
The Complete Germ Map Of Britain

Britain's most comprehensive report into the extent
of C-Difficile in Britain's hospitals

Report includes...

- The data collection error that means that 1 in 6 C-Diff cases is never reported in official statistics
- A problem on the increase across the age range
- Which hospitals have the most C-Difficile with a detailed 'Germ Map' of Britain
- Interactive Germ Map available at <http://www.shapps.com/germ-map>

Research and report by Grant Shapps MP
Publish date: 31st May 2007

Key Report Findings:

- Over 26,000 cases of C-Diff (almost one in six) have gone completely unreported, never showing up in official government statistics.
- C-Diff infections continue to rise across the entire age range, up by 40% from 47,000 to 66,000, in the past 3 years.
- This report reveals that C-Diff infects over 8 times as many people as MRSA in UK hospitals and kills twice as many.
- There are an additional 32,707 cases in Scotland and Wales are not reported to HPA which only covers England. This is the first comprehensive study of C-Diff across Britain.
- 181 cases per day last year increasing from 129 in 2004.
- There have been 176,450 cases of C-Diff in the last 3 years; 150,333 have been reported, a massive 26,117 have not. This means that 24 cases of C-Diff have been swept under the carpet every day.

Introduction

Clostridium Difficile

Clostridium Difficile (C Diff) is an anaerobic bacterium found in the gut of up to 66% of infants and 3% of adults.¹ It is the most common cause of infectious diarrhoea in hospitalised patients in the industrialised world and can cause serious illness and death. The infection comes about when the normal gut flora is altered, most frequently through the use of antibiotics.

The symptoms of C Diff can vary from nothing to varying severity of diarrhoea to inflammation of the bowel. Those who are particularly at risk are the elderly, those who have recently undergone surgery and people with serious underlying disease.² It is common for there to be a recurrence of infection caused by C Diff, which can be the result of inappropriate antibiotic treatment of the initial infection.

How is it spread

The C Diff bacterium produces spores which are resistant to heat, alcohol and acids in the stomach. Consequently, the spores can survive in the human body and the surrounding environment for long periods of time and increases the risk of contamination.

Current Guidance

Current guidance on the prevention and control of C Diff comes from the 1994 report *Clostridium Difficile infection: prevention and management*, conducted by the Department of Health/Public Health Laboratory Service Joint Working Group.

In 2003 the National Clostridium difficile Standards Group produced a report to the Department of Health. The report states that the treatment for infection of C Diff should include limiting or stopping any current course of antibiotics, which can destroy good bacteria in the gut needed to fight the infection, isolating infected patients from those who are unaffected to prevent the spread of infection and through hand washing and environmental cleaning.

¹ Health Protection Agency
http://www.hpa.org.uk/infections/topics_az/clostridium_difficile/default.htm

² Health Protection Agency, 'Management, Prevention and Surveillance of Clostridium Difficile'.

In 2005 the Health Protection Agency sent a survey to the directors of infection, prevention and control in all 173 acute Trusts in England.

The results showed the true extent of the problem of C Diff in England's hospitals, with only 11%³ of Trusts having a ward to routinely isolate infected patients and 40%⁴ of the Trusts not following routine guidelines set out for the management of outbreaks.

³ Health Protection Agency, 'Management, Prevention and Surveillance of Clostridium Difficile' P8

⁴ Health Protection Agency, 'Management, Prevention and Surveillance of Clostridium Difficile' P8

Current Surveillance

England

The mandatory surveillance of infection from C Diff was introduced in January 2004, following a recommendation from the National Clostridium Difficile Standards Group. Since then surveillance of C Diff has been part of the mandatory healthcare associated infection surveillance system for acute trusts.

Acute NHS Trusts in England have been required to report cases of CDAS in the over 65s to the Health Protection Agency (HPA) and as of April 2007, are required to report all cases.

Scotland

A mandatory surveillance system for CDAS is currently being introduced in Scotland, which again will only apply to the over 65s.

Prior to this, a voluntary surveillance system was in place, which saw the number of cases reported on a weekly basis in Scotland steadily increase in the last 10 years.⁵

Wales

Mandatory surveillance of cases of C Diff in the over 65s was introduced by the Welsh Assembly in January 2005.

Methodology and Findings

Grant Shapps used Freedom of Information requests to every Acute Trust in England asking for the results for all reported cases of C Diff. Desk research was used for Scotland and Wales, where mandatory reporting began in September 2006 and January 2005 respectively.

The outcome of this report is that we now know the true extent of the problem of C Diff in our hospitals based on ALL cases, not just those in the over 65s released by the HPA.

