

From the Chief Medical Officer
Dr Michael McBride



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÄNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

HSS(MD) 6/2008

To:

Chief Executives of Health and Social Care Trusts
Medical Directors of Health and Social Care Trusts
Directors of Laboratory Services at Health and Social Care
Trusts
All Consultant Microbiologists
All Microbiology Laboratories
Infection Control Nurses

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Your Ref:
Our Ref: HSS(MD) 6/2008
Date: 20 February 2008

Dear Colleague

CLOSTRIDIUM DIFFICILE: MICROBIOLOGY LABORATORY SERVICES

The current outbreak of clostridium difficile infection in the Northern Trust has resulted in an enhanced focus on our policies to prevent, diagnose and control this infection within healthcare facilities in Northern Ireland. I am aware that you have received previous guidance on this issue and that there are already processes in place for the appropriate diagnosis of this infection in laboratories here. However, I feel it is timely to write to you to remind you of the laboratory services that should be in place during the Clostridium difficile outbreak and, indeed, as part of good practice.

1. All Trusts must have prompt access to laboratory diagnosis of Clostridium difficile by toxin tests on stool samples that detect both toxin A and B. This diagnostic facility must be available 7 days a week in line with previous guidance issued (Ref HSS(MD)9/2007). Such tests should be done within 18 hours of onset of symptoms or within 18 hours of admission of a symptomatic patient.
2. Trusts should freeze small aliquots of toxin-positive stool samples (eg a small Eppendorf full at -20°C for a rolling year) to enable retrospective culture to be performed should it become apparent that there has been a change in incidence or an outbreak of C.difficile disease has taken place that might warrant isolation of the organism for typing investigations.
3. A snapshot survey of the strain types in Northern Ireland has been performed in 2006 and a repeat survey is currently underway in all Trusts. This requires Trust laboratories to submit C.difficile toxin positive stool samples to the Northern Ireland Public Health Laboratories where they are cultured. Those cultured positive are sent to the Anaerobe Reference Laboratory, NPHS Microbiology,

University Hospital of Wales, Cardiff for typing. DHSSPS is now requesting that this snapshot survey is now undertaken quarterly to ensure more frequent monitoring of strain types. Further information will follow in due course.

Thank you for your support in this matter.

Yours sincerely



Dr M McBride
Chief Medical Officer

cc Chief Executives of Boards
Directors of Public Health
Dr A McCormick
Mr A Hamilton
Dr L Mitchell
Dr C Harper
Mr M Bradley
Dr L Doherty
Mr A Elliott
Mr S Camplisson
Alice Casey, Interim Chief Executive, RQIA
David Stewart, Medical Director, RQIA

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