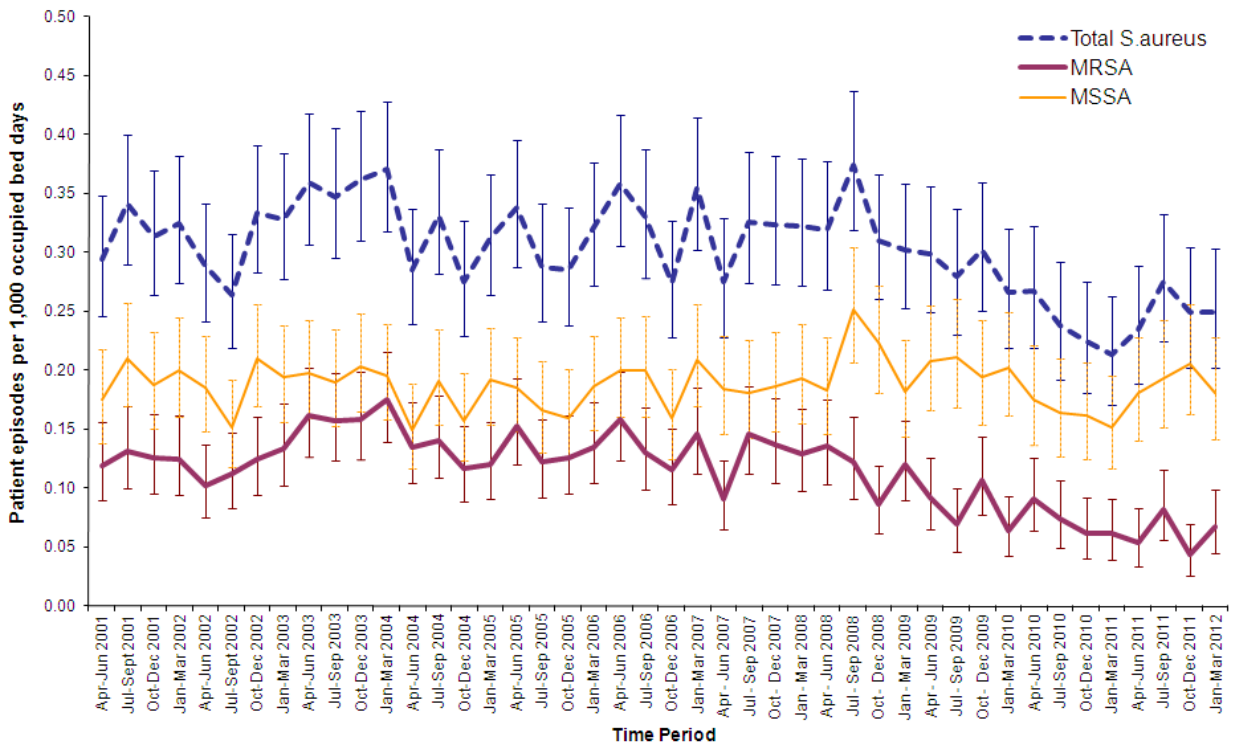


Figure 1: MSSA, MRSA and *S. aureus* patient episode rates in Northern Ireland by quarter, with 95% confidence intervals, April 2001–March 2012 (see Appendix 3)

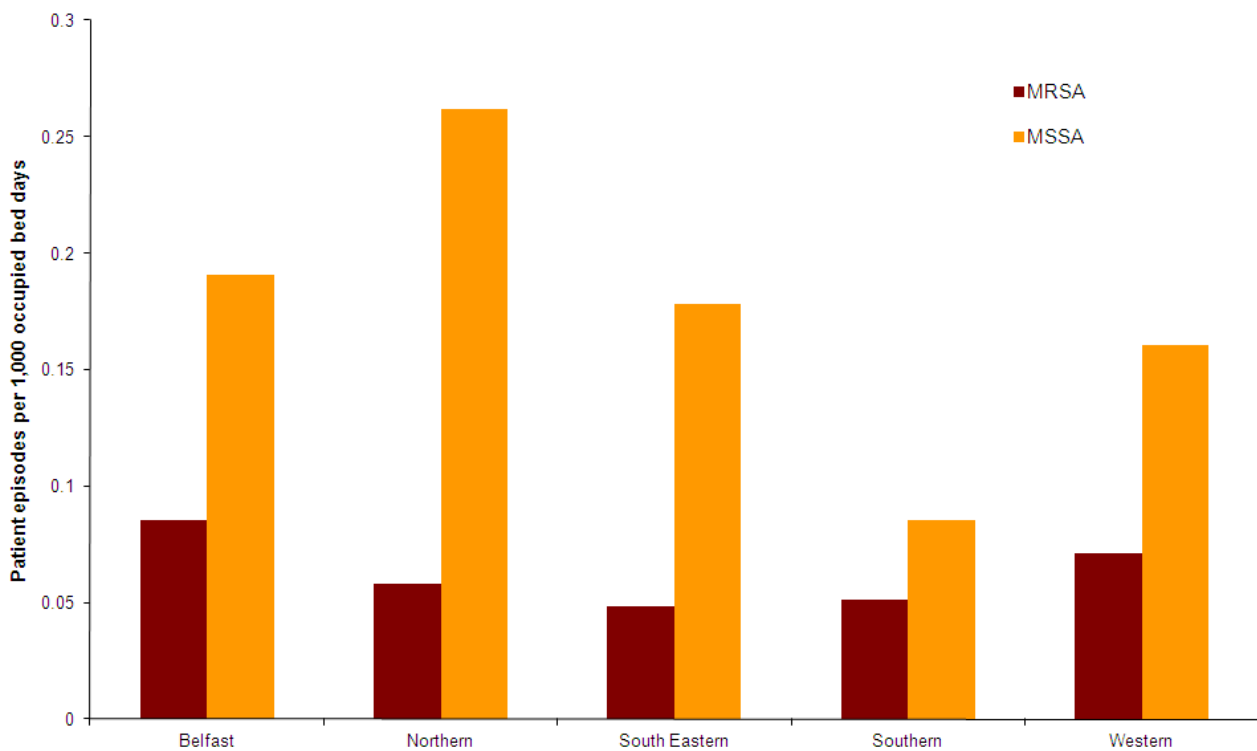


Figure 2: MRSA and MSSA patient episodes per 1,000 occupied bed days, by HSCT, January-March 2012

