

In.CONTROL



*The Newsletter of the NSW Infection Control Resource Centre
An initiative of the NSW Health Department*

**Volume 7, Number 2,
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EMERGING INFECTIOUS DISEASES

Severe Acute Respiratory Syndrome (SARS)

NEWs of SARS has dominated the pages of state, national and international newspapers. Similarly it has been a news item on television segments and has led to reductions in travel of almost 50 percent into South East Asian countries such as Singapore, Hong Kong and China. Accurate information on affected countries and number of people affected by SARS is available on the World Health Organisation (WHO) website www.who.int

NSW has established a SARS Taskforce (TSARS) to look at various aspects of NSW's preparedness for SARS. The TSARS has various subcommittees including staffing, community health, infection control, clinical response and capacity and case management. The NSW Infection Control Resource Centre is represented on the Infection Control subcommittee. As of June 2nd 2003, NSW has investigated 51 suspect cases. Two of these cases have been reported to the World Health Organisation (WHO) as probable SARS cases by the Commonwealth. Further testing has since shown that one of these cases is unlikely to be SARS.

The Interim Australian Infection Control Guidelines for Severe Acute Respiratory Syndrome recommend the use of N95 (or P2 equivalent) masks for HCW's involved in the care of SARS patients. The use of Powered Air-Purifying Respirators (PAPR's) for certain aerosol-generating procedures may be considered where the equipment is available. The respirator is compatible with patient care if staff have been trained in its use, decontamination and maintenance.

DR Cathryn Murphy from the NSW Department of Health has recently returned from a six week consultancy with the World Health Organisation (WHO) based in SARS affected areas. Dr Murphy worked in collaboration with WHO public health staff, the WHO Western Pacific Regional Office (WPRO) and various national health departments. Some of Dr Murphy's work consisted of:

- Conducting rapid assessment of clinical and isolation facilities for patients with SARS in health facilities in highly vulnerable countries in the South Pacific that are not yet affected by SARS.
- Identifying suitable hospital isolation accommodation for SARS patients.
- Conducting training for hospital infection control staff, laboratory workers, clinical staff and trainers in infection control precautions, safe management of patient with SARS, the use of respiratory protection and other protective garments, and the safe disposal of potentially infectious material.

Sue Resnik, Editor



Dr Cathryn Murphy (left) and colleague, China May 2003

In this issue:

	Page
NSW Health Department Circulars	2
Guest Writer: <i>The End of the Antibiotic Era?</i> by Dr David Mitchell	4
Media Watch: Australia	5
Media Watch: The World	6
SARS: An Australian Media Review	8
Video and CD-ROM Library	9
Current Journal Awareness	11

NSW DEPARTMENT OF HEALTH CIRCULARS & INFORMATION BULLETINS

The following are the latest Circulars and Information Bulletins, from June 2002 to going to print, relating to Infection Control issues that have been released by the NSW Health Department

2002/26	MANAGING YOUNG CHILDREN AND INFANTS WITH GASTROENTERITIS IN HOSPITALS
2002/28	MINIMISATION OF NEONATAL EARLY ONSET OF GROUP B STREPTOCOCCAL (EOGBS) INFECTION
2002/45	INFECTION CONTROL POLICY <i>(supersedes Circulars 86/7, 97/95,99/87,IB2000/13)</i>
2002/77	CLINICAL PRACTICES - PRESSURE ULCER PREVENTION
2002/80	INFECTION CONTROL GUIDELINES FOR ORAL HEALTH CARE SETTINGS
2002/84	MANAGEMENT OF PEOPLE WITH HIV INFECTION WHO RISK INFECTING OTHERS <i>(supersedes Circular 2001/104)</i>
2002/92	MANAGEMENT OF FRESH BLOOD COMPONENTS <i>(supersedes Circulars 82/319, 84/130, 85/230, 86/177, 86/234, 89/90, 90/29, 91/9, 91/64, 97/128)</i>
2002/93	COMMUNITY SHARPS DISPOSAL BY PUBLIC HOSPITALS AND AUTHORISED OUTLETS OF THE NSW NEEDLE AND SYRINGE PROGRAM
2002/97	OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES <i>(supersedes Circular 2001/91)</i>
2002/98	TECHNICAL SERIES (TS) 10, STANDARD PROCEDURES FOR HANDLING OF ACCOUNTABLE ITEMS 5 th EDITION
2002/104	INFECTION CONTROL PROGRAM QUALITY MONITORING
January 2003	INFECTION CONTROL PROGRAM QUALITY MONITORING INDICATORS USERS' MANUAL
2003/4	RH D IMMUNOGLOBULIN (ANTI-D) <i>(supersedes Circular 97/139)</i>
March 2003	STERILIZATION AND DISINFECTION CORE COMPETENCIES
2003/33	CONTROL OF FOODBORNE LISTERIOSIS IN HEALTH CARE INSTITUTIONS <i>(supersedes Circular 99/95)</i>
2003/35	HEALTH SERVICES STAFF WITH POSSIBLE EXPOSURE TO SEVERE ACUTE RESPIRATORY SYNDROME (SARS)
2003/39	MANAGEMENT OF HEALTH CARE WORKERS POTENTIALLY EXPOSED TO HIV, HEPATITIS B AND HEPATITIS C <i>(supersedes Circular 98/11)</i>

**Copies of NSW Department of Health Circulars and Information Bulletins can be obtained from the
NSW HealthWeb site:**

<http://www.health.nsw.gov.au>

or

**phoning Central Records at the
NSW Department of Health on (02) 9391 9000**

**A list of NSW Department of Health Circulars and Information Bulletins relating to
Infection Control issues can be obtained from
THE NSW INFECTION CONTROL RESOURCE CENTRE
(02) 9332 9712**

**NEW
NSW DEPARTMENT OF HEALTH
PUBLICATIONS**

At the time of going to print, there have been several new documents issued by the NSW Department of Health that will be of interest to infection control professionals.