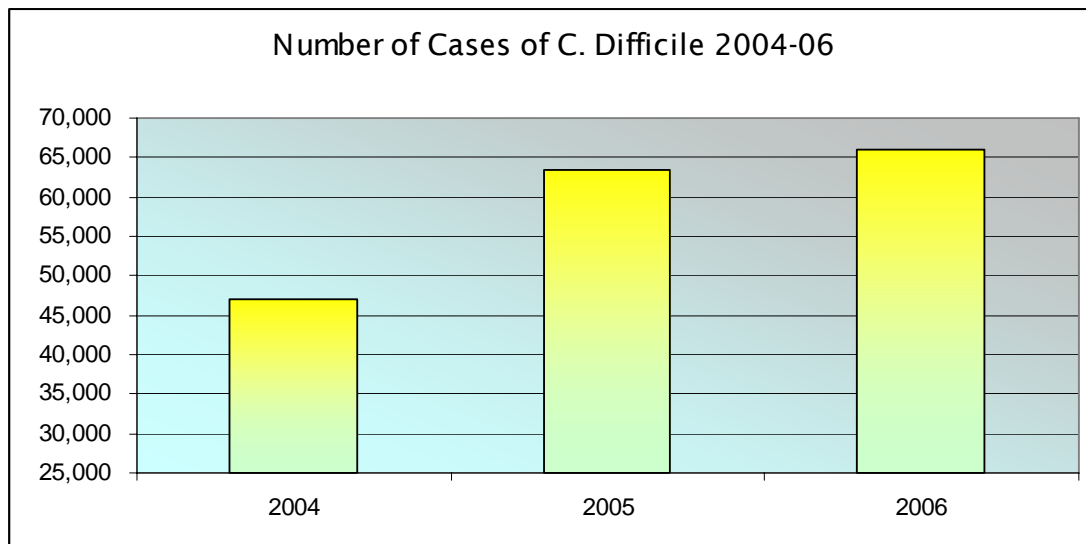
⁵ Health Protection Scotland <http://www.hps.scot.nhs.uk/haic/sshaip/clostridiumdifficile.aspx>

Results

This report reveals the true extent of the Clostridium Difficile epidemic in our hospitals. The shocking reality is that 176,450 individuals, many of whom went into hospital for routine procedures have contracted C. Diff in the last three years.

For the first time this report contains all data, across the age range, for C-Diff throughout Britain and reveals that the problem is getting worse; last year more than 66,000 infections occurred, compared with 47,000 in 2004 – a staggering 40% increase.

Number of C Difficile infections in the last three years



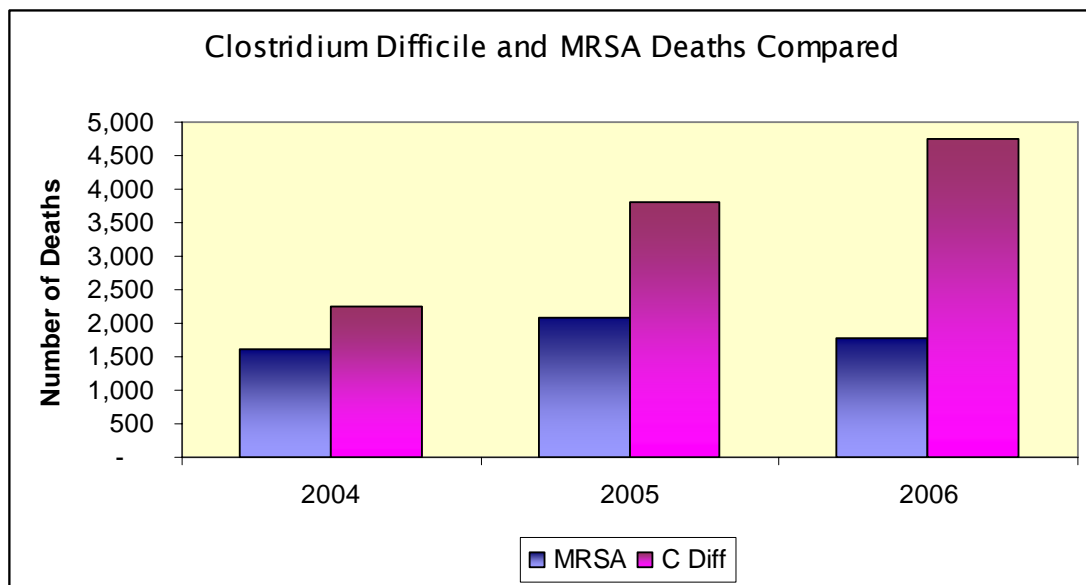
The deadliness of Clostridium difficile should not be underestimated. Last year C. difficile claimed the life of 4,752 patients. This represents a rise of 25% on the previous year and a massive 111% increase since 2004 with nearly 11,000 deaths over the three year period, to some degree attributed to Clostridium Difficile.

C Diff. is more prevalent and claims more victims than the much more widely publicised hospital bug, staphylococcus aureus (MRSA). C Diff. infects eight times as many people as does MRSA. While the number of cases of MRSA in British hospitals is around 7,000 per year and falling, C Difficile cases have soared to more than 66,000 last year and continue to rise.

