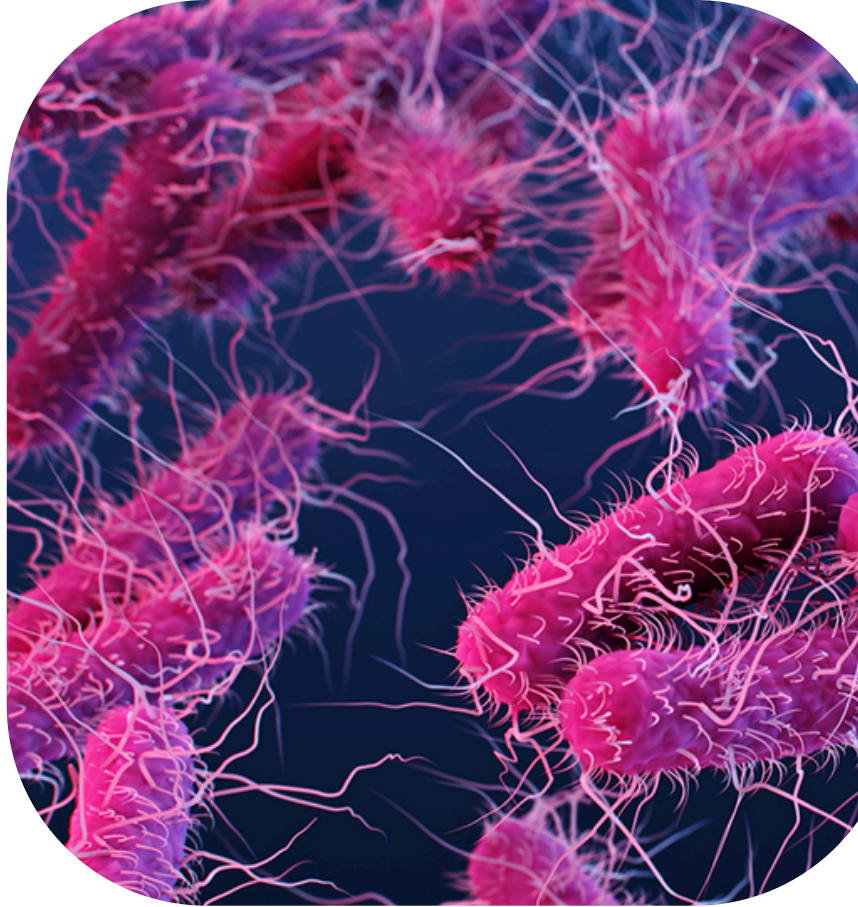
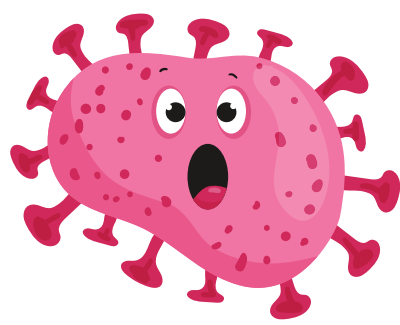


BUG OF THE MONTH: ESBL



(Extended Spectrum Beta-Lactamase)

WHAT IS IT?

- ESBL are bacteria that make enzymes which can destroy common antibiotics like penicillin and cephalosporins. This makes infections harder to treat
- These bacteria are mainly found in the lower digestive tract and in urine
- An infection caused by ESBL can occur in various parts of the body, including blood, organs, skin, and surgical sites

SIGNS AND SYMPTOMS

Symptoms of an ESBL infection vary by location:

- **Skin:** redness or tenderness
- **Urinary tract:** back pain, burning urination, frequent urination
- **Lungs:** cough, difficulty breathing

Other symptoms may include diarrhea, weakness, fever, and chills



DID YOU KNOW??



- It's possible to have ESBL in your body without showing any symptoms
 - This is called **colonization** – the person carries ESBL producing bacteria in the digestive tract or urine but is not sick
- When a person shows symptoms, they are considered to have an **ESBL infection**

Risk Factors:

- Residents who are hospitalized or residents of a long-term care home are more at risk
- Those who have weakened immune systems
- Those with a history of using many antibiotics
 - Healthy people do not usually become colonized with ESBL

Complications of ESBLs may include: urinary tract infections, wound infections or pneumonia

TRANSMISSION

- **Direct contact:** Physical contact with an infected or colonized person
 - Example: Unwashed hands
- **Indirect contact:** Touching contaminated surfaces or objects
 - Examples: toilet seats, bedrails, door handles, soiled linens, soiled equipment (e.g. catheters, urinals)

IPAC CONSIDERATIONS

- **Practice proper hand hygiene especially after using the toilet**
- Clean and disinfect shared equipment between use. Dedicate equipment if possible
- Clean and disinfect high-touch surfaces regularly (e.g., door handles, bathrooms)
- Place suspected or confirmed ESBL residents on contact precautions