**Sterilization and Disinfection
Core Competencies**

Released in March, *Sterilization and Disinfection Core Competencies* provides a framework for increasing the effectiveness and quality of reprocessing of instruments and equipment in NSW. The document is not designed to address all aspects of sterilization and disinfection; rather it provides structure for the development and implementation of sterilization and disinfection competencies appropriate to each health care facility. The NSW Department of Health anticipates that the *Sterilization and Disinfection Core Competencies* will provide the basis for health care workers, and the health system, to identify sterilization and disinfection training/development needs and to manage performance.

The *Sterilization and Disinfection Core Competencies* apply to all public health organisations as defined under Section 7 of the Health Services Act 1997 (including Area Health Services), Corrections Health Service, The Children's Hospital at Westmead and the NSW Ambulance Service. Employees include permanent, casual, agency staff and contractors. It is strongly recommended that licensed health care facilities consider adopting the core competencies based on this document.

The AIDS and Infectious Diseases Branch developed these competencies in accordance with available evidence and in consultation with key stakeholders in sterilization, disinfection and infection control including members of the NSW Department of Health's Sterilizing Network, Infection Control Advisory and Infection Control Practice Groups.

Copies of this document can be downloaded from the NSW HealthWeb site:

www.health.nsw.gov.au

In the coming months the NSW Infection Control Resource Centre will provide a series of introductory workshops across NSW to assist with local implementation of the competencies. Public hospitals will be notified about when the workshops will take place in their Area Health Service.

**Control of Foodborne Listeriosis in
Health Care Institutions
Circular 2003/33**

This circular replaces Circular 99/95 *Control of Foodborne Listeriosis in Health Care Institutions* and contains guidelines for the control of foodborne listeriosis in health care institutions.

Released in May, Circular 2003/33 has been prepared following extensive consultation both within the NSW Health system and with external organisations such as Food Science Australia. The recommended measures for listeria have been expanded. The application of this circular to cook-chill foods has also been clarified, as well as the definitions of high-risk foods. Hazard Analysis and Critical Control Point (HACCP) based Food Safety Programs have been strongly recommended. Also website addresses and business names have been updated.

Health care institutions have a legal responsibility to ensure the food they serve is safe for consumers. This responsibility is more onerous than for the general food industry in that many of the consumers in these institutions are immunologically compromised or otherwise particularly susceptible to some foodborne pathogens such as *Listeria monocytogenes*.

It is anticipated that the extensive measures needed to control *L. monocytogenes* will protect food from contamination with most other foodborne pathogens.

**Health Services Staff With Possible Exposure
to Severe Acute Respiratory Syndrome (SARS)
Circular 2003/35**

Released in May, the purpose of Circular 2003/35 is to provide direction to health services regarding staff who may have been exposed to SARS.

Copies of all the above documents can be downloaded from the NSW HealthWeb site:

www.health.nsw.gov.au

EMAIL REMINDER

Those readers who receive their copy of In.Control via email please remember to inform us if you change your email address.

GUEST WRITER

THE END OF THE ANTIBIOTIC ERA?

by

**Dr. David Mitchell,
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Gosbell et al have just reported the first isolate of vancomycin intermediate *Staphylococcus aureus* (VISA) in Sydney (Medical Journal of Australia 2003; 178:354). VISA was first seen in Japan in 1996, and has now been reported worldwide including Melbourne in 2001. Given the difficulty in detecting these strains in the laboratory it is likely that VISA is more widespread in NSW than is currently appreciated. VISA is just the latest in a long line of multi-antibiotic resistant organisms that have emerged and spread worldwide since the introduction of penicillin in the 1940's. The Table shows the date of introduction of some key antibiotics to clinical practice and date of first detection of resistance in *S. aureus*. Note that resistance was detected soon after the introduction of the antibiotic in most cases (Alexander Fleming had found penicillin resistant strains even before penicillin was used in a patient). The one exception is vancomycin, which took some 25 years for *S. aureus* to develop resistance. Enterococci (as VRE) achieved this some 10 years earlier. Notice that very worryingly, resistance has already been reported for linezolid, which is literally the last antibiotic standing against multi resistant *S. aureus*.

Much has been written about the causes of multi resistance, including the misuse of antibiotics in clinical medicine and their dubious use in animal husbandry. Basically, bacteria will continually acquire new genetic material, some of which will encode for antibiotic resistance. These resistant strains will multiply and predominate and possibly share their resistance genes with other strains whenever antibiotic use is such that they have a selective advantage. In short, whilst development and spread of resistance is inevitable we can influence its rate and extent by reducing selection pressure by appropriate use of antibiotics and infection control procedures.

For an update on the Australian situation, the Communicable Diseases Network Australia has published a CDI Supplement (Vol 27, 2003) with 28 articles on antibiotic resistance in Australia which I recommend to all readers of **In.Control**.

