SPECIFIC HYGIENE MEASURES FOLLOWING SUCCESSFUL OUTBREAK MANAGEMENT IN 4 MRGN ACINETOBACTER BAUMANNII IN A BURNS UNIT (090)

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Introduction: The outbreak of 4 MRGN Acinetobacter baumannii in an intensive care unit for severe burns victims was a major challenge for all those involved. Transmission was via direct or indirect contact with sources from the animate and inanimate surroundings of the patient. High-risk areas such as intensive care wards and burns units are particularly affected by this. The outbreaks are often described as difficult to control. Due to the environmental resistance of Acinetobacter baumannii, efficient hygiene management is needed to prevent transmission via contaminated surfaces and items and via the hands.

 Patients and method/results: The management of an outbreak situation affecting 8 patients is presented. Once the trigger event had been determined, intervention measures to interrupt the infection chain were introduced. In addition to an immediate cessation of admissions, extensive examinations of the surrounding areas were initiated. The patients affected were moved to hospitals near to their homes and in one case to a rehabilitation clinic once the operative measures had been completed. One patient who had been affected and on whom further surgery had to be carried out was moved to an area of the IMC which had been specially set up. The outbreak ended within 18 days once the patients had been moved and final disinfection had been carried out with subsequent nebulisation with 5-6% hydrogen peroxide. Examinations after the nebulisation showed no evidence of germs.

Discussion: In the case of the frequent occurrence of multi-resistant Acinetobacter baumannii, an identification of the individual pathogen types is essential. The source of contamination must also be detected. In addition to the relocation of all of the patients, extensive hygiene measures were initiated. In the case of multi-resistant pathogens, nebulisation with 5-6% hydrogen peroxide once the final disinfection has been carried out has proven to be a very effective method to decontaminate rooms in the burns unit affected. The success of this endeavour was proven by means of direct contact examinations on areas which are difficult to clean both before and after nebulisation.