



HISS NEWSLETTER

November 1998
Issue 1

The official HISS Program
Newsletter.
*HISS is a fully funded initiative of
NSW Health Department*

NSW HEALTH

WELCOME to the first HISS Newsletter which is our informal forum for communications between the HISS staff and the pilot sites. It is expected that you will receive regular Newsletters over the next 12 months. The Newsletter will contain updates on the HISS program, minor alterations to methodology, important dates and information pertaining to hospital epidemiology.

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THE LAUNCH

The NSW HIES Unit at the UNSW launched the HISS program on September 22, 1998. The HIES Unit staff were delighted to see so many staff from the pilot sites. The program was launched by NSW Health Department's Chief Health Officer, Dr Andrew Wilson, The Clinical Director of the ACHS Care Evaluation Program, Mr Brian Collopy, and the President of the Infection Control Association of NSW, Ms Dianne Dalton. The HISS program is the result of work by many stakeholders including those who assisted the NSW Health Department back in 1996, which established the Taskforce in Nosocomial Infection. The HIES Unit has collaborated with many stakeholders in infection control both in NSW and across Australia and will continue to do so during the pilot phase and post-pilot phase. I must mention the invaluable input from the **REFERENCE GROUP** (Professor Geoffrey Berry, Dr David Mitchell, Dr John Ferguson, Mr. Brian Collopy, Cathryn Murphy, Chris Aisbett, Dr Peter Taylor, Kim Stewart, Kathy Dempsey and Meredith Caelli), Dr Michael Whitby and the infection control staff at the Princess Alexandra Hospital, QLD, who in collaboration with the HIES Unit staff modified their own computer program for the collection, management and analysis of nosocomial infection surveillance data. The HISS program will commence in ten pilot sites in both rural and urban hospitals around NSW in the first week of November 1998.



(From left to right: Dr Andrew Wilson, Dr. Mary-Louise McLaws, Mr Brian Collopy, Dr Michael Whitby and Ms. Dianne Dalton).

HISS TRAINING DAY

Each pilot site was represented at the first HISS workshop on September 29, 1998. The second HISS Training Workshop will be postponed until 9am 1 June 1999. Postponement will enable you to collect enough data to perform some simple analysis and statistical testing. If you have any enquires about the program or definitions please contact the staff you met at the workshop by phone or email. We also encourage you to talk with ICPs from pilot sites about the method they use to capture their data.

MEMO

Multiple Resistant Organisms - please note that the passive surveillance of MROs has been modified to reduce retrospective data collection. Changes include:

- * clinical specimens (not screening specimens) from a patient which yields an MRO is to be considered an infection (as opposed to possible colonisation). This will reduce the problem of retrospective review of the patient records for evidence of infection.
- * only one infection per patient is to be recorded - therefore "previous infections" within this admission will not be included.
- * only one site will be reported as the site of infection.

MRSA – clarification of the difference between Methicillin resistant Staphylococcus aureus and Multiple resistant Methicillin resistant Staphylococcus aureus: during the pilot phase

* **MRSA** denotes an isolate of Staphylococcus aureus resistant to methicillin and penicillin (to all β lactams but NOT other classes of antimicrobials).

* **mMRSA** denotes an isolate of Staphylococcus aureus with intrinsic resistance to methicillin and penicillin PLUS resistance to at least one other antimicrobial **clinically** important to your hospital and is endemic in your facility. For example, a facility with a large oncology patient population may consider mMRSA to be those MRSA isolates with additional resistance to fusidic acid and/or rifampicin.

* Phenotypic recognition is sufficient - Gene testing is **NOT** required.

Multiple Resistant Staphylococcus aureus (SA-Multi-Resistant) We have been asked if this micro-organism should be included as a HISS MRO. If you wish to include it the following criteria should be fulfilled:

- * sensitive to methicillin
- * resistant to more than one other class of antibiotics, in addition to β-lactamase resistance to penicillin.

ESBL - it is envisaged that you will include only ESBL that are **clinically** important to your hospital e.g. Klebsiella. Please note that the MRO Tally Sheet is optional and provides only examples of ESBL to survey.

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