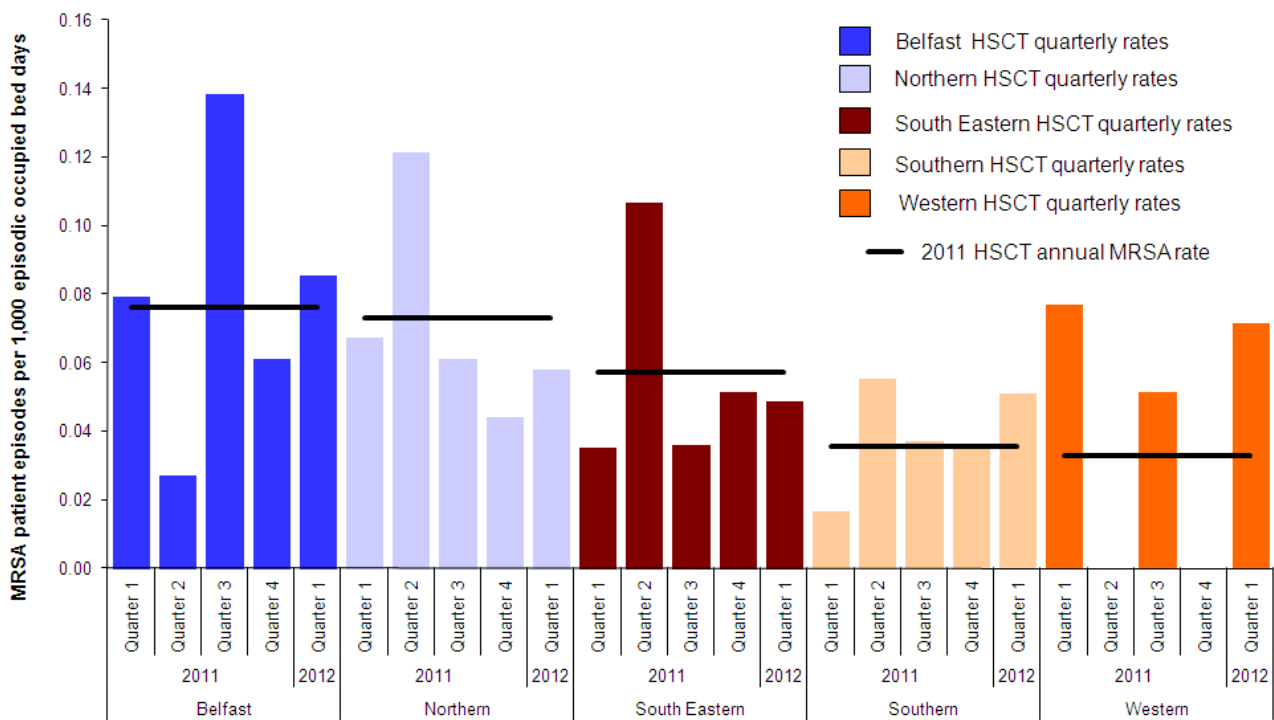


Figure 3: Quarterly rates of MRSA by HSCT, 1 January 2011–31 March 2012, with 2011 HSCT annual MRSA rates

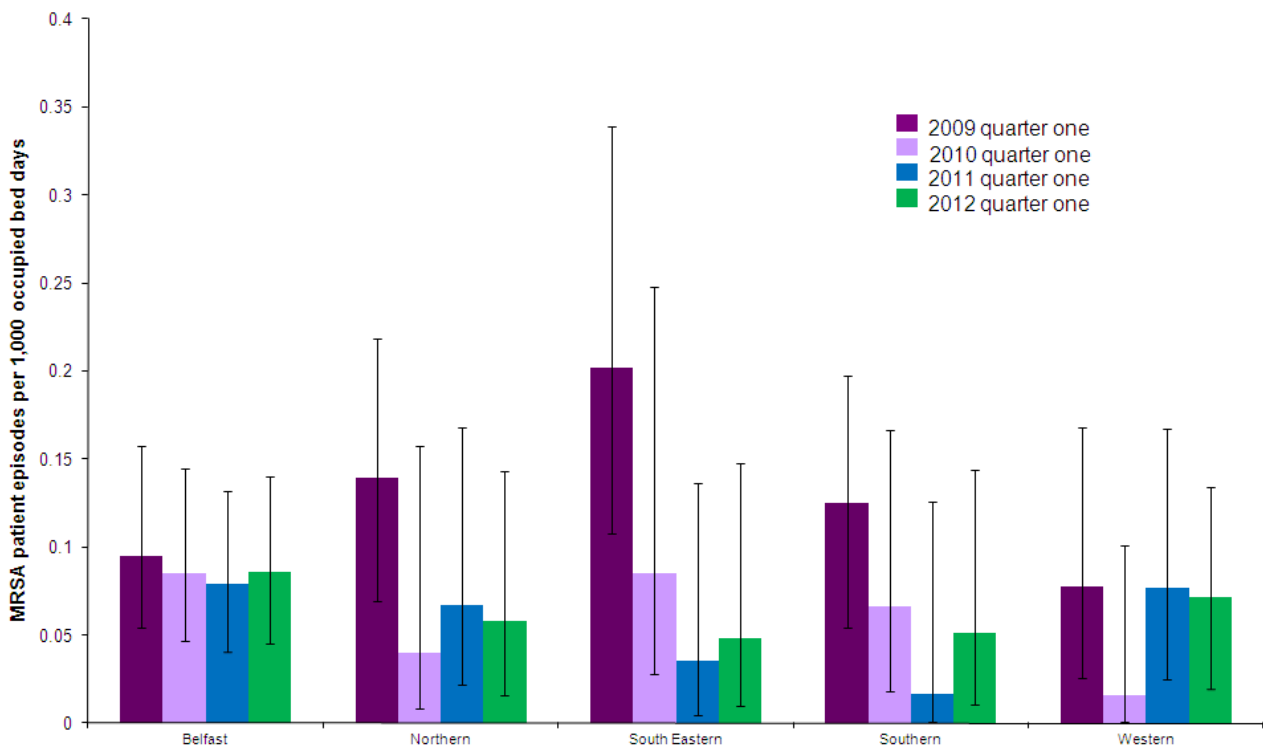


Figure 4: MRSA patient episodes in quarter one, by HSCT, from 2009–2012, with 95% confidence intervals

