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Abstract (poster session)

**Surveillance of Escherichia coli bacteraemia in England – preliminary results of the recently introduced mandatory surveillance scheme**

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**Objective:** In June 2011 the English Healthcare Associated Infection (HCAI) mandatory surveillance programme was extended to include the collection of all cases of Escherichia coli (E. coli) bacteraemia reported by NHS acute Trust hospitals. Surveillance was initiated in response to recent increases in E. coli bacteraemia observed across England with the aim of better understanding this national trend. Present work represents preliminary analysis of the early months of E. coli surveillance data. **Methods:** E. coli bacteraemia data for the period June to August 2011 were extracted from the Health Protection Agency's mandatory surveillance system. Basic demographic information for each E. coli bacteraemia case is captured by surveillance. Organisations also have the opportunity to submit additional information for each case. This record level information was used to undertake preliminary analysis of the aetiology and underlying risk factors of reported E. coli bacteraemia cases. **Results:** In the first three months of surveillance 8165 E. coli bacteraemia cases were reported via mandatory surveillance. 50% of cases were reported in patients aged 75 years and over with this pattern being observed for both sexes. 7974 of the 8165 reported cases were admitted to an acute Trust at the time of specimen collection, with 60% having the specimen taken on the day of admission. A further 20% of cases had the specimen taken within a week of admission with half being taken on the day following admission. 75% of E. coli bacteraemia patients were admitted from home. Urinary Tract infections (UTI) were indicated to be the primary source of infection in 45% of cases (3682). Where UTI had been indicated and information on catheterisation was provided 85% of records indicated a catheter was present. In a quarter of cases the primary source of infection was listed as unknown. 35% (2882) of total records suggest one or more predisposing factors to the bacteraemia episode. Vascular access is indicated in 30% of relevant records and surgical procedures in 20%. Invasive devices, neutropaenia and wound ulcers are all cited in 10% of cases. In some instances more than one factor is indicated. **Conclusion:** Mandatory surveillance of E. coli bacteraemia is currently in its infancy with the scheme only commencing in June 2011. Preliminary analysis indicates that enhanced surveillance will provide us with a wealth of useful data/information on this important and currently increasing infection.