

Tays / Infection Unit  
Patient instructions 10.42.04

## Information for ESBL *Klebsiella* Carriers

**ESBL** stands for **extended spectrum beta-lactamase**. ESBL is a characteristic that may be present in intestinal bacteria. The most common antibiotics do not work against an infection caused by ESBL bacteria. In such cases, an antibiotic is chosen based on the results of a bacterial culture. ESBL is usually found in *Escherichia coli* and *Klebsiella* bacteria. These bacteria are intestinal bacteria. Most commonly, these bacteria cause a urinary tract infection.

**ESBL carrier** is a person who has been found to have ESBL bacteria. ESBL carriage is not a disease but an abnormality in the body's bacterial flora. If an **ESBL *Klebsiella*** is found in a patient's sample, the information will be recorded in the patient's medical records as a risk factor. Information about ESBL *Escherichia coli* bacteria will not be recorded as a risk factor. If a sample is taken due to an infection and no ESBL bacteria are found, it may still be present in the intestines. For this reason, the risk factor entry will not be removed, even if bacterial culture does not always detect ESBL bacteria. The duration of the carriage is unknown.

**ESBL infection** is an infection caused by ESBL bacteria. Most commonly, it causes a urinary tract infection. It may also cause other infections, such as a wound infection.

People often ask where they got ESBL. It is difficult to give a precise answer. Some people have previously travelled abroad. The source may be food consumed abroad. But you can get it also in Finland.

### As a patient in the inpatient ward and at the clinic

When seeking treatment, it is advisable to mention your ESBL *Klebsiella* status, as it may affect potential antibiotic treatment.

**In inpatient care**, you will be placed in a private patient room with your own toilet. For close-contact care, staff will wear a protective gown and gloves. Protective clothing is not always worn for quick visits to the room, such as popping in to bring a newspaper, medication or a meal tray.

ESBL may spread through contact. Good hand hygiene is the most important measure to prevent it from spreading. The staff will guide you and your visitors on good hand hygiene. Wash and disinfect your hands after using the toilet. Disinfect your hands when leaving and returning to the patient room, as well as before meals. The healthcare staff will instruct you on the use of hand sanitizer.

You will be treated normally at the **health clinic and oral health care**. Observe good hand hygiene when visiting the clinic.

### Things to consider at home

ESBL carriage does not affect life outside the hospital. Regular household hygiene practices can prevent the spread of bacteria at home:

- Wash your hands after using the toilet, before preparing food, and before eating.
- Wash and dry your hands before and after handling wounds and catheters
- Toothbrush, shaving machine and other hygiene products are for personal use only.
- Regular cleaning agents are sufficient for maintaining household cleanliness.
- Laundry can be washed normally.
- Each person should have their own bath towel and hand towel at home.

### **Monitoring ESBL Klebsiella carriage**

The disappearance of ESBL Klebsiella carriage can be systematically monitored. Carriage monitoring can begin at the earliest one year after ESBL has been detected. The skin must be in good condition when monitoring begins. An indwelling catheter or cystofix is not an obstacle to monitoring.

ESBL monitoring samples can be taken at a health center during a nurse's appointment, in a hospital ward during inpatient care, or at another healthcare unit. You can also collect the samples yourself at home, provided that sample collection and storage follow the sampling instructions.

The following samples are required to assess carriage:

- Urine bacterial culture
- Stool sample or rectal mucosa swab three times on different days (request number 9690 MDRsVi)

Samples should be taken only if you have not received antibiotic treatment for a week.

If ESBL Klebsiella is not found in any of the above samples, you may inquire about the removal of the risk record from the hygiene nurse of the Tays Infection Unit at 044 4729385. Anyone involved in the care of the patient, client, or resident, as well as the patient themselves, may call.

The decision to remove the ESBL Klebsiella risk record is made by the Infection Unit. You will be treated as an ESBL carrier until the risk record is removed.

#### **Required information when calling:**

- health status
- skin condition
- regular medication and most recent antibiotic course
- ESBL carriage monitoring samples and their results

If ESBL Klebsiella is still detected in the monitoring samples, a new round of monitoring can be started after one year.

If necessary, you can contact the hygiene nurse of the Tays Infection Unit for further instructions, tel. 044 4729385.