



**Winnipeg Regional Health Summary of Healthcare Associated  
Clostridium difficile Associated Disease (CDAD)  
and Antibiotic Resistant Organisms**

**August 2013**

**Clostridium difficile Associated Disease (CDAD) Cases Reported August 2013:**

Facility	Cases	Inpatient Admissions	Inpatient Days	Rate by 1,000 Admissions	Rate by 10,000 Patient Days
HSC	5	2,629	20,332	1.90	2.46
SBH	6	2,125	13,852	2.82	4.33
VGH	1	411	5,037	2.43	1.99
GH	4	333	6,541	12.01	6.12
CH	2	301	5,133	6.64	3.90
SOGH	0	385	8,227	0.00	0.00
RHC	0	76	4,528	0.00	0.00
DLC	1	35	5,797	28.57	1.73
Total	19	6,295	69,447	3.02	2.74
CNISP benchmark				5.4 (2011)	7.0 (2011)

**MRSA (Infections and Colonizations) Cases Reported August 2013:**

Facility	Cases	Inpatient Admissions	Inpatient Days	Rate by 1,000 Admissions	Rate by 10,000 Patient Days
HSC	28	2,629	20,332	10.65	13.77
SBH	7	2,125	13,852	3.29	5.05
VGH	2	411	5,037	4.87	3.97
GH	6	333	6,541	18.02	9.17
CH	1	301	5,133	3.32	1.95
SOGH	4	385	8,227	10.39	4.86
RHC	0	76	4,528	0.00	0.00
DLC	2	35	5,797	57.14	3.45
Total	50	6,295	69,447	7.94	7.20
CNISP benchmark				8.5 (2011)	11.3 (2011)

**VRE (Infections and Colonizations) Cases Reported August 2013:**

Facility	Cases	Inpatient Admissions	Inpatient Days	Rate by 1,000 Admissions	Rate by 100,000 Patient Days
HSC	20	2,629	20,332	7.61	98.37
SBH	13	2,125	13,852	6.12	93.85
VGH	2	411	5,037	4.87	39.71
GH	8	333	6,541	24.02	122.31
CH	3	301	5,133	9.97	58.45
SOGH	10	385	8,227	25.97	121.55
RHC	0	76	4,528	0.00	0.00
DLC	0	35	5,797	0.00	0.00
Total	56	6,295	69,447	8.90	80.64
CNISP benchmark (colonizations only)				7.2 (2011)	95.3 (2011)

