



Richmond House
79 Whitehall
London
SW1A 2NS

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Dear colleague

**Extension of mandatory surveillance to Meticillin Sensitive
Staphylococcus Aureus (MSSA) and updated Healthcare Associated
Infections clinical guidance (“HCAI Compendium”) – January 2011**

Extension of surveillance

We are writing to remind you that following a Secretary of State announcement on 5th October, there is a mandatory requirement for all NHS acute trusts to report Meticillin Sensitive *Staphylococcus aureus* (MSSA) bacteraemia from this month. This applies to all cases diagnosed after 1 January.

A Review of Central Returns (ROCR) application is in process. This extension reflects the zero tolerance approach that the Government have made clear that the NHS should adopt for all Healthcare Associated Infections (HCAIs), while recognising that not all MSSA bacteraemia are HCAIs. Over the past few years, the NHS has made significant progress in reducing MRSA bloodstream and *C. difficile* infections. Once again, we would like to take the opportunity to put on record our thanks for all of your hard work. What has been achieved is a remarkable turnaround from where we were five years ago.

A significant amount of activity other than mandatory reporting has been undertaken to achieve this. However, the fuller picture that mandatory surveillance provided has allowed a better understanding of the position at local and national level and supported necessary action.

Existing voluntary surveillance data indicates we have not made similar progress with MSSA as with MRSA and *C. difficile*, with MSSA infection numbers higher than they were 10 years ago. However, we do know that despite this national increase some local organisations have reported reductions in their numbers of MSSA infections.

Therefore, we believe that the introduction of mandatory surveillance for MSSA is timely and appropriate to help establish the extent to which these are healthcare associated. The availability of a robust and accurate picture of the scale of MSSA infections, nationally and locally, will also support patients in making meaningful choices about their healthcare.

For those trusts already recording their MSSA cases voluntarily on the web-based system, the only difference will be the introduction of Chief Executive sign-off on the 15th of the month. Other trusts will have to move to reporting their MSSA bacteraemia separately as they do already for MRSA bacteraemia. The first MSSA Chief Executive sign-off for the January mandatory data will therefore be required by the 15 February – please note that this will ‘lockdown’ any previous voluntary data, and you are encouraged to ensure that the dataset is as complete as possible by this point. Although the MSSA sign-off will be visible on the system in January, it will not be operational until February 2011.

Further information will be made available in due course regarding plans for the frequency of the publication of this data. Although this still to be confirmed, current weekly and monthly patterns for publishing MRSA and *C. difficile* will be a starting point for these discussions.

Further clarification on the process for reporting these infections should be addressed to the Health Protection Agency (HPA), which collects all data in relation to HCAs.

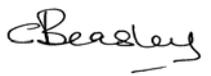
Updated HCAI clinical guidance

Over the last five years, the HCAI Improvement Programme (which closed in September) developed a range of clinical guidance and good practice tools and guides to support the NHS to implement evidence based good practice on infection prevention and control. Along with mandatory surveillance, these materials have been a key factor in supporting the NHS in the delivery of the significant improvements in reducing MRSA and *C. difficile* infections. In addition, many of the actions that are appropriate for preventing MRSA infections are applicable to MSSA infections also.

To reflect the need to ensure that the NHS have the most recent evidence based guidance at their disposal to support not only further progress in reducing MRSA and *C. difficile* but also a wide range of other HCAs, including MSSA, the clinical guidance and good practice guides have been updated. This “HCAI Compendium” will be made available in January, initially as part of the archived Clean, Safe Care website (www.clean-safe-care.nhs.uk), before moving onto the DH website later in the year. We are confident that its use by the NHS will deliver further

improvements in the quality of infection and prevention control practice in the coming years.

In conclusion, we would like to thank you in advance for your cooperation in ensuring the successful introduction of mandatory surveillance for MSSA and hope that the materials we are making available to the NHS are helpful in improving patient care, an aim we all share.



CHRIS BEASLEY
Chief Nursing Officer



DAVID FLORY
Deputy NHS Chief Executive