



Cronfa - Swansea University Open Access Repository

This is an author produced version of a paper published in : *BMJ*

Cronfa URL for this paper: http://cronfa.swan.ac.uk/Record/cronfa16946

Paper:

Friedmann, Y., Gravenor, M., Bodger, O. & Temple, M. (2012). Impact of hand washing on bacteraemia rates. *BMJ, 344*(jun25 2), e4299-e4299. http://dx.doi.org/10.1136/bmj.e4299

This article is brought to you by Swansea University. Any person downloading material is agreeing to abide by the terms of the repository licence. Authors are personally responsible for adhering to publisher restrictions or conditions. When uploading content they are required to comply with their publisher agreement and the SHERPA RoMEO database to judge whether or not it is copyright safe to add this version of the paper to this repository. http://www.swansea.ac.uk/iss/researchsupport/cronfa-support/

BMJ 2012;344:e4299 doi: 10.1136/bmj.e4299 (Published 25 June 2012)

LETTERS

CLEANYOURHANDS CAMPAIGN

Impact of hand washing on bacteraemia rates

Yasmin Friedmann *research assistant*¹, Mike Gravenor *professor of biostatistics and epidemiology*¹, Owen Bodger *mathematical modeller*¹, Mark Temple *consultant in public health medicine*²

¹Institute of Life Science, Swansea University, Swansea SA2 8PP, UK; ²Communicable Disease Surveillance Centre, Public Health Wales, Cardiff, UK

Stone and colleagues' results are consistent with mathematical models of hospital transmission of meticillin resistant *Staphylococcus aureus* (MRSA).¹ This can be shown using Cooper and colleagues' model, whereby transmission within hospital is described by an effective contact rate parameter between susceptible and infectious people. Improved hygiene conditions reduce the probability that contact between people results in transmission, thereby reducing this contact rate.

The figure shows the typical relation between prevalence and the contact parameter for the long term system behaviour. The model predicts that the prevalence of MRSA is extremely sensitive to small changes in the contact rate, suggesting that comparatively small reductions in transmission, through programmes such as hand hygiene, can have a considerable impact on overall bacteraemia rates.

The observed delay in the efficacy of the intervention is not readily explained by the long term behaviour of the model alone, because the relation between reduction in transmission and equilibrium prevalence is roughly linear (for the parameters of relevance here). The delay could simply be due to the transition time from one endemic equilibrium to another. Simulations show that this depends on the initial conditions (how close to equilibrium the system was before the intervention) and the magnitude of changes in the effective contact rate; however, delays of many months or several years, as seen in the study, can result from a range of reasonable scenarios, without changes in compliance during this time.

Competing interests: None declared.

- 1 Stone SP, Fuller C, Savage J, Cookson B, Hayward A, Cooper B, et al. Evaluation of the national Cleanyourhands campaign to reduce Staphylococcus aureus bacteraemia and Clostridium difficile infection in hospitals in England and Wales by improved hand hygiene: four year, prospective, ecological, interrupted time series study. *BMJ* 2012;344:e3005. (3 May.)
- 2 Cooper BS, Medley GF, Stone SP, Kibbler CC, Cookson BD, Roberts JA, et al. Methicillin-resistant Staphylococcus aureus in hospitals and the community: stealth dynamics and control catastrophes. *Proc Natl Acad Sci U S A* 2004;101:10223-8.

Cite this as: BMJ 2012;344:e4299

© BMJ Publishing Group Ltd 2012

For personal use only: See rights and reprints http://www.bmj.com/permissions

Figure



Example of relation between prevalence and effective contact rate using basic framework,² modified to describe frequency dependent transmission in hospital. Parameters chosen reflect typical UK hospital size and typical basic reproduction number (R0)