Why don't we just make new antibiotics to replace the old ones as they become useless because of widespread resistance? This has largely been the approach to date, but

ultimately, despite our science and technology, humankind cannot compete with the incredible ability of bacteria to adapt to whatever circumstance they find themselves in. If we simply engage in a kind of tit-for-tat biological warfare with bacteria then we will lose! Pharmaceutical companies realise this and are increasingly dropping antimicrobials from their research and development programs. Rather, they are concentrating on more profitable "life style" drugs (like Viagra!). Rather than simply rely on new antibiotics coming along we need to be smarter in our use of current antibiotics, otherwise we will truly face the end of the antibiotic era.

Antibiotic introduction and resistance development in *S. aureus*

Antibiotic	Year Introduced	Year Resistance Identified
Penicillin	1943	1940
Erythromycin	1955	1957
Methicillin	1961	1965
Vancomycin	1972	1996
Linezolid	2000	2002

NEW HAND WASHING POSTER

The NSW Infection Control Resource Centre (NSW ICRC), with funding from NSW Health, has developed a new hand washing poster that demonstrates good hand washing technique. A black and white A4 copy of the poster has been inserted in this edition of **In.Control**. The actual poster is in colour and A3 in size (297mm x 420mm).

This brings the total of hand washing posters developed by the NSW ICRC to seven. All seven posters can now be viewed on the NSW ICRC website:

<http://www.sesahs.nsw.gov.au/albionstcentre>

To order posters, contact the NSW Infection Control Resource Centre by phone (02) 9332 9712 or e-mail:

albicr@sesahs.nsw.gov.au

MEDIA WATCH AUSTRALIA

In March, the *Sydney Morning Herald* reported that 40 people were confirmed as having **dengue fever** in Cairns. A further 40 people were suspected of having the mosquito-borne disease. The symptoms of **dengue fever** include fever, headache, rash, joint pain, vomiting, diarrhoea and bleeding gums.

A warning about *Streptococcus pneumoniae* and *Staphylococcus aureus* was cited in the science journal *Nature Medicine* in March, informing readers that they are spreading across the US and Europe and are on the rise in Australia. On present trends, by mid-2004 about 40% of *S. pneumoniae* infections will be resistant to penicillin and erythromycin. The finding is a serious worry, for the loss of those two antibiotics will leave physicians with only a few drugs in their arsenal, notably amoxicillin and fluoroquinolones – and even these are now showing early resistance problems. Director of Infectious Diseases at Canberra Hospital, Professor Peter Collignon, said that while new antibiotics were being developed, more needed to be done to limit the use of existing ones. The greater use of antibiotics was making it easier for the bacteria to become resistant, more dangerous and more widespread.

In March, the *Sydney Morning Herald* reported that an investigation commissioned by the Anglican Sydney diocese recommended the use of individual cups at Holy Communion. The recommendation will bring church practices into line with Food Standards Australia and New Zealand guidelines. Saliva-borne viruses responsible for a variety of diseases, including **cold sores**, **glandular fever**, **meningococcal septicemia** and **peptic ulcers** were identified as possible infections that could be transmitted by sharing the communal cup.

According to a report in the *Sydney Morning Herald* in March, human trials of a vaginal gel that may prevent the transmission of **HIV** and other sexual diseases may begin in Melbourne within months, after successful animal trials. The gel, developed by scientists at the Melbourne company Starpharma, works by preventing the fusion of the virus with cells in the body. The executive director of the Victorian **AIDS** Council, Mike Kennedy, said microbicides were an important development because they meant women did not have to rely on their partners to use a condom.

A report in *New Scientist* magazine in March said that scientists believe they can wipe out the mosquito within a year. They believe that releasing genetically modified insects would destroy the creatures and with them **malaria**, the deadly disease they spread. Biologist Dr Austin Burt said the latest genetic technology could wipe out four-fifths

of all mosquitoes within 36 weeks. Scientists hope extinction would soon follow. However, ecologists warn that wiping out a species could have unforeseen consequences. They point out that mosquitoes pollinate flowers and provide an important food source for fish, turtles, frogs, birds and rats.

The Federal Government's free **meningococcal** vaccine program started in NSW schools in March, the *Sun-Herald* reported. A group of 15 to 19 year olds at an English language college were the first to be vaccinated. However, students at high schools would not receive their shots until the second half of the year, starting in July. Young people aged 15 to 19 can get the free vaccination from their GPs if they do not want to wait for the school program.

The *Daily Telegraph* reported that routine **flu** vaccinations are being recommended for children at boarding schools after a study found they were potential "dens of disease". A communicable diseases conference in Canberra in April was told boarding schools were potential breeding grounds for **influenza**, **gastroenteritis**, **whooping cough** and **respiratory diseases**. Public health nurse Kath Canning said boarders in schools could be considered "a particular community at risk".

Researchers from the Co-operative Research Centre for Vaccine Technology (CRC-VT) based at the Queensland Institute of Medical Research announced in April that they had made significant inroads in developing a vaccine against **human cytomegalovirus (HCMV)**, the *Daily Telegraph* reported in April. **HCMV** is easily transmitted and affects up to 60% of adults but, like **rubella**, it is particularly dangerous when it affects a women in the early stages of pregnancy and is passed on to the foetus causing severe birth defects.