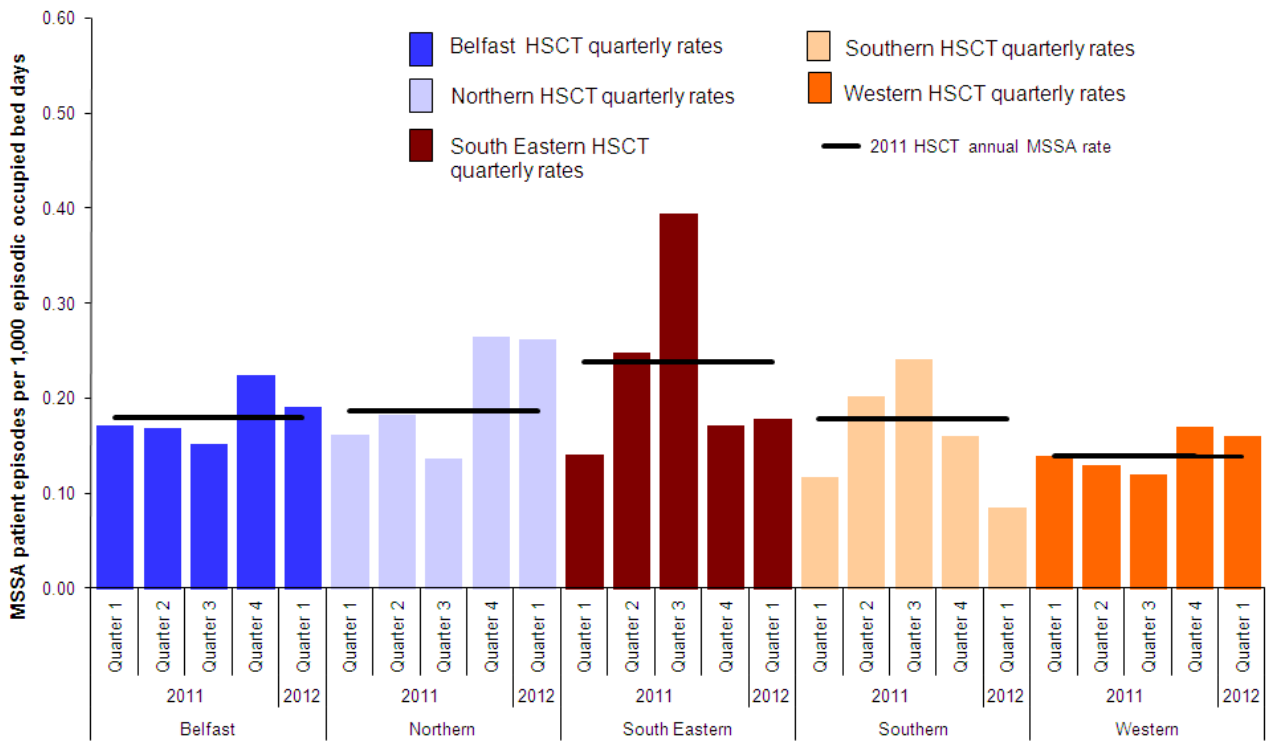


Figure 5: Quarterly rates of MSSA by HSCT, 1 January 2011 – 31 March 2012, with 2011 HSCT annual MSSA rates

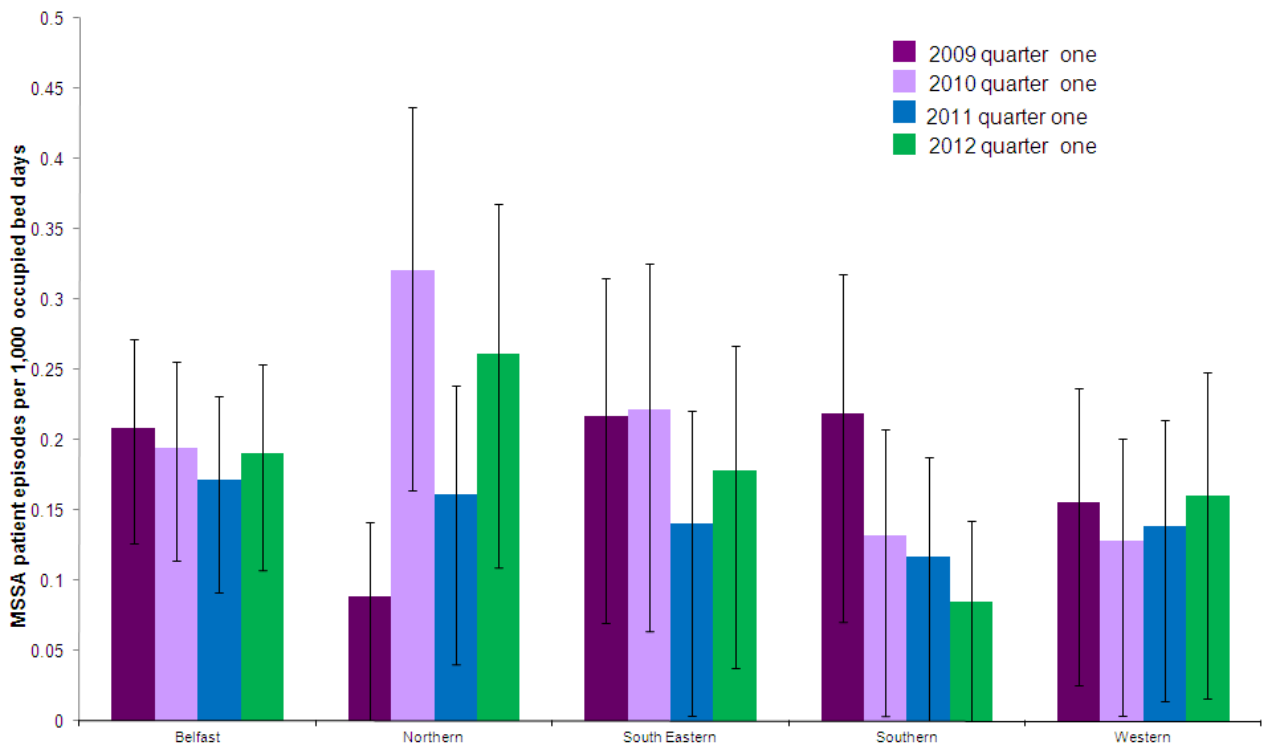


Figure 6: MSSA patient episodes in quarter one, by HSCT, from 2009–2012, with 95% confidence intervals

