NGH Infections Newsletter

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Northampton General Hospital NHS Trust

Catheter-associated urinary tract infection

- Catheter-associated UTI is defined as the presence of symptoms or signs compatible with a UTI in people with a catheter with no other identified source of infection plus significant levels of bacteria in a catheter or a midstream urine specimen when the catheter has been removed within the previous 48 hours
- the longer a catheter is in place, the more likely bacteria will be found in the urine; after 1 month nearly all people have bacteriuria
- antibiotic treatment is not routinely needed for asymptomatic bacteriuria in people with a catheter
- Consider removing or, if this cannot be done, changing the catheter as soon as possible in people with a catheter-associated UTI if it has been in place for more than 7 days. Do not allow catheter removal or change to delay antibiotic treatment.
- Obtain a urine sample before antibiotics are taken. Take the sample from the catheter, via a sampling port if provided, and use an aseptic technique
- Send the urine sample for culture and susceptibility testing, noting a suspected catheter-associated infection and any antibiotic prescribed.

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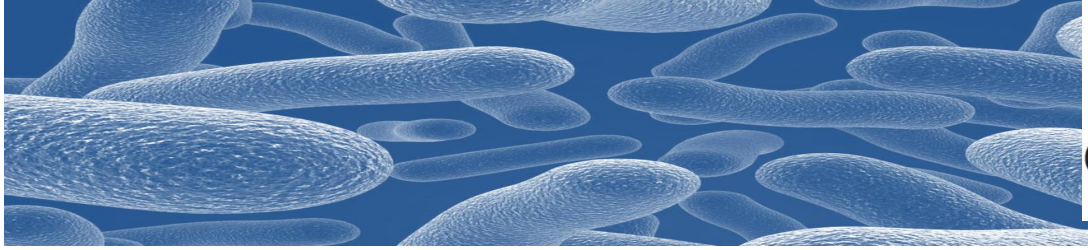
Do NOT use dipstick testing to diagnose UTI in patients with catheters

Symptomatic UTI cannot be differentiated from asymptomatic bacteriuria on the basis of urine analysis with dipstick tests. Pyuria is common in catheterised patients and its level has no predictive value.

The value of microscopy of urine samples from catheterised patients is limited in diagnosing symptomatic UTI as all patients will have bacteriuria. There is no relationship between the level of pyuria and infection in patients with indwelling catheters, since the presence of the catheter invariably induces pyuria without the presence of infection.

Signs and symptoms compatible with catheter-associated UTI include new onset or worsening of fever, rigors, altered mental status, malaise, or lethargy with no other identified cause; flank pain; costo-vertebral angle tenderness; acute haematuria; pelvic discomfort; and in those whose catheters have been removed, dysuria, urgent or frequent urination, or supra-pubic pain or tenderness.

Consider removing or, if this cannot be done, changing the catheter as soon as possible in people with a catheter-associated UTI if it has been in place for more than 7 days. Do not allow catheter removal or change to delay antibiotic treatment.



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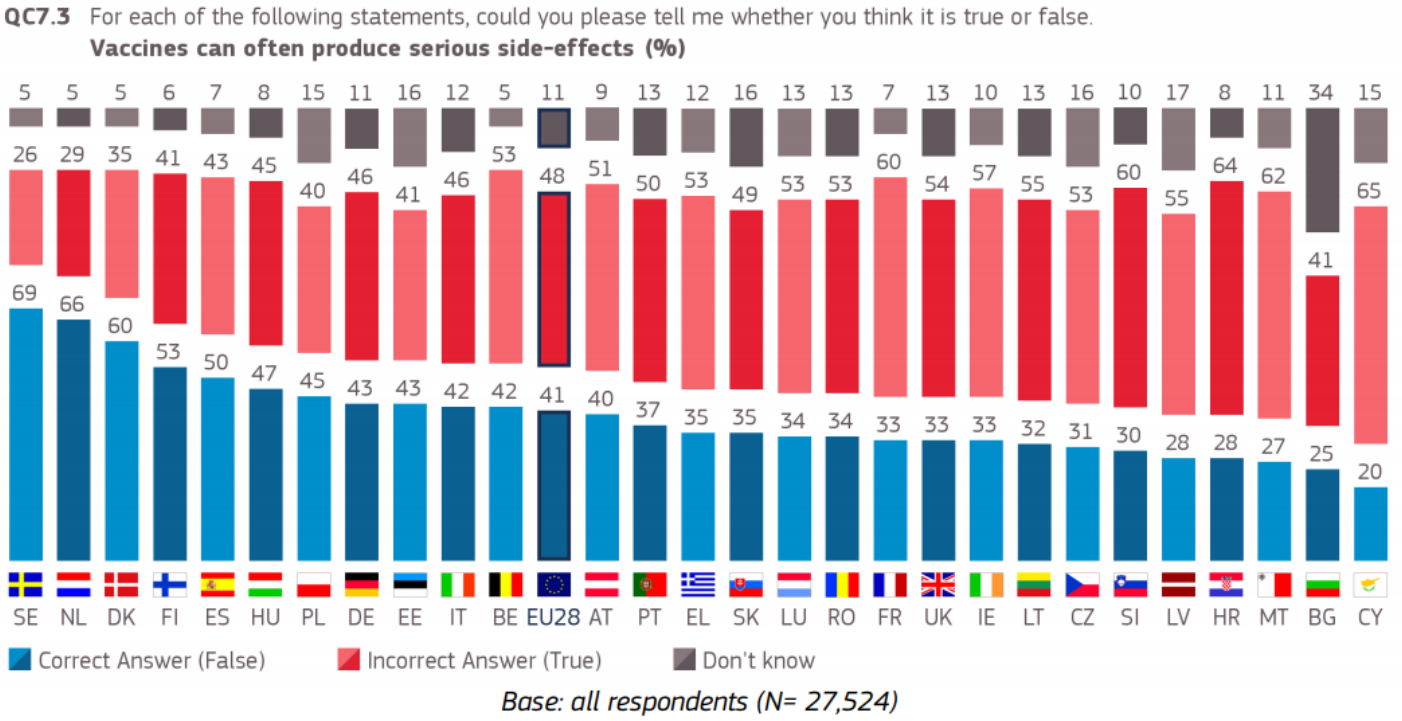
Almost half of Europeans believe vaccines produce severe side effects

A new Eurobarometer which explored Europeans' attitudes towards vaccination has found that while many Europeans believe vaccination is an effective way to prevent disease, many also believe vaccines can produce severe side effects or cause the diseases against which they protect.

In creating the report, 27,524 people from 28 European Union Member States were interviewed between the 15th and 29th of March 2019.

Just over half (52%) of the respondents agreed that vaccines are definitely effective in preventing diseases while around one in 10 say vaccines are 'probably not effective' or 'not at all effective'. Almost half (48%) of those surveyed believed that vaccines can often produce severe side effects.

Only 33% of the UK respondents correctly conclude that vaccines don't often produce serious side effects. Only four countries have a majority of respondents who correctly conclude that vaccines don't often produce serious side effects. Again, Sweden (69%) and the Netherlands (66%) have the highest proportions of such respondents, followed by Denmark (60%) and Finland (53%).



Base: all respondents (N= 27,524)