The *Sydney Morning Herald* carried a large feature article on **influenza** in the Health and Science section of the paper on May 1. *Invasion of the Flu Bugs* by Steve Dow was a detailed look at **flu** epidemics, the strains predicted to arrive in Australia this year and how to minimise their impact. The nation's top **flu** forecaster, Alan Hampson, the Melbourne-based deputy director of WHO Collaborating Centre for Reference and Research on influenza, is predicting that highly infectious **flu** strains from Moscow and Hong Kong will arrive in Australia this Autumn, with infections peaking in July and August. The most likely **flu** strain headed for Australia comes from the Moscow type A family. Moscow A strains result in more infections and more deaths than any of the other circulating families of **flu**. A Hong Kong type B strain, responsible for several **flu** outbreaks in Australia last year, will probably return. A third, type A strain from New Caledonia may also appear. **Flu** kills in one of three ways: directly; by developing into a lethal secondary bacterial pneumonia; or, most commonly, the virus can worsen an underlying heart, respiratory, kidney or diabetic ailment. Anyone over 65 is also counted among the at-risk groups for **flu** infection. The 1918 **Spanish flu** pandemic killed about 40 million people throughout North America, Europe,

Asia, Africa, Brazil and the South Pacific. The 1918 flu pandemic infected more than half the world's population and killed more people than World War I. The **Asian flu** of 1957 killed about 1 million and the 1968-69 **Hong Kong flu** killed almost as many. **Flu** viruses originate from the bird population, mostly aquatic birds. Scientists speculate the viruses pass from birds to pigs and then to humans. The great fear, however, is that bird and human **flu** viruses could mix directly in people, perhaps mutating beyond medicine's immediate control. This scenario was on the minds of health officials in 1997 when a **flu** virus spread between chickens in the Hong Kong wet markets, The strain A (H5N1) then spread to people and was a very nasty disease. But A (H5N1) failed to transmit from person to person: it was purely a chicken virus. The 1997 experience serves as an alarming reminder that **flu** is a chameleon that can not only mutate, but also jump species with ease. At the end of May the *Daily Telegraph* reported that the Moscow type A had indeed arrived in Australia. Specialists will warn diabetics, asthmatics and people with heart conditions to get vaccinated against the strain immediately.

The case of an **HIV**-infected woman suing two doctors who knew her partner had returned a positive **HIV** blood test but did not warn her she was at risk of contracting the virus, received wide media coverage throughout Australia in May. The GPs defense was that they had followed the appropriate course of action in referring the man to the Immunology Clinic of a large teaching hospital and believed they had discharged themselves of their professional duties. The man, however, failed to attend the clinic.

In early May, the NSW Health Department issued an alert to passengers who arrived in Sydney on a QANTAS flight from Los Angeles after two women on board developed **meningococcal disease**. The women, aged 68 and 86, recovered in hospital.

The average computer keyboard is a natural breeding ground for harmful bacteria, including **MRSA**, **E coli**, and **candida**, according to a study highlighted in the *Sunday Telegraph* in May. Robert Goldsworthy, an industrial chemist, said the average keyboard is filthier than a toilet bowl. The bacterium found on the keyboards can cause upset stomachs, vomiting, urinary tract infections and respiratory ailments. An estimated 60% of all illnesses are contracted in the workplace and Mr Goldsworthy believes unhygienic keyboards may be part of the problem. Senior lecturer at Sydney University's Department of Microbiology, Dr Dee Carter, said people need to be aware that keyboards are a regularly touched surface. The study recommends that each worker has their own keyboard cleaning kit.

Sporting clubs across NSW have warned players not to share water bottles because of the threat of **meningococcal disease**. The peak season for **meningococcal** starts in June. The *Sun-Herald* reported that the NSW Department of Sport and Recreation had written to all sporting organisations endorsing the position of the **Meningococcal** Association of

Australia to stop players from sharing drinks, as **meningococcal** can be transmitted via saliva. Last year **meningococcal** affected 213 people in NSW causing 19 deaths. Symptoms include a sudden onset of fever, headache, stiff neck, nausea and joint pain.

In May, the *Sydney Morning Herald* published a large feature article on **MRSA** written by a journalist who's father died from **MRSA** four week's after heart surgery. The article gave good background into how the **MRSA** problem began with the inappropriate use and overuse of antibiotics, both in humans as well as in animals that we eat. With worldwide resistance to antibiotics increasing, experts agree there needs to be a less cavalier approach to antibiotics. *Australian Prescriber* reported in April that Australian GPs have decreased the prescription of antibiotics. Since 1995-96 prescriptions have fallen about 4.5 million to 21.4 million in 2001-02. In farming, the misuse of antibiotics has the potential to allow antibiotic-resistant bacteria to be generated in animals and transferred to humans, leaving humans with a reduced drug arsenal. Of concern was avoparcin, long used as a growth promoter in chickens. *Choice* magazine says that 13% of chickens bought by consumers have **vancomycin resistant enterococci (VRE)**. **Enterococci** is an intestinal pathogen and causes diseases similar to **e-coli** and **salmonella** infections. "**VRE** can be difficult to treat and the worry is that the vancomycin-resistant gene may jump across to the more aggressive staph to produce **vancomycin-resistant staphylococcus aureus (VRSA)**. **MRSA** is bad enough. We don't want **VRSA** or 'son of **MRSA**'", says infectious diseases physician Professor Collignon. "Unfortunately, another equally undesirable antibiotic has replaced avoparcin. This is virginiamycin... which is being used in cattle feed and in chicken meat production."