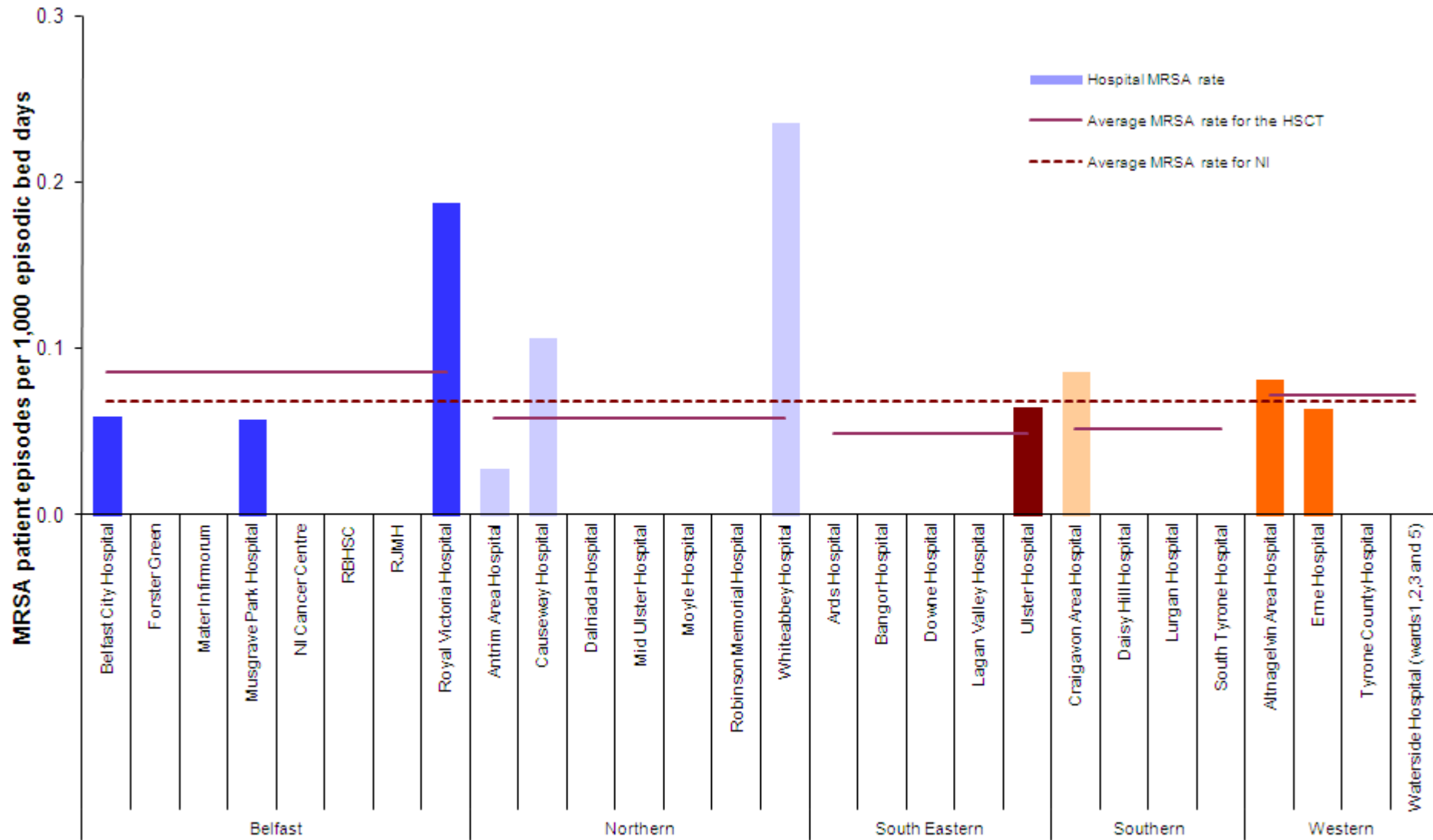


Figure 7: Rates of MRSA, by individual hospitals, for quarter one 2012 (gaps represent zero episodes), compared to quarter one 2012 average rates for Northern Ireland and HSCTs

