To gain an understanding of the epidemiology of SAB cases and associated risk factors for healthcare and true community onset. Identifying these factors and patient populations most at risk allows focused improvement plans to be developed” Murdoch et al (2017).

Abstract:

BACKGROUND: Staphylococcus aureus bacteraemia (SAB) is the second most common source of positive blood cultures after Escherichia coli (E. coli) reported within NHS Scotland. Laboratory surveillance has been mandatory in Scotland for SAB since 2001.

AIM: To gain an understanding of the epidemiology of SAB cases and associated risk factors for healthcare and true community onset. Identifying these factors and patient populations most at risk allows focused improvement plans to be developed.

METHODS: All NHS Boards within NHS Scotland take part in the mandatory enhanced surveillance collecting data by trained data collectors using nationally agreed definitions.

FINDINGS: Between 1st October 2014 and 31st March 2016, 2256 episodes of SAB in adults were identified. The blood cultures were taken in 58 hospitals and across all 15 Scottish health boards. The data demonstrated that approximately one third of all SAB cases are true community cases. Vascular access devices (VAD) continue to be the most reported entry point (25.7%) in persons who receive healthcare, whereas, skin and soft tissue risk factors are present in all origins. A significant risk factor unique to community cases are in people who inject drugs (PWID).

CONCLUSION: Improvement plans for reduction of SAB should be more widely targeted than solely in hospital care settings.

Reference:
Vascular access devices the most reported entry point for staphylococcus aureus bacteraemia | 2


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