MEDIA WATCH THE WORLD

In March, *Reuters* news agency reported that the **Ebola virus** had killed 100 people in the remote forests of the Republic of the Congo. **Ebola**, which kills up to 90% of its victims, starts with a high fever and headache and can lead to massive internal bleeding. There is no known cure for **Ebola** and authorities in central Africa fight the disease by cordoning off affected areas. Scientists believe this outbreak was triggered by the consumption of infected monkey meat – a staple among remote forest communities.

The incidence of **Lyme disease** has doubled in the Netherlands in the past 7 years, partly because more people are camping in areas where disease-carrying ticks are common, *Reuters* news agency reported in March. **Lyme disease** is transmitted to humans by ticks that feed on deer, mice or dogs infected by *Borrelia burgdorferi*. The infection often first appears as a "bull's eye"-shaped rash at

the site of the tick bite, and those infected may develop flu-like symptoms. If left untreated, **Lyme disease** may result in heart, joint and nervous system damage.

A fresh suggestion that Hitler's behaviour might have been influenced by advanced **syphilis** has been made by a US historian, the *Daily Telegraph* reported in March. The latest book *Pox: Genius, Madness and the Mysteries of Syphilis* by Deborah Hayden, says Hitler had many of the symptoms of advanced **syphilis**. These included encephalitis, dizziness, neck pustules, chest pain and an "accentuated heartbeat". Ms Hayden also points to signals which suggests a mental decline, including "paranoid rages".

London's *The Telegraph* in March reported that a dramatic surge in the popularity of "urine therapy" in Cameroon has prompted the government to ban its consumption and threaten persistent offenders with jail. The health minister acted in March after a book about "urinotherapy", published in Switzerland, became a bestseller in Cameroon, prompting enthusiastic experimentation by readers. One newspaper hailed urinotherapy as a universal cure-all that could tackle scores of afflictions, including cancer, snakebites and infertility. Urinotherapy is practically as old as man and its health-giving properties have been extensively documented. The Chinese have treated themselves with urine externally and internally for centuries. During World War I, doctors in the battlefield gave urine, which is sterile, to patients to ward off gangrene. Morarji Desai, a former Indian prime minister who lived till 99, drank a pint of his urine every day. But in Cameroon, urinotherapy has been strongly condemned.

In March, *Reuters* news agency reported that Brazil will build three plants to manufacture cheap anti-**AIDS** drugs in Africa, offering a lifeline to millions of sufferers in the world's poorest continent. Brazil has been heralded as a pioneer in making copycat anti-**AIDS** drugs, to the anger of the pharmaceutical industry, and is now held as a model in the fight against **AIDS**, having kept **HIV** infections to less than 1% of its population. Africa is home to more than 70% of the estimated 42 million people worldwide who are infected with **HIV**.

The Gates Foundation pledged \$US60 million (\$AU99.4 million) to spur the development of a cream that women could use to protect themselves from **HIV**, according to a report in the *Washington Post* in April. Although condoms are considered the best way to protect against **HIV**, many men refuse to wear them, putting their often helpless wives, girlfriends or male sexual partners at risk. According to UNAIDS, 2 million women were infected with **HIV** last year.

The *Sydney Morning Herald* in April reported that 17 asylum seekers at the immigration detention centre on Nauru have been treated for **dengue fever**.

The Iraqi scientist known as "Dr Germ" for her work in creating weapons-grade **anthrax** surrendered to US forces

in May, according to reports in the international media. Rihab Rashid Taha, a British-trained microbiologist and a senior member of Saddam Hussein's Ba'ath Party, led Iraq's drive to use the deadly **anthrax** bacteria as a weapon.

In May, US and German scientists said that have developed a test that can monitor for **Bovine Spongiform Encephalopathy (BSE)**, or **mad-cow disease**, in live cattle. Previously, the highly contagious disease could only be detected in the brain tissue of dead animals.

A herb grown widely in China has been found to effectively treat and prevent the **herpes simplex virus** in animals, the *Sydney Morning Herald* reported in May. Researchers from Dalhousie University, Nova Scotia, extracted a compound from the plant *Prunella vulgaris* and incorporated it into a topical cream. Guinea pigs with **herpes 1 and 2 virus** receiving the cream showed a significant reduction in skin lesions. The study, presented at the annual meeting of the American Society for Microbiology, concluded that the herbal extract may prove to be a useful new anti-**herpes** drug, particularly for **herpes** strains resistant to the widely used acyclovir drug.

In May, the *Boston Globe* reported that a cow in Alberta, Canada, was found to be infected with **Bovine Spongiform Encephalopathy (BSE)**, commonly referred to as **mad-cow disease**. It was only the second case of **BSE** found in North America. The previous case also occurred in Alberta, in 1993, in an animal imported from Britain. As a result of the latest case, the United States closed its border to all Canadian beef, beef-based products and animal feed grains. Canada exports 77% of its beef to the US. The disease caused sharp declines in beef consumption in Britain, continental Europe and Japan after outbreaks there in recent years. A related disease in humans is contracted by eating meat from infected animals. Of 125 cases of the human form of **mad-cow disease, variant Creutzfeldt-Jakob disease (vCJD)**, worldwide, almost all had multiple-year exposure in Britain between 1980 and 1996. About 100 people have died from the disease in Europe. In Britain, more than 178,000 cattle have been affected. It has also been found in nearly 20 other European countries, Japan and Canada.