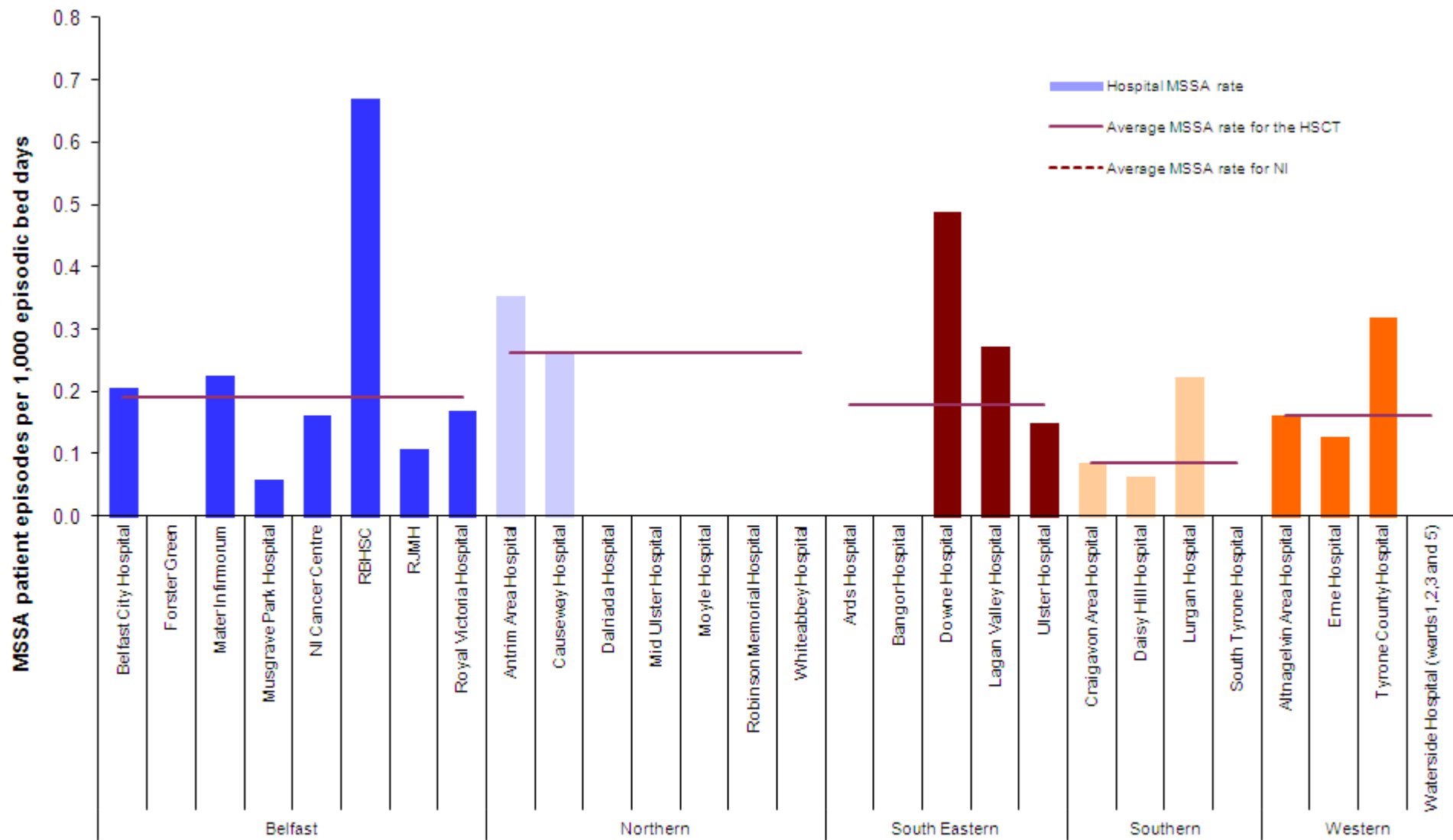


Figure 8: Rates of MSSA, by individual hospitals, for quarter one 2012 (gaps represent zero episodes), compared to quarter one 2012 average rates for Northern Ireland and HSCTs

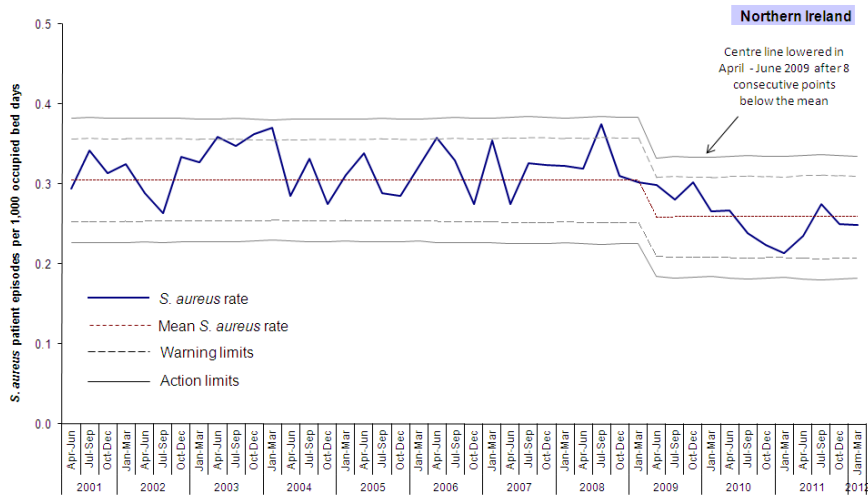


Figure 9a: Statistical process control chart for quarterly *S. aureus* rates in Northern Ireland

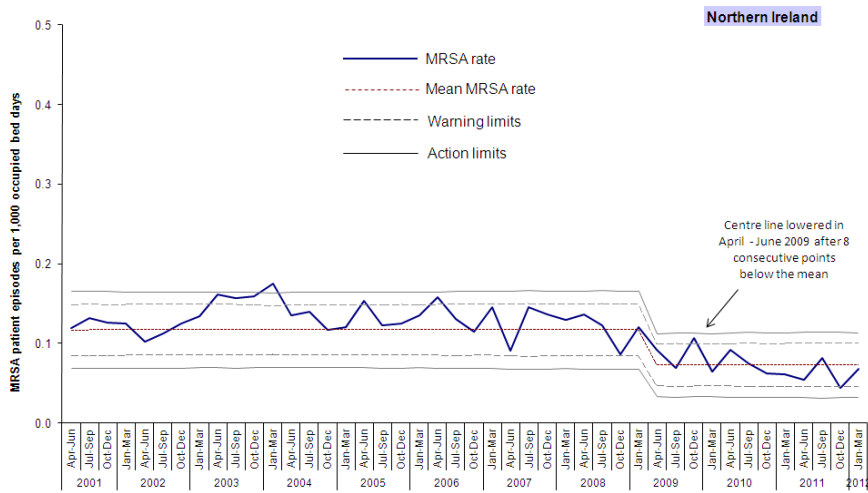


Figure 9b: Statistical process control chart for quarterly MRSA rates in Northern Ireland

