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Executive summary

This surveillance report describes data relating to a number of key Healthcare Associated Infection (HAI) ‘indicators’. It is the intention of the Tasmanian Infection Prevention and Control Unit (TIPCU) to publish this report quarterly. The TIPCU website (www.dhhs.tas.gov.au/tipcu) contains details of the surveillance program, including the rationale for the indicators surveyed and the methodologies used in data collection, validation and analysis. These details are not contained in this report but are freely available online should further information be required. In addition, an explanatory document has been developed to accompany this surveillance report.

Any form of comparison between hospitals should be done with extreme caution and direct comparisons are not recommended. Information about how Tasmanian rates compare with those of other Australian states and internationally, are provided in the Key Points sections of this report. A question and answer document and an explanatory document are also available on the TIPCU website (www.dhhs.tas.gov.au/tipcu). The Appendices in this report contain more detailed information.

The key findings of this report are:

- The rate of healthcare associated Staphylococcus aureus bacteraemia remains low.
- The rate of hospital identified Clostridium difficile infection and healthcare associated healthcare facility onset Clostridium difficile infection have decreased since the increase noted in late 2011.
- The occurrence of vancomycin resistant enterococcus remains low

No hand hygiene compliance data for the final collection period of 2012 is included in this report as it has not yet been validated.

From this current report, the TIPCU will be using patient days as the denominator, consistent with the approaches taken in other Australian State and Territories as part of collaborative work in the past months. We have reviewed and updated past data to the third quarter of 2009 to ensure that comparative data can be maintained.

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Staphylococcus aureus bacteraemia (SAB)

**Tasmanian rates**

Figure 1 outlines the Tasmanian combined acute public hospital rates of healthcare associated *Staphylococcus aureus* bacteraemia (HCA SAB).

The mean (average) rate of healthcare associated *Staphylococcus aureus* bacteraemia between July 1st 2009 and September 30th 2012 is 1.04 per 10 000 patient days (95% CI 1.23 – 0.85).

Figure 1 Healthcare associated *Staphylococcus aureus* bacteraemia rate.
Hospital rates

Figure 2 outlines the individual acute public hospitals rates of healthcare associated *Staphylococcus aureus* bacteraemia. This information is also contained in tables within the Appendix.

Figure 2 Healthcare associated *Staphylococcus aureus* bacteraemia rate by hospital

Key points

- The Tasmanian rate of healthcare associated *Staphylococcus aureus* bacteraemia (HCA SAB) is comparable to data reported in other Australian states and territories.
  
  - The rate of HCA SAB in Western Australia public hospitals (2010–11) was 1.11 per 10 000 bed days\(^1\).
  
  - The rate of HCA SAB in South Australia is reported as 1.0 per 10 000 patient days in 2011\(^2\).
  
  - The rate of hospital onset SAB in New South Wales is reported as 1.1 per 10 000 bed days in 2010\(^3\). ‘Hospital onset’ rates are an underestimate of the total HCA rate as they only include cases in hospital >48hrs.
  
  - The rate of HCA SAB at The Canberra Hospital in 2010-2011 is reported as 1.06 cases per 10,000 days of patient care\(^4\).

\(^1\)HISWA  Annual Report 2010-2011.

\(^2\)South Australian Healthcare Associated Infection Bloodstream Report 2011


**Clostridium difficile infection**

**Tasmanian rates**

Figure 3 outlines the Tasmanian combined acute public hospital rates of hospital identified and the healthcare associated-healthcare facility onset (HCA-HCF) rates of Clostridium difficile infection.

The mean (average) rate of hospital identified CDI between July 1st 2009 and September 30th 2012 is 4.92 per 10 000 patient days (95% CI 4.49 – 5.35).

The mean rate of healthcare associated – healthcare facility onset (HCA-HCF) CDI between July 1st 2009 and September 30th 2012 is 2.94 per 10 000 patient days (95% CI 2.61– 3.28).

Figure 3 Hospital identified and HCA-HCF Clostridium difficile infection rates.
Hospital rates

Figure 4 and Figure 5 outlines the individual acute public hospital rates of hospital identified and healthcare associated-healthcare facility onset (HCA-HCF) *Clostridium difficile* infection. This information is also contained in tables within the Appendix.

**Figure 4** Hospital identified *Clostridium difficile* infection rate by hospital.

**Figure 5** Healthcare associated – healthcare facility onset (HCA-HCF) *Clostridium difficile* infection rate by hospital.
Key points

- The rate of hospital identified *Clostridium difficile* infection (CDI) and healthcare associated healthcare facility onset CDI have continued to decrease since the increase noted in the final quarter of 2011. The HCA-HCF rate for the quarter ending September 2012 is the lowest since Quarter 2, 2011.

- Increases in CDI rates during the last half of 2011 were reported in Tasmania as well as in other States and Territories and this increase is being investigated by a number of organisations across Australia.
  