**New or Ongoing Outbreaks Reported August 2013:**

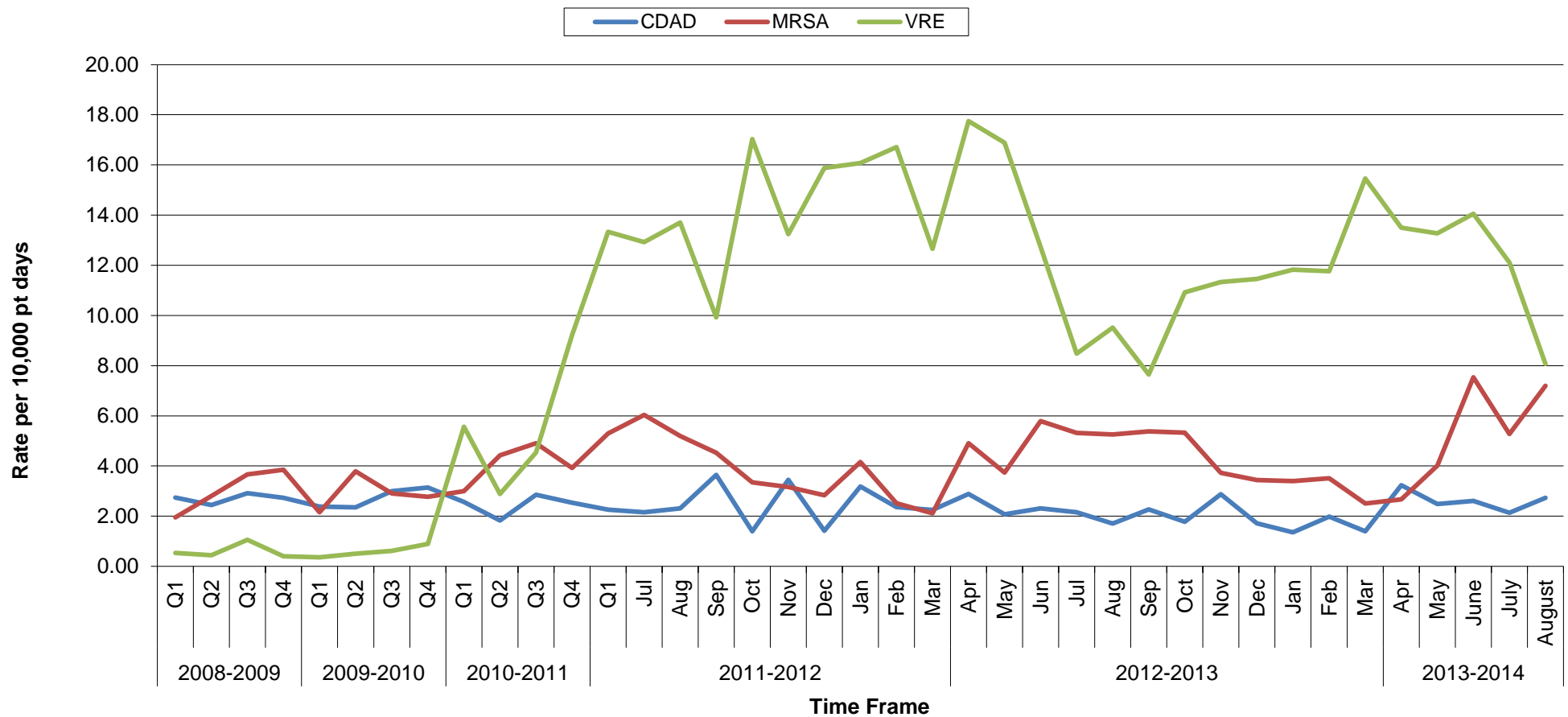
CDAD	MRSA	VRE
	GH – ongoing	HSC-ongoing VGH-ongoing SBH-ongoing GH-ongoing SOGH-ongoing

GH reported higher CDAD rates, however the cases were not linked and there was no outbreak to report. HSC had a higher MRSA rate, however cases were not linked and there is no outbreak to report. GH continues to report an ongoing MRSA outbreak. VRE rates fell just below the 2011 national benchmarks (used colonization rates to compare). There have been ongoing outbreaks of VRE occurring at most acute care sites. During this month, VRE rates fell in most facilities. A VRE Action Plan was developed by WRHA Infection Prevention and Control during the summer of 2011. A VRE outbreak coordinating committee was struck with reporting to WRHA Senior Management on an ongoing basis starting fall of 2011.