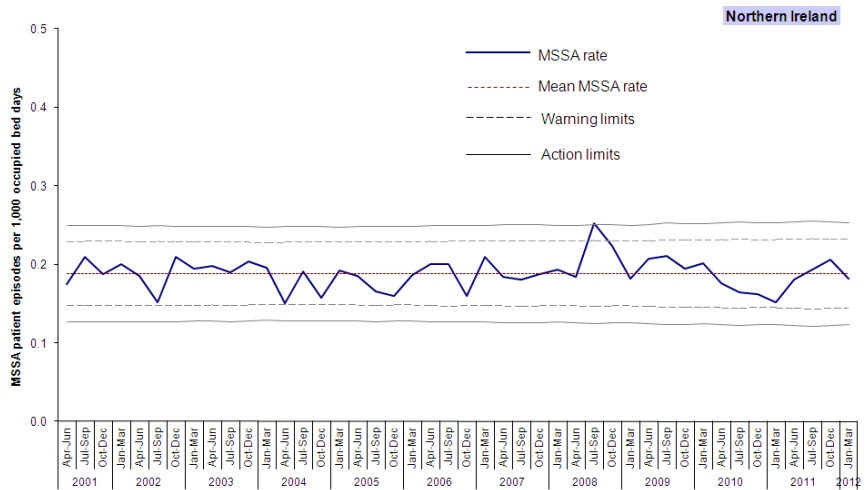


Figure 9c: Statistical process control chart for quarterly MSSA rates in Northern Ireland

Appendix 1

Table 1: Quarterly number and rate of MRSA patient episodes, by hospital, April 2011 – March 2012

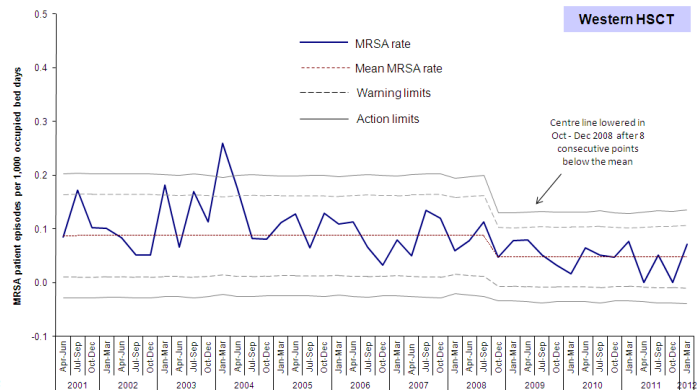
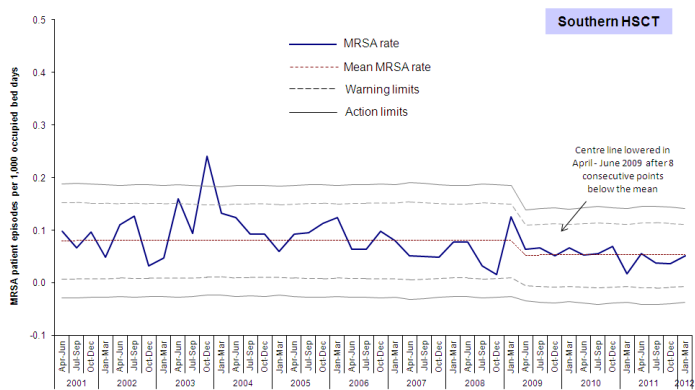
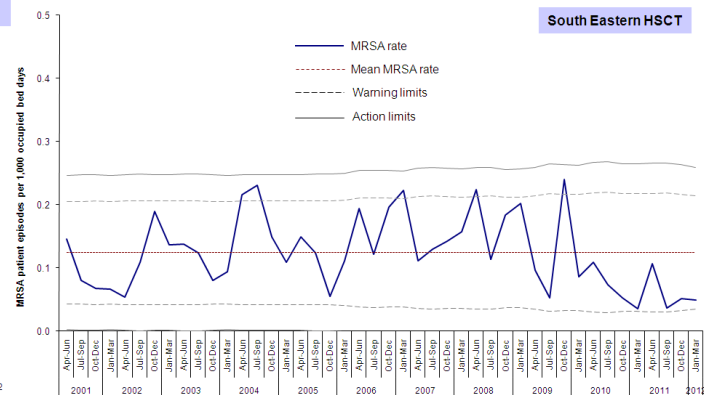
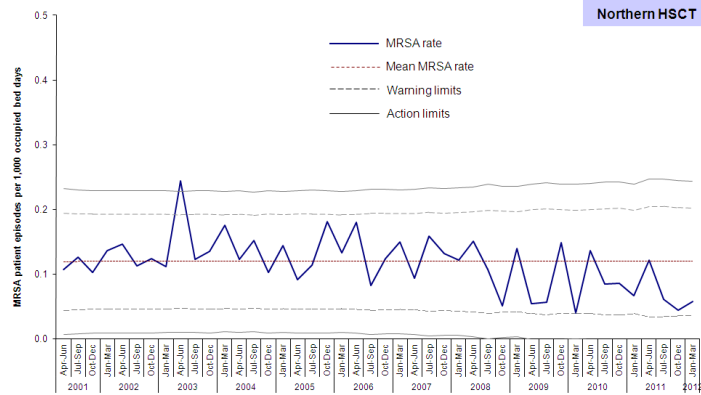
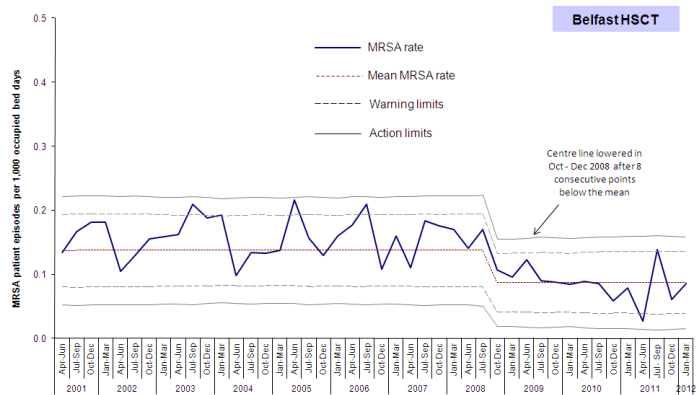
Hospital	Apr - Jun 2011		Jul - Sep 2011		Oct - Dec 2011		Jan-Mar 2012	
	Episodes	Rate	Episodes	Rate	Episodes	Rate	Episodes	Rate
Belfast City Hospital	1	0.028	9	0.260	1	0.029	2	0.059
Forster Green Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Mater Infirmorum	0	0.000	3	0.141	2	0.092	0	0.000
Musgrave Park Hospital	0	0.000	0	0.000	1	0.056	1	0.057
NICCO (formerly at Belvoir Park)	0	0.000	1	0.168	0	0.000	0	0.000
RBHSC	2	0.296	0	0.000	0	0.000	0	0.000
RJMH	0	0.000	0	0.000	0	0.000	0	0.000
Royal Victoria Hospital	1	0.020	7	0.141	5	0.100	10	0.187
Belfast HSCT	4	0.027	20	0.138	9	0.061	13	0.086
Antrim Area Hospital	4	0.119	3	0.087	2	0.054	1	0.027
Causeway Hospital	4	0.216	1	0.053	1	0.054	2	0.106
Dalriada Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Mid Ulster Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Moyle Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Robinson Memorial Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Whiteabbey Hospital	0	0.000	0	0.000	0	0.000	1	0.235
Northern HSCT	8	0.121	4	0.061	3	0.044	4	0.058
Ards Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Bangor Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Downe Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Lagan Valley Hospital	1	0.137	0	0.000	0	0.000	0	0.000
Ulster Hospital	5	0.120	2	0.048	3	0.068	3	0.064
South Eastern HSCT	6	0.106	2	0.036	3	0.052	3	0.049
Craigavon Area Hospital	1	0.031	2	0.064	1	0.030	3	0.086
Daisy Hill Hospital	2	0.137	0	0.000	1	0.066	0	0.000
Lurgan Hospital	0	0.000	0	0.000	0	0.000	0	0.000
South Tyrone Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Southern HSCT	3	0.055	2	0.037	2	0.036	3	0.051
Altnagelvin Area Hospital	0	0.000	1	0.029	0	0.000	3	0.081
Erne Hospital	0	0.000	2	0.138	0	0.000	1	0.064
Tyrone County Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Waterside Hospital (Wards 1-3, 5)	0	0.000	0	0.000	0	0.000	0	0.000
Western HSCT	0	0.000	3	0.051	0	0.000	4	0.071
Northern Ireland total	21	0.054	31	0.082	17	0.044	27	0.068

