

The Role of the Local Health Protection Unit in respect of Healthcare Associated Infection & Infection Prevention & Control



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Outline



Overview of HPU work

How to contact us

When to contact us

What we can offer

Challenges and concerns

Partnership working

Case study (Greta Johnson)

The Health Protection Units



The network of local health protection units (HPUs) operating in England are the ‘eyes and ears’ of the Agency.

The HPUs continually monitor health issues in local areas and give advice and support to the social care sector, local NHS, civil and emergency authorities if a medical or environmental incident or outbreak happens.

The HPU Teams



- **Each unit has specialist practitioners, nurses and doctors**
- **We operate a 24 hour service and there is always a consultant on call**
- **Other members of the team gather and interpret local information to create a picture of diseases and other hazards which is used in planning and coordinating our work.**

- **We are supported by regional health emergency planning advisors, environmental public health units and surveillance teams.**

- **We also use the regional microbiology network for laboratory analysis.**

Our work in HPUs



We have two types of work - proactive and reactive.

Proactive work is about preventing health incidents from happening.

This includes:

- working with health and social care partners to provide effective immunisation programmes
- helping prevent healthcare associated infections e.g. MRSA and *C. difficile*

Reactive work is about minimising the risk to the general public once an incident happens.

Our priorities include:

- advising how to stop infectious diseases from spreading.
- carrying out risk assessments to find out how outbreaks occurred, and recommending ways to prevent them happening again.
- tracing people who may have come into contact with, or be carrying an infectious disease.
- compiling statistics on notifiable diseases e.g. mumps and measles.

How to contact us

Offices in Hull, Leeds, Sheffield and York

There are always “duty professionals” in the office to deal with incoming enquiries

Contact details for all the units are on the HPA web site

Out of hours you will be directed to a switchboard who hold the out of hours rota

WE RECOMMEND YOU KEEP THE NUMBER HANDY



When to contact us

If you need specialist health protection advice

Infectious hazards (but don't forget chemical and radiation hazards)

OUTBREAKS (flu, scabies, D&V, C difficile, MRSA)

Advice about complex situations or novel infections (e.g. meningitis, TB, HIV, swine flu)



A STITCH IN TIME



What we can offer



Information packs e.g. for MRSA. D&V, scabies

Support and advice in managing an outbreak or dealing with a communicable disease

Coordinate the investigation of more serious outbreaks and review of infection control procedures (e.g. C. difficile or salmonella outbreak)

Site visits during an outbreak and liaison with other agencies e.g. local authority, PCT infection control

Challenges



Homely
atmosphere



Infection
control

Challenges



Client groups e.g. EMI, learning disabled

High turnover of staff – training, training, training

Increasingly complex needs of esp those in residential care

Cleaning of soft furnishings, commodes, bedpans

Adequacy of sluices and laundry facilities

Partnership working



**Local authority – EHOs,
contract monitoring**

PCT infection control nurses

Care Quality Commission



Case Study

Cluster of MRSA PVL cases in a Care Home



Three residents admitted at separate intervals at the local acute Trust – all three screened for MRSA and all three found to be positive for MRSA in various sites.

Not unusual to find MRSA – but all three residents carried the Panton Valentine Leukocidin gene – so 3 MRSA PVL positive cases all occurring at the same care home.

Further testing confirmed they all shared the same strain – yet 1 resident affected was admitted to the home and had not had contact with the other affected residents.

Therefore did the home have a source - another resident or a staff member?

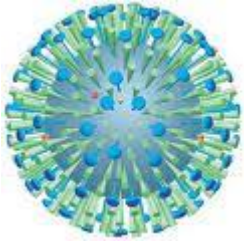
Cluster of MRSA PVL cases in a Care Home



- What were we looking for – residents and/or staff with a history of recurrent skin infections – boils/abscesses.
- Hypothesis – positive staff member or previous resident with a history of skin infections.
- All residents reviewed by the care home staff and district nurses – residents with wounds i.e. leg ulcers were swabbed for MRSA.
- No further positive cases identified amongst the residents.
- Large multi nationality staff group – no apparent history of boils/abscesses – all claiming to be fit and well.
- Decision made to write to all the staff members individually to alert them to the signs and symptoms of PVL infection.
- Maintained a watching brief – no further cases identified.

Case Study

Outbreak of Seasonal Influenza in a Care Home



- **Manager alerted the HPU of a possible cluster of influenza like illness in a care home.**
- **On further investigation 10 residents and 9 staff are reported unwell. Four residents hospitalised and one of these three had died in hospital.**
- **Decision to take nasal and throat swabs from cohort of residents and staff – 9 individuals swabbed 7 residents and 2 staff.**
- **6 residents and 1 staff member positive for influenza A**
- **Offered prophylaxis to asymptomatic individuals and treatment to symptomatic cases – Oseltamvir prescribed in both cases.**

And finally, what we would like from you

Infection control champion and contact point

An email address

Don't wait until things are bad before you contact us