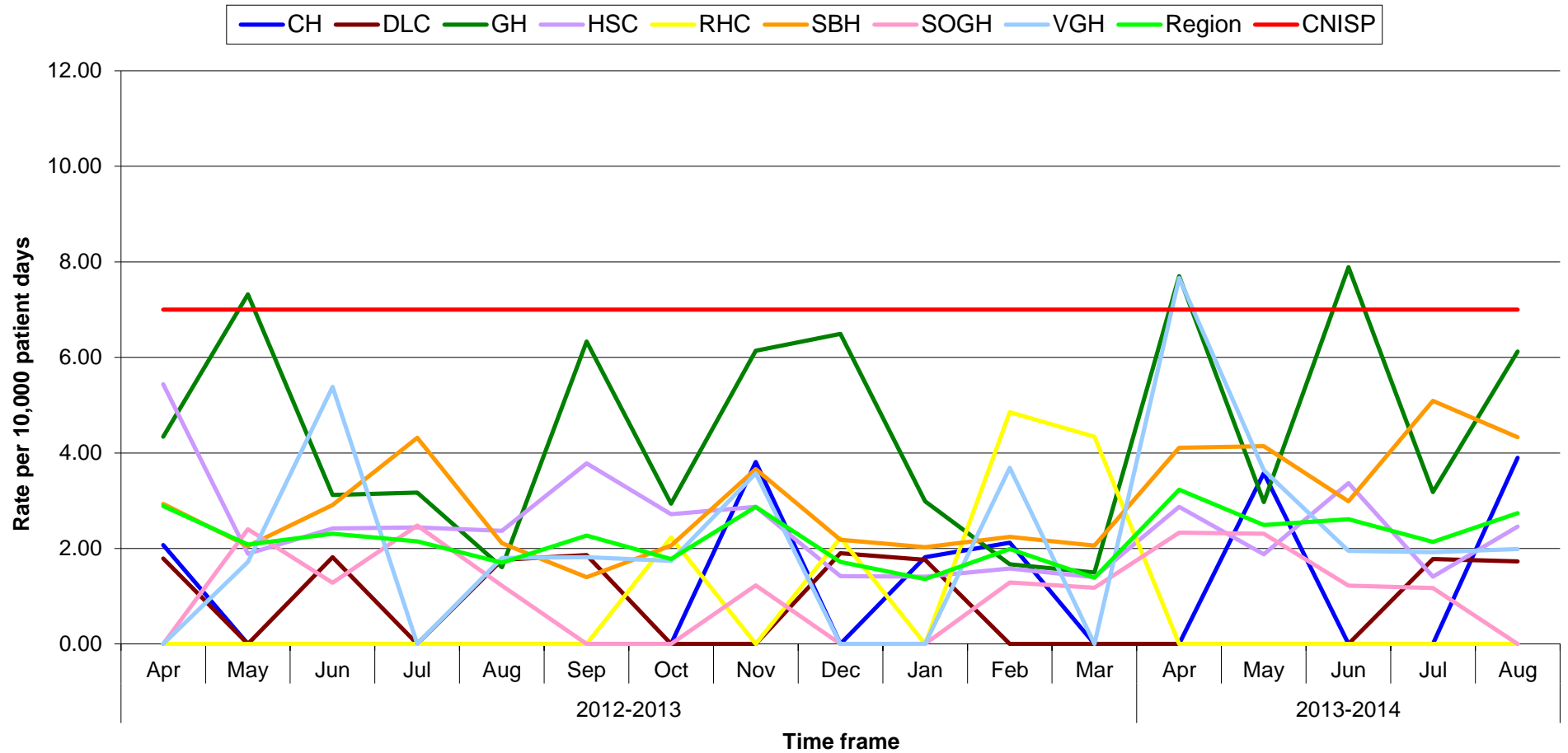
The Manitoba Health and Canadian Nosocomial Infection Surveillance Program (CNISP) definitions for CDAD are different in some aspects but CNISP rates are used as both quarterly and annual benchmarks. Inpatient admissions and patient day statistics were received from WRHA Regional Health Information Services and Finance. The rate/1000 admissions and rate/10,000 (or for VRE rate/100,000) patient days are used, as these are the calculations used historically by CNISP. Cases represent the site-specific healthcare-associated (healthcare facility-acquired) numbers. New CNISP data on CDAD shows a dropping national rate over the last five years, however it has been static the last two.