Appendix 1

Table 2: Quarterly number and rate of MSSA patient episodes, by hospital, April 2011 – March 2012

Hospital	Apr - Jun 2011		Jul - Sep 2011		Oct-Dec 2011		Jan-Mar 2012	
	Episodes	Rate	Episodes	Rate	Episodes	Rate	Episodes	Rate
Belfast City Hospital	8	0.221	7	0.202	13	0.375	7	0.206
Forster Green Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Mater Infirmorum	4	0.179	1	0.047	5	0.229	5	0.224
Musgrave Park Hospital	2	0.117	0	0.000	0	0.000	1	0.057
NICCO (formerly at Belvoir Park)	3	0.502	1	0.168	1	0.162	1	0.161
RBHSC	0	0.000	5	0.808	1	0.154	5	0.669
RJMH	1	0.101	0	0.000	0	0.000	1	0.106
Royal Victoria Hospital	7	0.139	8	0.161	13	0.261	9	0.169
Belfast HSCT	25	0.165	22	0.152	33	0.224	29	0.191
Antrim Area Hospital	9	0.267	7	0.202	14	0.378	13	0.352
Causeway Hospital	2	0.108	2	0.106	4	0.214	5	0.265
Dalriada Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Mid Ulster Hospital	1	0.229	0	0.000	0	0.000	0	0.000
Moyle Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Robinson Memorial Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Whiteabbey Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Northern HSCT	12	0.182	9	0.137	18	0.264	18	0.262
Ards Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Bangor Hospital	0	0.000	0	0.000	0	0.000	0	0.000
Downe Hospital	1	0.253	2	0.491	0	0.000	2	0.488
Lagan Valley Hospital	3	0.412	2	0.307	2	0.290	2	0.272
Ulster Hospital	10	0.239	18	0.429	8	0.182	7	0.150
South Eastern HSCT	14	0.248	22	0.394	10	0.172	11	0.178
Craigavon Area Hospital	9	0.283	9	0.287	4	0.121	3	0.086
Daisy Hill Hospital	2	0.137	3	0.210	4	0.265	1	0.064
Lurgan Hospital	0	0.000	1	0.224	0	0.000	1	0.223
South Tyrone Hospital	0	0.000	0	0.000	1	0.272	0	0.000
Southern HSCT	11	0.202	13	0.241	9	0.160	5	0.085
Altnagelvin Area Hospital	6	0.161	6	0.172	7	0.199	6	0.161
Erne Hospital	1	0.067	0	0.000	3	0.204	2	0.127
Tyrone County Hospital	1	0.313	1	0.325	0	0.000	1	0.320
Waterside Hospital (Wards 1-3, 5)	0	0.000	0	0.000	0	0.000	0	0.000
Western HSCT	8	0.129	7	0.120	10	0.170	9	0.161
Northern Ireland total	70	0.180	73	0.193	80	0.206	72	0.181

Appendix 2: Trends in MRSA rates, by HSCT and quarter, 2001–2012



Appendix 2: Trends in MSSA rates, by HSCT and quarter, 2001–2012



Appendix 3

Table 3: MSSA, MRSA and total *S. aureus* patient episode rates, and the percentage of *S. aureus* reported as MRSA, in Northern Ireland, April 2003 – March 2012

