Richmond House
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London
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20 April 2011

Gateway reference 15980

Dear colleague,

Extension of mandatory surveillance to *E. coli* bloodstream Infections - June 2011

We are writing to alert you to the announcement made by the Minister of State for Health, Simon Burns, that mandatory surveillance will be extended to *E. coli* bloodstream infections from 1 June 2011. This decision was based on advice from the Department of Health's Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infections (ARHAI).

A Review of Central Returns (ROCR) application is in process, but to ensure you have the time to make any changes that will be needed within your organisation to comply with this requirement, we are writing to you now.

This extension reflects the zero tolerance approach that the Government has made clear the NHS should adopt for all avoidable Healthcare Associated Infections (HCAIs), whilst recognising that many *E. coli* bloodstream infections are not HCAIs.
As you are aware, earlier this year we extended mandatory surveillance to Meticillin Sensitive *Staphylococcus aureus* (MSSA) bloodstream

infections, with the first data published recently. We would like to take the opportunity to thank you for your cooperation in ensuring that this happened. We hope you find the more comprehensive information available useful in better understanding the causes of these infections and, helpful, where appropriate, in making improvements in your infection prevention and control practices. At the same time, we wish to place on record our thanks for all of your hard work in continuing to make reductions in the numbers of MRSA bloodstream infections and *C. difficile* infections reported.

Existing voluntary surveillance data indicates that, in contrast with MRSA and *C. difficile, E. Coli* infections are rising with numbers being reported to the voluntary surveillance system increasing year on year. Additionally there are real concerns about rates of antimicrobial resistance in this organism.

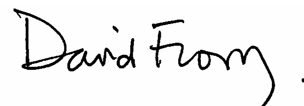
Therefore, we believe the introduction of mandatory surveillance for *E. coli,* based on the ARHAI advice, is timely and appropriate to help establish the cause of the increase and determine the extent to which these are healthcare associated. The availability of a more comprehensive picture of the scale of *E. coli* infections, nationally and locally, will also support patients in making meaningful choices about their healthcare.

To support organisations in making these returns, officials in the Department of Health are working with colleagues at the Health Protection Agency (HPA) to develop information and guidance for data input and definitions. This information will be made available to you in the near future.

Further information will be made available in due course regarding plans for the frequency of the publication of this data over the medium to longer term. However, at the outset it will be published monthly, at the same times as data for MRSA, *C. difficile* and MSSA is reported.

In terms of expectations over the remainder of 2011-12, as with MSSA, we would ask commissioners, providers and those involved in performance management, to focus initially on ensuring comprehensive compliance with this extension of mandatory surveillance. In line with the requirement stated in the NHS Operating Framework 2011/12, that organisations should plan to make "sufficient progress in collecting and analysing data on MSSA and *E. coli* bacteraemias (para 4.29)", organisations are not yet required to set reduction plans at this stage. It is more appropriate to do this once the mandatory data has had time to bed down sufficiently. Once the mandatory data reporting has been embedded and there is a robust baseline established on those *E. coli* infections that are healthcare associated, organisations will wish to consider what additional interventions could be introduced to minimise these infections.

Further clarification on the process for reporting these infections should be addressed to the HPA, which collects all data in relation to HCAIs.



DAME SALLY C DAVIES
Chief Medical Officer

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Deputy NHS Chief Executive