

ESBL – Producing Organisms



Information for Patients and Relatives

What are ESBL's?

- ❖ ESBL stands for Extended Spectrum Beta-Lactamases.
- ❖ A Beta-Lactamase is an enzyme produced by bacteria which can break down some antibiotics.
- ❖ ESBL producing bacteria are resistant to some antibiotics used to treat infection, making the infection more difficult to treat.



How might ESBL affect me?

- ❖ Infection from ESBL producing bacteria occurs mainly in the urine, but also may infect wounds and the blood.
- ❖ Sometimes these bacteria can be in your body (usually your gut), without causing an infection. This is called colonisation because you have no signs or symptoms and continue to feel well.

How common is it?

- ❖ Initially, ESBL was associated with hospitals and care centres, however it is becoming more common in the community.

How does it spread?

- ❖ On the hands of patients, relatives and health care workers after contact with an affected patient or equipment if hands are not washed properly.
- ❖ Faecal-oral spread where faeces gets onto the hands then into the mouth.



Can I spread it to others?

- ❖ People in hospitals are more at risk of infection due to illness causing the immune system to become compromised. Patients who have undergone surgery or who are receiving medications may also have a weaker immunity.
- ❖ You may be transferred to a single side room or a bay with other patients with ESBL to make sure you get the right treatment at the right time.
- ❖ Good hand hygiene practices amongst staff, patients and relatives is the most effective barrier against the risk of further contamination and infection.
- ❖ If you are visiting a patient with ESBL, you should not visit other patients in other parts of the hospital during the same hospital visit.

How can ESBL be treated?

- ❖ Despite being resistant to many normal antibiotics, treatment options are still available should infection occur.
- ❖ Some people will carry these enzyme producing bacteria in their gut without having an infection, but it is not recommended that these carriers be treated.
- ❖ In some circumstances treatment can be given at home, but more severe infections will require treatment in hospital.



Will I have to stay in hospital longer?

- ❖ Patients do not have to stay in hospital until the ESBL producing bacteria is cleared. You will be sent home when your general condition allows, regardless of whether you are still colonised with ESBL or not (colonisation is where the bacteria is present but is causing you no ill effects).
- ❖ When you go home, normal personal hygiene and cleaning is sufficient.

How will this affect my visitors or relatives?

- ❖ The risk to visitors and relatives including young children is low if they are fit and well.
- ❖ Prevention of infection rests mainly on encouraging good hand hygiene amongst staff, patients, and visitors. This includes cleaning hands before entering and leaving the ward or clinical area, and before helping you to eat or drink.
- ❖ Hands should be washed with soap and water or alcohol hand gel
- ❖ Visitors do not have to wear apron and gloves, but should not sit or lie on the bed.
- ❖ Visitors should take any dirty washing home as soon as possible and wash it in their usual wash cycle in the normal way.

