

# *S. capitis* on the rise in neonatal clinical samples



Public Health England (PHE) is raising awareness of an emerging problem with *Staphylococcus capitis* in neonatal units. There has been an observed increase in incidence of *S. capitis* detections from clinical isolates across neonatal units in London over the past 18 months. PHE has issued a briefing note that aims to:

- alert healthcare professionals to the increase in reported clinical detections of *S. capitis* associated with the NRCS-A clone
- outline criteria for further investigation and notification.

*S. capitis* is a coagulase-negative Staphylococcus which rarely causes invasive disease outside of the neonatal period. There have been sporadic outbreaks since the late 1990s associated with neonatal late-onset sepsis. In 2012, it was recognised that a clone of *S. capitis* known as the NRCS-A strain was widespread in neonatal intensive care units, and has caused significant outbreaks. This strain was shown to have methicillin resistance, vancomycin heteroresistance and specific aminoglycoside resistance. It also may harbour the QAC gene associated with reduced efficacy of chlorhexidine which is a common compound used in skin antiseptics prior to procedures. The NRCS-A strains are associated with invasive disease independent of indwelling prosthetic

material such as central line catheters and often associated with an environmental source such as incubators.

PHE will further investigate the epidemiology of invasive *S. capitis* infections in neonates in England, to determine whether the increase in clinical isolates in London is indicative of a geographically wider issue, and to better understand the reasons behind the apparent increase.

Implications and recommendations for NHS trusts:

1. Identify any coagulase-negative Staphylococcus isolate from a normally sterile site to species level in a neonate
2. Over the next year, send any *S. capitis* isolates to the Staphylococcus reference laboratory under code 'NRCS-A'
3. Contact the local PHE centre if an increase in incidence of invasive *S. capitis* isolates is suspected among neonates. The PHE team can then liaise with the national team for input and to confirm further sample processing
4. Review infection prevention practices in units where an increase in incidence is identified or suspected. This includes consideration of decontamination of incubators, enhanced cleaning of the environment, hand hygiene and correct use of personal protective equipment.

## Join us to help improve patient safety

In collaboration with BAPM, *Infant* journal is keen to help improve patient safety and raise awareness of issues affecting neonatal patients, their families and staff by devoting a specific section to patient safety in each edition of the journal. Anyone can submit an article so if you have ideas for highlighting safety aspects to improve care, please do let us know.



- Have you implemented an initiative locally which has demonstrable benefits for improving safety?
- Are you developing a new initiative which might benefit from a wider application?
- Do you have experience in any human factors-related improvement that you'd be able to share?



If you would like to submit a patient safety article to *Infant*, please email [lisa@infantjournal.co.uk](mailto:lisa@infantjournal.co.uk)

If you have any incidents for national learning, please contact BAPM by emailing [bapm@rcpch.ac.uk](mailto:bapm@rcpch.ac.uk)