- Nov 1986** Britain makes first diagnosis of **Bovine Spongiform Encephalopathy (BSE)**
- Jan 1993** The epidemic among British cattle peaks at about 1000 new cases reported per week.
- Dec 1993** One beef cow in Canada diagnosed with **BSE**.
- Dec 1996** The British Government admits for the first time that **BSE** could be transmitted to humans in a variant form of **Creutzfeldt-Jakob Disease (vCJD)**.

Source: *The Center for Disease Control and Prevention (CDC)*

SARS: AN AUSTRALIAN MEDIA REVIEW

Readers of the March issue of *In.Control* would have seen a small report in the Media Watch section about a mysterious lung virus that had killed five people in Southern China in February. Little did we know that this was the beginning of what was to become known as SARS. The following is a review of how the SARS coverage unfolded in the Australian media.

The first sign that something worrying was brewing in Asia came when the *Sydney Morning Herald* ran an item from its Hong Kong office titled ***Fear of Mystery Disease Grips Asia*** on 16th March. Later that same day the World Health Organisation (WHO) issued a rare emergency travel advisory calling the disease a “worldwide health threat” and named it Severe Acute Respiratory Syndrome (SARS). The travel advisory was covered by all news media the following day with “what to watch for”-type information accompanying the stories. Photographs immediately began appearing in Australian papers of people sitting in Hong Kong emergency departments wearing masks. By March 18 came the first reports of Australians being isolated with symptoms with headlines such as ***City Worker May Have Deadly Disease, Flu Victim’s Fight for Survival and Virulent Virus Suspected as Elderly Man Admitted to Hospital.***

The coverage then eased over the next few days as the *Sun-Herald* prematurely informed us ***The World Breathes Easier as Killer Bug Contained.*** However on March 24 the *Sydney Morning Herald* told us a ***Cure for Mystery Virus Still Eludes Researchers*** and the next day reported that the causative organism had been identified as a coronavirus. By March 27 the *Sydney Morning Herald* was informing readers that ***Mystery Illness is Spreading Faster*** with Singapore recording its first death and deciding to close schools in an attempt to contain the virus.

The world was shocked and saddened on the 30th to learn of the death of Dr Carlo Urbani who had been one of the first doctors to alert authorities of the emergence of SARS, and who himself died of the disease after being airlifted to Bangkok. The following day press photographers and television news crews were camping out at Australian airports photographing and filming incoming international travellers wearing face masks. ***Hong Kong? Singapore? No, this is Sydney Airport*** were the headlines in the *Daily Telegraph* that accompanied a photograph of two men wearing masks arriving from Hong Kong. That week newspaper supplements and news magazines, such as *Time* and *The Bulletin*, began publishing major in-depth feature

articles on SARS, such as the *Sydney Morning Herald’s*, ***The China Syndrome*** on April 1.

As the death toll in Asia and Canada increased so did the daily media coverage in Australia. The news that airport surveillance was being considered and Australian families being expatriated from Asian countries filled the newspapers over the following days. By April 6 temporary clinics had been set up at Sydney airport to screen passengers arriving in the country with symptoms of SARS. Under headlines such as the *Sun-Herald’s*, ***Chinese Wall of Secrecy***, it was also revealed that high-level Chinese authorities had attempted to cover-up the severity of the outbreak by insisting the outbreak in China was under control.

The Easter break in April brought stories of ***Pupils Overseas for Easter Face SARS Check on Return.*** By April 13 SARS was seen as a global threat as ***SARS Claims 116 as Lethal Virus Spreads and Travellers Told to Avoid Five Destinations as SARS Spreads.*** On April 16 the *Daily Telegraph* was informing its readers that SARS was ***The First Severe New Disease of the 21st Century*** and the following day came reports of ***Babies Born with SARS.*** On April 21 the *Sydney Morning Herald* informed us ***China Admits SARS Deceit, May Day Cancelled.*** Two days later readers were told ***Health System On High Alert for SARS*** and the headlines of the *Daily Telegraph* informed us ***Police To Seize Flu Victims: New Laws To Stop SARS.***

SARS was now a daily fixture on the front pages of all the major newspapers and the disease was receiving blanket publicity. On April 24 the *Daily Telegraph* carried a photograph of a nurse at Sydney Airport under the banner headline ***Meet Our First Line of Defense.*** The next day the paper was telling its readers that SARS was going to be ***Worse than AIDS and SARS Epidemic Spells Disaster for Inbound Tourism. I Was Too Scared To Touch My Own Kids*** was an Australian doctors comments who had worked on SARS patients in Hong Kong in a *Sun-Herald* story on April 27. By the end of April every major Australian newspaper was publishing daily updates, latest developments and travel warnings and restrictions together with the latest global death toll.

The first few days of May brought nothing new until the newspapers hit the streets on May 4 with the headlines ***SARS Scare Hits QANTAS*** as a flight attendant was placed in isolation in a Sydney hospital for investigation of the disease. The following day brought the news of ***SARS: 30 Australians Quarantined in India.*** May 8 we were informed ***QANTAS to Axe 10% of Staff as SARS Gnaws Into Profits***, and the week brought incongruous photos of fashion models wearing face masks on the catwalk and Chinese newlyweds wearing masks at their wedding.