**Note:** To allow comparison of all three pathogens, for this graph only VRE rates are depicted per 10,000 pt days.

### WRHA Regional CDAD, MRSA & VRE rates per 10,000 pt days



## Rate of CDAD per 10,000 patient days in WRHA acute care and LTC facilities

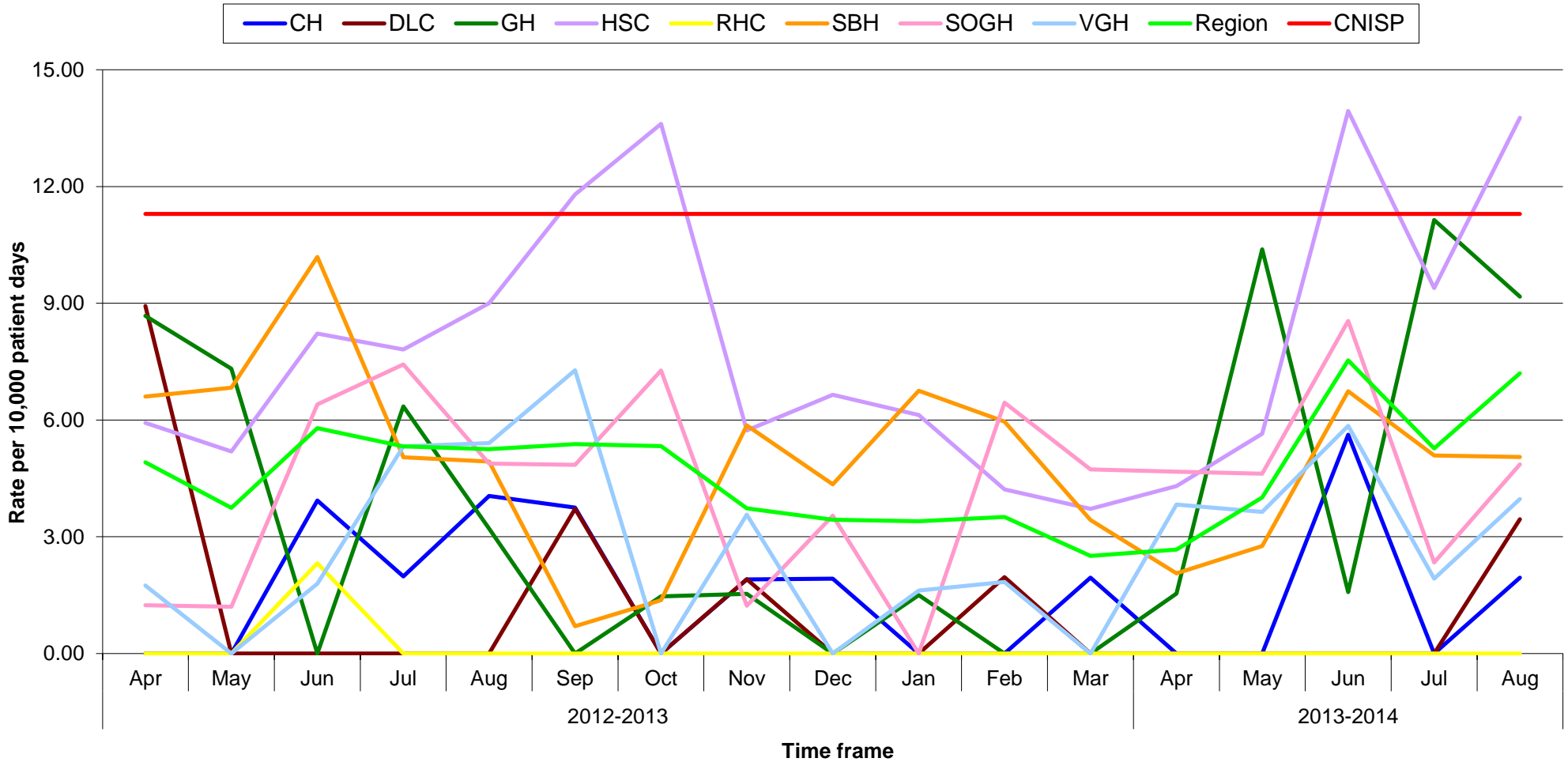


CH = Concordia Hospital  
 DLC = Deer Lodge Centre  
 GH = Grace Hospital

HSC = Health Sciences Centre  
 RHC = Riverview Health Centre  
 SBH = St. Boniface Hospital

SOGH = Seven Oaks General Hospital  
 VGH = Victoria General Hospital  
 CNISP = Canadian Nosocomial Infection Surveillance Program

