Minutes working group meeting – Surveillance of bloodstream infections in Belgian hospitals ('SEP') – Surveillance of *Clostridium difficile* infections (CDI) in Belgian hospitals to end 2015

Date	June 13, 2016
Venue	WIV-ISP
Present	Antoine Françoise (CHU Saint Pierre), Bonte Julie (CHU Brugmann), Cossey Veerle (UZ Leuven), de Moreau A.I. (Hôpitaux Iris Sud), De Waegemaeker Pascal (UZ Gent), Devleeshouwer Catheline (Bordet), Famerée Dominique (CHU Charleroi), Floré Katelijne (AZ Sint-Lucas Brugge), Gérard Michèle (CHU Saint Pierre), Heyneman Bea (AZ Sint-Jan Brugge), Hildebrand Marc (Hôpitaux Iris Sud), Lacolley Marie (CHU Saint Pierre), Laurent Nathalie, Metango Albertine (CHU Brugmann), Simon Anne (UCL), Surmont Ignace (Sint-Jan, Brugge), Van Laer Frank (AZ Antwerpen), Vanderpas Jean (wiv-isp), Vanvynckt Carine (AZ Zeno), Verbraeken Nicole (UZ Brussel), Verfaillie Charlotte (AZ Sint-Lucas Gent), Wybo Ingrid (UZ Brussel) Delmée Michel (UCL), Van Broeck Johan (UCL) (for *C. difficile* only) WIV-ISP - Healthcare-associated infections & antimicrobial resistance: Catry Boudewijn, Duysburgh Els, Lambert Marie-Laurence, Valencia Cristina Kips Jan (only for presentation on health data)
Excused	Demaiter Guido, Gordts Bart, Laurent Christine, Potvliege Catherine, Velghe Yves

Surveillance of bloodstream infections in Belgian hospitals ('SEP')

Objectives of the meeting:

- To present main results of annual report 2016
- To discuss results, protocol and new research
- To present research project results

Decisions made:

TOPIC	DECISION MADE AND ACTIONS
CLABSI surveillance requirements from accreditation agencies	One accreditation agency has a requirement that CLABSI surveillance strictly follows CDC protocol. (Other agencies simply require CLABSI surveillance and benchmarking without specifying a particular protocol). However it is not possible to adjust the WIV protocol to meet possibly different requirements from each accreditation agency and there are reasons why the WIV protocol does not strictly follow CDC's (e.g., workload involved in counting CL-days when not automated). **To do:** Review of different accreditation protocols used by Belgian hospitals. Compare the CLABSI definition and data collection requirements used in these accreditation protocols with the definition used in the WIV-ISP surveillance of BSI. (ED)
Association between number of hemocultures and HA-BSI incidence	A recurrent request is to assess the possible association between the number of hemocultures and HA-BSI incidences as there is a feeling that this could explain some of the variation between hospitals. This has been discussed before, and in the process of simplifying SEP surveillance, it had been decided to remove this variable as it is difficult to interpret in the light of other sources of variation. To the extent that Health Data should

	make easier to collect this information, it can be added as an optional variable to the protocol. **To do:** Add the variable 'number of hemocultures examined' in the registration form. To be discussed with health data. Literature review on the association between HA-BSI rates and number of hemocultures (ED)
Use of **funnel plots** to display variation between hospitals	Interest in using these in the individual feed-backs (provided the hospital can be identified). Funnel plots will also support the validation of data by examining the outliers.
Individual online feedback and reporting	Need for improvement - transition to Health data an opportunity for revision **To do**: draft a proposal, discuss with working group, and Health Data (ED)
Missing **ICU denominators**	**To do:** assess the mismatch between ICU codes used in different parts of the database and see how this can be avoided (discuss also with health data) (ED).
HEALTH DATA	
Concerns about lack of information to participants involved in surveillance	Hospital directions and hospital IT responsible were already contacted by health data staff. Introduction sessions for users will be organised by health data staff before surveillance registration transfer to health data.
RESEARCH PROJECTS	
International online survey on CLABSI prevention in ICUs	**To do:** Write an article for Noso-Info for dissemination of Belgian results (Cristina Valencia)
Validation of data	Data never validated since start surveillance. Literature on validation of CLABSI surveillance data mentions underreporting. **To do:** develop protocol for data validation with focus on validation of data at hospital level.
GENERAL	
	Annual report will be published (online) in July 2015. The report will be in English with elaborated executive summary in French and Dutch

Surveillance of *Clostridium difficile* infections (CDI) in Belgian hospitals to end 2015

Objectives of the meeting:

- To present results annual report 2016
- To discuss results and protocol
- To present research project results

Decisions made:

TOPIC	DECISION MADE AND ACTIONS
Compared with other European countries with available CDI data Belgium has the lowest incidence of CDI.	Reason is unclear. Less intense case-finding? The number of tests requested for CDI diagnostic is already requested in the surveillance protocol but data not always filled. This will hopefully improve with health data.
Use of **funnel plots** to display variation between hospitals.	Interest in using these in the individual feed-backs (provided the hospital can be identified). Funnel plots will also support the validation of data by examining the outliers.
Should sending first 5 consecutive strains (culture) to NRC remain a requirement for participating in surveillance, even when culture not routinely done for CDI diagnosis in the hospital?	**Yes** This is needed to keep track of circulating strains
Data submissions to ECDC for international comparisons	**Agreed** to submit entire case-based database
HEALTH DATA	
Start of registration of CDI surveillance in Health data expected this year, fully operational January 1, 2017	
See minutes surveillance of BSI	
RESEARCH PROJECTS	
Transmission of CDI in Belgian hospitals – preliminary results	In-hospital transmission from symptomatic cases lower than previously thought. MLVA testing to confirm genetic link between episodes with same ribotype has started in June in NRC
Association between CDI rates and antimicrobial use patterns in Belgian hospitals	Quality of coding for CDI in the used dataset did not allow reliable analyses => study has ended.
Surveillance data: validation study	Protocol to be developed in 2016
GENERAL	
	Annual report will be published (online) in July 2015. The report will be in English with elaborated executive summary in French and Dutch.