However, despite ***SARS Toll Still Rising as 9 More Die in China*** (May 13), in the absence of any Australian outbreaks SARS slowly began to fall off the front pages of the major newspapers. ***SARS Suspect in Hospital*** was relegated to a

small inside paragraph in the *Daily Telegraph's* May 14 edition. By the 16th *Canada: SARS Stops Spreading* was treated as minor news and on May 19 we were informed *SARS Under Control Says Health Body* and *SARS Scare 'On the Wane'*.

And so at the time of this edition of **In.Control** going to print, the media frenzy over SARS appears to have abated, for the time being at least, as other infections and diseases, such as the looming flu and meningococcal season, began to grab the headlines and media ink.

VIDEO & CD-ROM LIBRARY

The NSW Infection Control Resource Centre has a Video and CD-ROM Library containing sixty-four videos and one CD-ROM relating to infection control.

A catalogue, providing a short description of the contents and running time of all the videos is available to assist you in deciding which videos are suitable for your target inservice or education session audience.

To borrow videos or the CD-ROM free-of-charge, or to obtain your copy of the *Video and CD-ROM Library Catalogue*, contact:

The NSW Infection Control Resource Centre
Monday to Friday, 8am-5pm
(02) 9332 9712

Four new videos have been added to the library since the last newsletter. They are:

- *Preventing the Spread of Severe Acute Respiratory Syndrome (SARS)*;
- *The Hard Facts About Infection Control in the Peri-Operative Setting*;
- *Everybody's Business: A Resource in HIV/AIDS and Hepatitis C for Multicultural Australia*; and
- *Fighting Meningococcal Disease*.

Preventing the Spread of Severe Acute Respiratory Syndrome (SARS) (1 Hour 20 minutes)

This video is a recording of a live webcast from the Center for Disease Control and Prevention (CDC), Atlanta Georgia, and the World Health Organisation (WHO), Geneva Switzerland, in early April 2003. Introduced by Julie Gerberding, Director of the CDC, the program is an update on the evolving investigation of SARS.

The goal of the program is to provide the public health and clinical communities with basic information regarding the SARS outbreak and guidance to prevent infection. The

program includes a section on SARS Infection Control in Healthcare Settings

After watching the video, viewers should be able to describe the current outbreak of SARS; describe strategies to prevent transmission in hospitals and healthcare facilities; and recognise the need for international cooperation to stop the spread of SARS.

As information on SARS changes rapidly, the program makers recommend checking the following WHO and CDC websites for the latest information:

www.who.int
www.cdc.gov

PLEASE NOTE: As this video was recorded directly off a computer during the webcast, the picture quality is not of the usual standard one expects of a normal video.

The Hard Facts About Infection Control in the Peri-Operative Setting (1 hour)

Recorded during a presentation at The Royal Women's Hospital, Melbourne, Jay R. Sommers presents two lectures, *Microbial and Blood Penetration of Single-use vs. Multiple-use Medical Fibres* and *Do You Really Need to Wear a Face Mask?* Each presentation lasts for 30 minutes each.

Produced by Kimberly-Clark as part of the Kimberly-Clark Education Series.

Everybody's Business: A Resource in HIV/AIDS and Hepatitis C for Multicultural Australia (30 minutes)

This video contains two separate films. The first film on HIV/AIDS runs for 20 minutes while the second film on Hepatitis C runs for 10 minutes.

Both films are a lively and entertaining blend of animation, drama, interviews and documentary. They provide up-to-date information on:

- How HIV and Hepatitis C are transmitted from one person to another.
- How to prevent the spread of both types of infection.
- How to get tested and make the Australian health system work for you.
- Issues faced by people who have become infected.

WARNING: The material contained in these films is explicit. There are references to sexual and drug-injecting behaviour. Some of the images may unintentionally offend or embarrass certain viewers. The purpose of showing and discussing this material is to provide accurate information.

These films have been approved by the Australian National Council on AIDS and Related Diseases (ANCARD). They were produced with a grant from the Commonwealth

Department of Health and Family Services. The project was managed by the Multicultural HIV/AIDS Service.

Fighting Meningococcal Disease (33 minutes)

This video is essential viewing for all parents, teachers, child carers, young adults and health professionals. Although meningococcal disease is a relatively rare but life threatening disease, it can cause death within hours if not recognised and treated promptly.

Written, directed and presented by award-winning filmmaker, TV reporter, medical journalist and author, Kay Stammers, this 33 minute video clearly brings alive all you need to know about recognising the symptoms, what action to take, and how to prevent meningococcal disease. The video contains interviews with people who have done battle with the disease and who pass on their tips for survival. There is also footage and photographs of the rash in all its stages.

The video's contents include:

- Overview
- Catching the disease
- Who's at risk
- Understanding the illness
- Recognising the signs
- The septicaemic rash
- Summary of symptoms
- Action to take
- Treatment
- Long term effects
- Vaccination
- Taking precautions

The video is endorsed by Meningococcal Australia Inc; The Stephen Sanig Foundation; The Paige Weatherspoon Foundation; The Amanda Young Foundation; Meningitis Foundation; The Meningitis Centre; The Violet Foundation and approved by the Australian Medical Association (AMA).

