INFECTION PREVENTION & CONTROL NEWSLETTER

PRODUCED BY THE HEALTH PROTECTION NURSES

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WELCOME

BY THE HEALTH PROTECTION NURSES

Our newsletter is aimed at those working in adult care settings -please share it with your staff including seniors, carers, housekeepers. We would welcome any contributions you may have - there may be something you have introduced in your own area you want to share, a subject you would like us to include, or a question you might have – just let us know.

We can be contacted by ringing **0161 253 6900** or emailing infectioncontrolprevention@bury.gov.uk

WHAT IS GROUP A STREPTOCOCCUS?

Group A streptococcus (GAS), also known as Streptococcus pyogenes, is a common bacterium - lots of us are colonised with GAS, which means we carry it in our throats and on our skin but it doesn't make us ill.

It is spread when someone who is colonised, or who has symptoms of a GAS infection, passes the bacteria to others by sneezing or direct contact. They can also contaminate the environment, including equipment, and the bacteria can then be picked up and passed on to someone else.

WHAT ILLNESSES DOES GAS CAUSE?

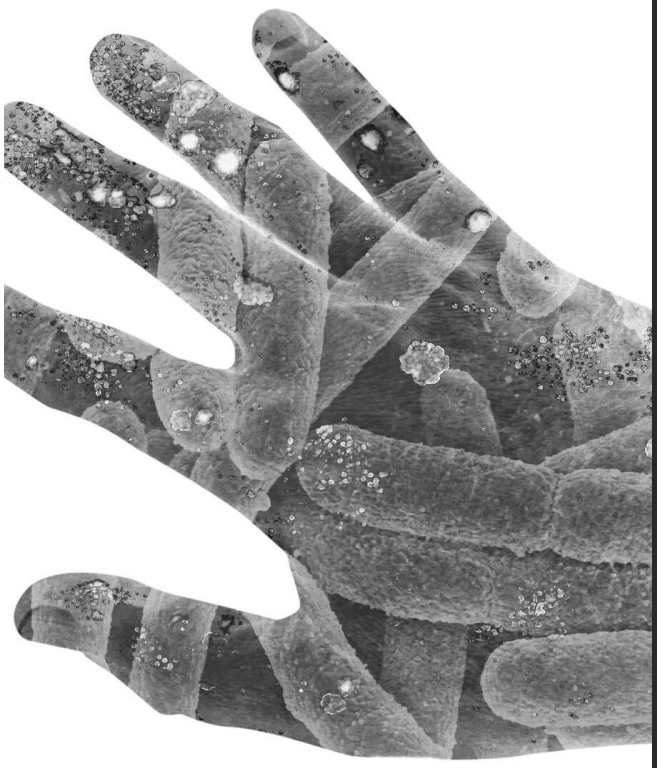
GAS can cause a range of infections such as tonsillitis, scarlet fever, impetigo, erysipelas, cellulitis or pneumonia. Most infections are mild but can be more serious and make people very unwell. The most serious infections are due to invasive GAS, known as iGAS, when bacteria get into parts of the body where it is not normally found, such as the lungs, muscles or bloodstream. iGAS infections can be life-threatening and sometimes fatal.

Two of the most severe, but rare, forms of disease due to iGAS infection are necrotising fasciitis and streptococcal toxic shock syndrome. Necrotising fasciitis destroys muscles, fat, and skin tissue. Streptococcal toxic shock syndrome can cause blood pressure to drop rapidly and organs (for example, kidney, liver, lungs) to fail.

WHY DO IGAS INFECTIONS OCCUR?

iGAS infections occur when the bacteria get past the body's defences. This may happen when a person has sores or other breaks in the skin that allow the bacteria to get into the tissues, or when the person's ability to fight off the infection is reduced because of chronic illness or an illness that affects the immune system.

Healthy people can get iGAS disease but people with chronic illnesses (such as cancer, diabetes, heart disease), or who are pregnant or have recently given birth, have a higher risk. Care home residents may therefore be particularly vulnerable due to their age and existing health problems.



WHAT ARE THE SIGNS AND SYMPTOMS OF (IGAS)?

Early signs: high fever, severe muscle aches, localised muscle tenderness, increasing pain, swelling and redness at site of wound, unexplained diarrhoea or vomiting, a raised skin rash that feels like sandpaper.

Later signs may include sudden confusion, slurred speech, blue, grey, pale or blotchy skin, lips or tongue – on brown or black skin, this may be easier to see on the palms of the hands or soles of the feet – a rash that does not fade when you roll a glass over it (the same as meningitis), difficulty breathing, breathlessness or breathing very fast, large areas of peeling skin. **If your residents develop any of these symptoms, seek medical advice immediately.**

WHAT CAN YOU DO TO PREVENT GROUP A STREPTOCOCCUS INFECTIONS?