  - The overall rate of hospital identified CDI in Western Australian hospitals for 2010-11 was reported as 2.39 per 10,000 patient days\(^1\) but had increased to 5.28 per 10,000 patient days by Quarter 1 2012\(^2\).

- Rates of hospital identified and healthcare associated CDI in Tasmania have decreased over the first six months of 2012 and are currently at the same level as prior to the increase observed in late 2011.

- TIPCU is working with interstate counterparts and the Australian Commission on Safety and Quality in Health Care (ACSQHC) in standardising the reporting and testing of CDI, allowing for improved benchmarking.

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\(^1\)HISWA Annual Report 2010-11.
\(^2\)HISWA Quarterly Aggregate Report Quarter 1, 2012 – Number 27
Vancomycin resistant *enterococcus* (VRE)

**Tasmanian numbers**

Table 1 – outlines the number of people identified with VRE per quarter within acute public hospitals.

<table>
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<tr>
<th>Quarter</th>
<th>Colonisation</th>
<th>Infection</th>
<th>Total*</th>
</tr>
</thead>
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<td>12</td>
<td>1</td>
<td>13</td>
</tr>
<tr>
<td>Q2 2008</td>
<td>28</td>
<td>4</td>
<td>32</td>
</tr>
<tr>
<td>Q3 2008</td>
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<td>12</td>
</tr>
<tr>
<td>Q4 2008</td>
<td>16</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Q1 2009</td>
<td>7</td>
<td>0</td>
<td>9 (2 cases unknown)</td>
</tr>
<tr>
<td>Q2 2009</td>
<td>13</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Q3 2009</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Q4 2009</td>
<td>5</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Q1 2010</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Q2 2010</td>
<td>4</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Q3 2010</td>
<td>13</td>
<td>1</td>
<td>14</td>
</tr>
<tr>
<td>Q4 2010</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Q1 2011</td>
<td>3</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Q2 2011</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Q3 2011</td>
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<td>0</td>
<td>3</td>
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<td>3</td>
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<td>3</td>
</tr>
<tr>
<td>Q1 2012</td>
<td>8</td>
<td>2</td>
<td>10</td>
</tr>
<tr>
<td>Q2 2012</td>
<td>7</td>
<td>0</td>
<td>7</td>
</tr>
<tr>
<td>Q3 2012</td>
<td>7</td>
<td>1</td>
<td>8</td>
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</table>
### Hospital numbers

**Table 2 - Number of people identified with VRE by acute public hospital**

<table>
<thead>
<tr>
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<th>LGH</th>
<th>NWRH</th>
<th>MCH</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Col</td>
<td>Inf</td>
<td>Col</td>
<td>Inf</td>
</tr>
<tr>
<td>Q1 2008</td>
<td>10</td>
<td>1</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
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<td>15</td>
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<td>Q3 2008</td>
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<td>1</td>
<td>-</td>
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<td>Q4 2008</td>
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<tr>
<td>Q2 2009</td>
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<td>-</td>
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<td>-</td>
</tr>
<tr>
<td>Q4 2010</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Q1 2011</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Q2 2011</td>
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<td>Q3 2011</td>
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<td>-</td>
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<td>Q4 2011</td>
<td>3</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Q1 2012</td>
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<td>-</td>
<td>2</td>
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<tr>
<td>Q2 2012</td>
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<td>-</td>
</tr>
<tr>
<td>Q3 2012</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>-</td>
</tr>
</tbody>
</table>

*Col - colonisation  Inf – infection*

**Key points**

- This table provides information on hospital identified VRE. This does not necessarily mean that VRE was acquired at the hospital.
- The numbers of VRE identified are affected by the amount of screening undertaken by hospitals. Some hospitals may be more aggressive in their approach and hence may identify more VRE.
- The absolute number of VRE infections identified in Tasmania is lower than many other Australian states. In Victoria, a total of 221 infections were reported during 2007.¹

Acknowledgements

The production of this report is the culmination of work from a number of different organisations. In particular, we would like to acknowledge:

- Launceston General Hospital Infection Control Team and Executive Director of Nursing
- Royal Hobart Hospital Infection Control Team and Executive Director of Nursing
- North West Area Health Service Infection Control Team and Executive Director of Nursing
- Microbiology Departments at the Royal Hobart Hospital, Launceston General Hospital, DSPL and Gribbles Pathology
- Hand Hygiene Australia
- Communicable Disease Prevention Unit, Population Health
- Contributing Primary Health Sites
Appendix

**Staphylococcus aureus bacteraemia**

Data which classifies healthcare associated *Staphylococcus aureus* bacteraemia into Criterion A (>48 after admission or <48 hours after discharge) OR Criterion B (≤ 48 hours after hospital admission and one of more key clinical criteria met) is available upon request.