## Rate of MRSA per 10,000 patient days in acute care and LTC facilities in the WRHA

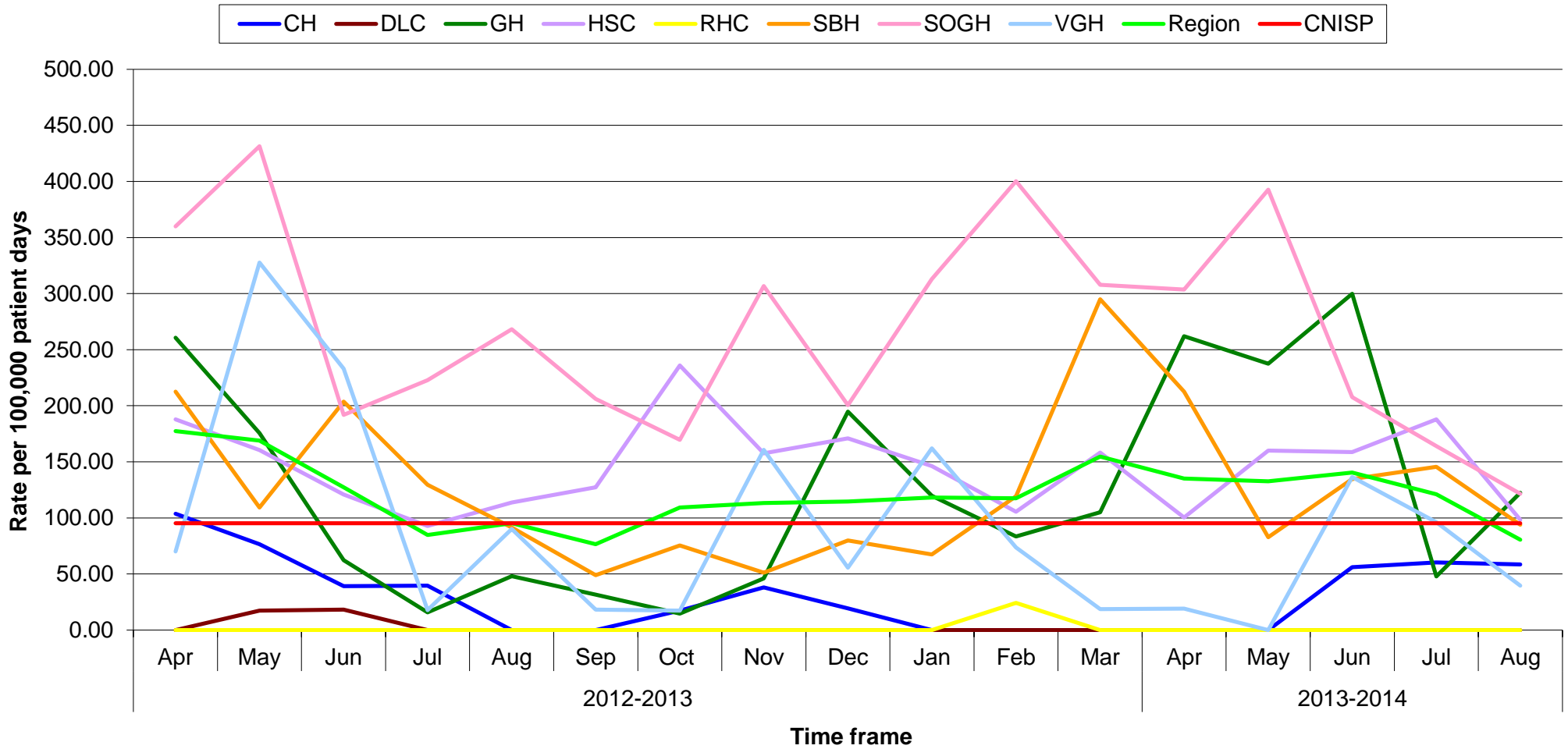


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## Rate of VRE per 100,000 patient days in acute care and LTC facilities in the WRHA



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