Cases of C Difficile and MRSA (last three years)

	C Difficile	MRSA
2004	47,034	7,700
2005	63,411	7,233
2006	66,005	7,095

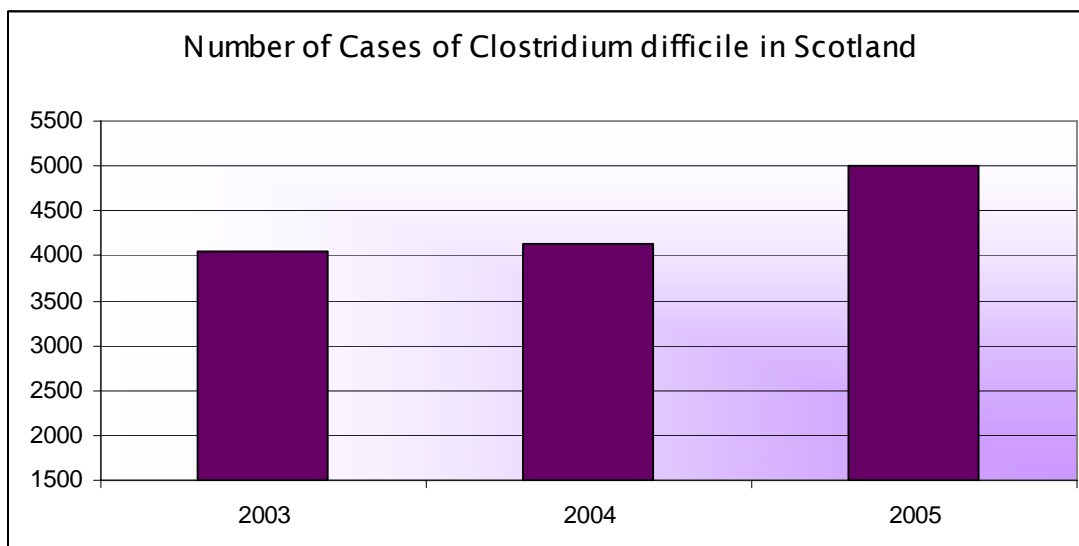
Over the three year period C Diff. was recorded on twice as many death certificates as MRSA. The results are continuing to diverge, as shown by the graph below.



Deaths Officially Attributed to C Difficile and MRSA

	MRSA	C Difficile
2004	1,623	2,247
2005	2,083	3,807
2006	1,774	4,752

As discussed above, reporting of C Diff. statistics in Scotland and Wales was voluntary until relatively recently. Even prior to reporting being mandatory we can see a clear upward trend in the number of cases, especially in Scotland where more than 5,000 cases were detailed in 2005 – a 21% rise on the previous year's figure.



One of the most worrying aspects of this is the number of cases going unreported. The Health Protection Agency previous requirement for statistics for over 65s only meant that more than 25,000 incidences were not officially recorded between 2004 and 2006.

Worst Offenders

Acute Trust	Cases in 2006/7
University Hospitals of Leicester	1739
North Bristol	1324
Gloucestershire Hospitals	1271
University Hospital of North Staffordshire	1027
Southampton University Hospitals	1013
Barking, Havering and Redbridge Hospitals	965
Leeds Teaching Hospital	937
University Hospitals Coventry & Warwickshire	896
Barnet & Chase Farm Hospitals	847
Heart of England	827

Grant's Quotes:

'This investigation reveals that the number of C-Diff cases in Britain's hospitals has been dramatically underestimated with the government simply ignoring anyone who contracts the infection, but happens to be under the age of 65.'

'We now know that C-Diff infects 8 times as many people as the far better-known MRSA and it actually kills twice as many patients.'

'I'm calling on the government to recognise and then get to grips with the true scale of the problem. The government is constantly trying to convince us that the NHS is safe in their hands, but C-Diff infections continue to rise across the entire age range and are up by over 40% in the last 3 years alone.'

'When patients check out the germ map of Britain today they'll rightly be asking how the government has managed to spend so much money on the NHS whilst the hidden hospital infection rate for C-Diff has continued to soar.'

Conclusion

The results show that cases of C Diff have continued to rise year on year since mandatory surveillance began in 2004.

Clostridium Difficile is responsible for more deaths than MRSA and is 8 times more prevalent.

Despite this rise, which has been occurring since figures were officially recorded in 2004, the government has continued to ignore the true extent of the problem Clostridium Difficile and failed to launch a full enquiry into the appropriate management and surveillance of what is now the most common infection in England's hospitals.

The appalling mismanagement of the NHS' finances means that according to a Department of Health memorandum, £270 million pounds is needed on fighting C Difficile.⁶

⁶ <http://www.telegraph.co.uk/news/main.jhtml?xml=/news/2007/01/11/nbug11.xml>

This is the first report into the number of cases of C Diff in all age groups, not just the over 65s, as reported to the HPA, and therefore reveals the extent to which the infection is now endemic throughout the health service.

Interactive Germ Map available at <http://www.shapps.com/germ-map>