**Table 3** - Tasmanian numbers and rate/10 000 patient days of healthcare associated *Staphylococcus aureus* bacteraemia (HCA-SAB).

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total HCA-SAB</th>
<th>Number MSSA</th>
<th>Number MRSA</th>
<th>HCA SAB Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2009</td>
<td>8</td>
<td>7</td>
<td>1</td>
<td>0.91</td>
</tr>
<tr>
<td>Q4 2009</td>
<td>10</td>
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<td>0</td>
<td>1.15</td>
</tr>
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<td>Q1 2010</td>
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<td>13</td>
<td>0</td>
<td>1.53</td>
</tr>
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<td>Q2 2010</td>
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<td>1.47</td>
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<td>1.27</td>
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<td>1.83</td>
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</tr>
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<td>Q3 2011</td>
<td>7</td>
<td>7</td>
<td>0</td>
<td>0.82</td>
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<tr>
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<td>4</td>
<td>2</td>
<td>0.85</td>
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<td>1</td>
<td>0.91</td>
</tr>
<tr>
<td>Q3 2012</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>0.73</td>
</tr>
</tbody>
</table>
**Table 4** - Royal Hobart Hospital numbers and rates/10 000 patient days of healthcare associated *Staphylococcus aureus* bacteraemia.

<table>
<thead>
<tr>
<th>Quarter</th>
<th>Total HCA-SAB</th>
<th>Number MSSA</th>
<th>Number MRSA</th>
<th>HCA SAB Rate</th>
</tr>
</thead>
<tbody>
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<td>Q3 2009</td>
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<tr>
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<td>8</td>
<td>8</td>
<td>0</td>
<td>1.85</td>
</tr>
<tr>
<td>Q1 2010</td>
<td>11</td>
<td>11</td>
<td>0</td>
<td>2.68</td>
</tr>
<tr>
<td>Q2 2010</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>1.23</td>
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<td>7</td>
<td>1</td>
<td>1.86</td>
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<td>2</td>
<td>1.51</td>
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<td>0</td>
<td>0.71</td>
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<td>0.50</td>
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**Table 5** - Launceston General Hospital numbers and rates/10 000 patient days of healthcare associated *Staphylococcus aureus* bacteraemia.

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<th>Quarter</th>
<th>Total HCA-SAB</th>
<th>Number MSSA</th>
<th>Number MRSA</th>
<th>HCA SAB Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q3 2009</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0.68</td>
</tr>
<tr>
<td>Q4 2009</td>
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<td>2</td>
<td>0</td>
<td>0.69</td>
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<tr>
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<td>1</td>
<td>1</td>
<td>0</td>
<td>0.36</td>
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<tr>
<td>Q2 2010</td>
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<td>2</td>
<td>0</td>
<td>0.71</td>
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<td>Q3 2010</td>
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<td>3</td>
<td>0</td>
<td>1.04</td>
</tr>
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<td>1</td>
<td>2</td>
<td>1.08</td>
</tr>
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<td>5</td>
<td>0</td>
<td>1.84</td>
</tr>
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<td>Q2 2011</td>
<td>2</td>
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<td>0</td>
<td>0.67</td>
</tr>
<tr>
<td>Q3 2011</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>1.67</td>
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<tr>
<td>Q4 2011</td>
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<td>1</td>
<td>0</td>
<td>0.36</td>
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<td>1</td>
<td>0.79</td>
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<td>0.78</td>
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<td>Q3 2012</td>
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<td>2</td>
<td>0</td>
<td>0.73</td>
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Table 6 - North West Regional Hospital numbers and rates/10 000 patient days of healthcare associated *Staphylococcus aureus* bacteraemia.

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<th>Total HCA-SAB</th>
<th>Number MSSA</th>
<th>Number MRSA</th>
<th>HCA SAB Rate</th>
</tr>
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<tbody>
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<td>Q3 2009</td>
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<td>0.00</td>
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<td>1.02</td>
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<td>0.00</td>
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<td>1.16</td>
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</table>

Table 7 - Mersey Community Hospital numbers and rates/10 000 patient days of healthcare associated *Staphylococcus aureus* bacteraemia.

<table>
<thead>
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<th>Total HCA-SAB</th>
<th>Number MSSA</th>
<th>Number MRSA</th>
<th>HCA SAB Rate</th>
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<td>0.00</td>
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<td>Q2 2010</td>
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<td>0.00</td>
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<td>1.58</td>
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**Clostridium difficile infection**

Table 8 – Tasmanian numbers and rates/10 000 patient days of *Clostridium difficile* infection.

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^ Healthcare associated, healthcare facility onset

Table 9 - Hospital numbers and rates/10 000 patient days of hospital identified *Clostridium difficile* infection.

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Table 10 - Hospital numbers and rates/10 000 patient days of healthcare associated, healthcare facility onset *Clostridium difficile* infection.

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