Quarter	MSSA rate	MRSA rate	All <i>S. aureus</i> rate	% MRSA
Apr-Jun 2003	0.198	0.161	0.359	44.8
Jul-Sep 2003	0.190	0.157	0.348	45.1
Oct-Dec 2003	0.203	0.159	0.362	43.9
Jan-Mar 2004	0.195	0.175	0.37	47.3
Apr-Jun 2004	0.15	0.135	0.285	47.4
Jul-Sep 2004	0.191	0.14	0.332	42.2
Oct-Dec 2004	0.158	0.117	0.275	42.5
Jan-Mar 2005	0.192	0.12	0.312	38.5
Apr-Jun 2005	0.185	0.155	0.341	45.5
Jul-Sep 2005	0.166	0.122	0.29	42.1
Oct-Dec 2005	0.16	0.125	0.285	43.9
Jan-Mar 2006	0.186	0.135	0.321	42.1
Apr-Jun 2006	0.199	0.157	0.356	44.1
Jul-Sep 2006	0.201	0.129	0.33	39.1
Oct-Dec 2006	0.159	0.115	0.273	42.1
Jan-Mar 2007	0.208	0.145	0.353	41.1
Apr-Jun 2007	0.183	0.091	0.274	33.2
Jul-Sep 2007	0.181	0.146	0.326	44.8
Oct-Dec 2007	0.187	0.137	0.324	42.3
Jan-Mar 2008	0.194	0.129	0.323	39.9
Apr-Jun 2008	0.184	0.136	0.32	42.5
Jul-Sep 2008	0.252	0.122	0.375	32.5
Oct-Dec 2008	0.223	0.087	0.31	28.1
Jan-Mar 2009	0.182	0.120	0.302	39.7
Apr-Jun 2009	0.207	0.092	0.299	30.8
Jul-Sep 2009	0.206	0.069	0.275	25.1
Oct-Dec 2009	0.195	0.107	0.302	35.4
Jan-Mar 2010	0.202	0.064	0.266	24.1
Apr-Jun 2010	0.175	0.091	0.267	34.1
Jul-Sep 2010	0.164	0.074	0.239	31.0
Oct-Dec 2010	0.162	0.062	0.224	27.7
Jan-Mar 2011	0.152	0.061	0.214	28.5
Apr-Jun 2011	0.181	0.054	0.235	23.0
Jul-Sep 2011	0.193	0.082	0.275	29.8
Oct-Dec 2011	0.206	0.044	0.250	17.6
Jan-Mar 2011	0.181	0.068	0.249	27.3

Appendix 4

Statistical process control charts

The statistical process control (SPC) chart is now commonly used for the reporting of MRSA rates throughout the UK. SPC charts assume that rates within a HSCT will be largely similar over time. They present the occurrence of *S. aureus* bacteraemias in a HSCT in relation to what would be expected, based upon the mean rate for the HSCT and calculated statistical process control limits.

The mean for each HSCT has been calculated using data from all quarters since April 2001. Control limits, derived from plus or minus two or three standard deviations from the mean, represent the range of variation in rates that might be expected to occur due to chance alone.

The warning limit is set at two standard deviations from the mean, while the action limit is set at three standard deviations from the mean. The limits vary slightly every quarter because of the varying occupancy in the hospitals within each HSCT. Control limits were set up using the following formulae:

$$\text{Warning Limit} = M \pm 2 \sqrt{\frac{E_i}{(N_i)^2}} \quad \text{Action Limit} = M \pm 3 \sqrt{\frac{E_i}{(N_i)^2}}$$

Where M is the mean, Ni is the number of occupied bed days per quarter and Ei is the expected number of reports calculated as $E_i = M \times N_i$

SPC charts allow the distinction to be made between natural variation and 'special cause variation', where something unusual is occurring in a HSCT. If any of the following criteria are met, there is said to be 'special cause variation', which should be investigated, as this could not statistically have occurred by chance alone:

- One value above the upper action limit, or below the lower action limit.
- Three consecutive values between the upper warning limit and upper action limit (or between lower limits).
- Eight consecutive values on the same side of the mean (either above or below).
- Any 12 of 14 consecutive values on the same side of the mean (either above or below).
- Eight consecutive values either increasing or decreasing.

Trust activity is defined as the number of occupied beds (from KH03A return) and is used to calculate a rate per 1,000 occupied bed days. KH03A data are obtained from the Department of Health, Social Services and Public Safety (DHSSPS) on a quarterly basis.

The number of patient episodes is defined as the total number of patients from whom blood culture set(s) collected during the quarter grew *S. aureus*. If repeat specimens were collected from a single patient, and the patient was considered to have had two episodes of bacteraemia, they should be counted as two patients. As an arbitrary measure, if positive blood culture sets are collected more than 14 days apart, they should be considered as reflecting different episodes.

Appendix 5

Clarification of existing HCAI definitions

Patient transfers

A patient may be an inpatient in a healthcare facility and, at some point, may be transferred to another hospital/HSCT, symptom free. Upon admission to the second facility, if the patient develops the symptoms of *C. diff* or *S. aureus* within two days and a specimen is taken and tested at this point, the episode is attributed to the current stay, ie the receiving hospital. While the infection may have been acquired during their first hospital admission, it is the hospital where the patient is situated **at the time the specimen is taken** that must report the episode. For this reason, PHA ensures there are caveats to state that this does not infer the patient acquired their infection in that hospital. HSCTs should be aware of such circumstances, so they are in a position to clarify any episodes that developed within two days of transfer/admission, and are therefore likely to have been acquired prior to admission to that hospital.

Patient in one hospital and, after discharge, is later admitted to another

A patient may be an inpatient in a healthcare facility and test positive for a healthcare associated infection. Once discharged, the patient may develop new symptoms and be readmitted to the same hospital or to a different hospital and be retested for *S. aureus*. If the new admission is within 14 days of the original positive specimen date, the duplicate rule applies regardless of the change of hospital and the isolate should not be reported.

Specimens taken in hospices

A patient may have a specimen taken whilst resident/attending a hospice. In this instance, the record should be entered onto the HCAI web based surveillance system with a comment indicating that it was taken in a hospice. The record will not be counted towards MRSA reduction targets and will not be included in reports.

Appendix 6

Table 4: MRSA patient episodes for each financial year, by HSCT

HSCT	Financial Year						
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Belfast	118	115	109	86	62	48	46
Northern	46	47	42	35	22	27	19
South Eastern	32	49	34	46	28	15	14
Southern	27	19	14	16	15	11	10
Western	27	18	22	20	11	15	7
Northern Ireland	250	248	221	203	138	116	96

Table 5: MSSA patient episodes for each financial year, by HSCT

HSCT	Financial Year						
	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12
Belfast	141	130	161	157	138	103	109
Northern	66	60	46	57	66	46	57
South Eastern	39	51	46	56	43	46	57
Southern	27	56	38	59	40	28	38
Western	52	51	37	37	49	39	34
Northern Ireland	325	348	328	366	336	262	295