Staff with a sore throat or any other signs of infection should avoid close contact (such as personal and wound care) with vulnerable residents/clients. Good infection prevention and control measures including effective hand and respiratory hygiene, appropriate use of PPE, good cleaning of the environment and equipment, and careful handling of linen reduce the risk of cross infection in care home settings. See National Infection Prevention and Control Manual for advice.

For further info see: UK guidelines for the management of contacts of invasive group A streptococcus (iGAS) infection in community settings

IGAS OUTBREAKS IN ADULT SOCIAL CARE

The last few months have seen iGAS outbreaks in adult social care settings in Greater Manchester, including at Oak Lodge Nursing Home in the Bury area which was initially detected when a member of staff was admitted to ICU.

Management of the situation created lots of extra work as all staff and residents had to be swabbed to see if they were carrying GAS, treatment prescribed if they were and then further swabbing to ensure the treatment had been effective. This meant initially over 100 swabs had to be taken within a 2-hour time frame to ensure they could be processed as quickly as possible. Marie O'Neill, home manager at Oak Lodge said of the experience 'The whole process was time consuming in that it was an added pressure on time, the staff who tested positive had to be reassured that this was no reflection on them or their care standards and both residents and relatives needed regular updates and reassurance.' It was a lengthy process with several logistical issues but which strengthened working relationships within the team and with the Health Protection Nurses. Unfortunately the effect of the infection on the member of staff who was the first case detected was life changing.

IT'S NOT JUST HOT AIR - HEAT CAN KILL!

We're having the hottest September here for many years and many parts of the world are experiencing serious life-threatening effects of extremely high temperatures. Last summer UK temperatures were at an all-time high and UKHSA and the Met Office issued the highest level of heat health alert for the first time.As extreme temperatures look likely to become more frequent we need to take steps to manage the very real risk of serious heat-related health complications. Figure 1 here shows that when temperatures rose last year so did the number of deaths of over 65s. Increased temperatures are also linked to dehydration and increased blood stream infections, particularly E.coli, which can be deadly especially for those aged over 65.

It is vital that we do everything we can to protect residents as much as possible, making sure we prepare in advance of hot weather and knowing what to do when it arrives. As well as older people others at risk include those with chronic and severe illness, those on certain medications and people who cannot adapt their behaviour so they can cool off (e.g. those with Alzheimer's, reduced mobility or other disabilities).

HEATWAVE ALERT LEVELS:

A heat-health alert (HHA) system operates from 1st June to 30th September, when heatwaves are most likely to be forecast. The system now has 4 levels, from green (when temperatures are likely to have minimal impact on health but work to prepare for hot weather should be carried out) to red, which indicates an emergency response is needed due to a significant risk to life even for healthy people.

Heat-Health Alert action card for providers within the Adverse Weather and Health Plan (AWHP) include suggested actions for preparing for and responding to each HHA level. Please review the information they contain and share them with your staff so they know what actions are needed at each alert level. Sign up for alerts here

Further information and hot-weather related advice:
Supporting vulnerable people before and during hot weather: social care managers, staff, and carers
Beat the heat-hot weather advice
NHS Choices advice on how to cope in hot weather
Sun protection, advice on ways to minimise UV-induced skin and eye damage
BBC weather and air quality reports
Use of Portable fans within care homes including managing the risk of spread of infection.

DEMENTIA UNITED'S DELIRIUM SUMMER CAMPAIGN

Older adults and people with dementia are at greater risk of dehydration, particularly in hotter weather. Dehydration can be a key trigger for someone to develop delirium and can also cause a significant increase in the incidence of urinary tract infection (UTI) and other severe infections. Dry skin or mouth, dark coloured urine, headaches, cramps, constipation, confusion, falls, dizziness, irritability, headache and drowsiness can all be signs of dehydration.

Side effects of some medication can also be worse when someone is dehydrated. See top-tips-for-preventing-dehydration-poster-infection-prevention-society/ for a poster to raise awareness of dehydration and how to help prevent it.

Last summer when we had record breaking high temperatures, data from one Greater Manchester locality showed that delirium cases in the community increased significantly. Dehydration may have been a contributing factor to this, so this year Dementia United (Greater Manchester Integrated Care's programme for dementia) has launched a campaign to focus on prevention.

They have created several public and staff facing posters and leaflets to encourage hydration and educate people on the link between dehydration and delirium. For more information and to access the resources go to Delirium summer campaign - Dementia United (dementia-united.org.uk).