POSITION VACANT

Longueville Private Hospital requires the services of a qualified Infection Control/Risk Manager one day per week. The hospital is a 39 bed acute medical and palliative facility located on the lower north shore close to the CBD. Flexible working arrangements are available.

Please contact:
Suzie Foster, CEO/DON,
on 9427 0844
or email s_foster@lph.com.au

15th ANNUAL CONFERENCE OF THE AUSTRALASIAN SOCIETY FOR

HIV MEDICINE (ASHM)

Cairns Convention Centre

22-25 October, 2003

CONFERENCE THEME & PROGRAM

The Theme of the 15th ASHM Conference is GLOBAL CRISIS – LOCAL ACTION and is the Society's response to the UN declaration of commitment on HIV/AIDS (Global Crisis – Global Action). At a time when countries like Australia could reflect on the success of their response to HIV/AIDS, there is a global emergency that demands urgent attention. The conference will therefore have a strong emphasis on the regional response to the HIV epidemic and the important role that Australia has in providing support for our near neighbours.

The annual ASHM conference is the major forum for the presentation of HIV and hepatitis research in Australasia and you will hear about all the latest advances from leading local and international figures such as Carol Jenkins, Alan Landay, Martin Markowitz, Haikin Rachmat, Ninkama Moiya, Greg Dore, Graham Cooksley, Dennis Altman and Zubairi Djoerban.

A wide range of plenary, symposium, workshop and concurrent sessions are planned to cover the fields of Aboriginal & Torres Strait Islander Health, Basic Science, Clinical Management, Epidemiology, Hepatitis, International and Regional Issues, Medical Education and Technology, Nursing and Allied Health, Public Health or Community Program and Social Research. Abstracts are invited from this range of areas.

ABSTRACT SUBMISSION

The deadline for the submission of abstracts is Friday 18 July 2003. Abstracts can be submitted online at:

www.ashm.org.au/conference2003

or sent by email as an attached document to:

nadine@ashm.org.au

Abstract submission guidelines can be viewed on our website.

WHY SHOULD YOU ATTEND THE ASHM CONFERENCE?

- It is the major forum for the presentation of state of the art research in Australasia
- You will hear about all the latest advances from leading local and international figures
- Gain recognition for continuing medical education programs
- Meet up with old friends and make new ones
- Visit Cairns, a relaxed tropical city and one of Australia's top tourist destinations. For those who have the opportunity to arrive early, or stay longer, visits to the world heritage rainforest and Great Barrier Reef are highly recommended.

FURTHER INFORMATION AND REGISTRATION

For further information or to register online visit:

www.ashm.org.au/conference2003

or contact us on

conferenceinfo@ashm.org.au

CURRENT JOURNAL AWARENESS

The following selected articles appeared in recent journals and may be of interest to our readers. Copies of the articles can be obtained by contacting the NSW Infection Resource Centre.

1. **Hospital Antibiotic Utilisation in Three States**, Ferguson, J. K. et al, *Australian Infection Control*, vol. 8, no.1, March 2003.
2. **Charts for Surveillance of Antibiotic Usage**, Mortan, A. & Looke, D., *Australian Infection Control*, vol. 8, no.1, March 2003.
3. **New Graduate Nurses and Infection Control**, Friedewald, M. & Elwin, C., *Australian Infection Control*, vol. 8, no.1, March 2003.
4. **Which antimicrobial impregnated central venous catheter should we use? Modeling the costs and outcomes of antimicrobial catheter use**, Marcianite, K. et al, *American Journal of Infection Control*, vol. 31, no.1, February 2003.
5. **Incidence of urinary Tract Infections in Patients with Short-Term Indwelling Urethral Catheters: A Comparison Between a 3-Day Urinary Drainage Bag Change and No Change Regimens**, Keerasuntonpong, A. et al, *American Journal of Infection Control*, vol. 31, no.1, February 2003.
6. **Investigation of Single-Use Versus Reusable Infectious Waste Containers as Potential Sources of Microbial Contamination**, Neely, A. et al, *American Journal of Infection Control*, vol. 31, no.1, February 2003.
7. **Trends in Antibiotic Use and Cost and Influence of Case-Mix and Infection Rate on Antibiotic-Prescribing in a Long-Term Care Facility**, Mylotte, J. & Neff, M., *American Journal of Infection Control*, vol. 31, no.1, February 2003.
8. **Evaluation of Infectious Complications of the Implantable Venous Access System in a General Oncologic Population**, Chang, L. et al, *American Journal of Infection Control*, vol. 31, no.1, February 2003.
9. **Evaluation of Aloe Vera Gel Gloves in the Treatment of Dry Skin Associated with Occupational Exposure**, West, D. & Zhu, Y., *American Journal of Infection Control*, vol. 31, no.1, February 2003.
10. **Adverse Reactions Associated with an Alcohol-Based Hand Antiseptic Among Nurses in a Neonatal Intensive Care Unit**, Cimiotti, J. et al, *American Journal of Infection Control*, vol. 31, no.1, February 2003.
11. **Microbial Contamination of Enteral Feed Administration Sets in a Pediatric Institution**, Matlow, A. et al, *American Journal of Infection Control*, vol. 31, no.1, February 2003.
12. **Clostridium difficile Infection and Concurrent Vancomycin-Resistant Enterococcus Stool Colonization in a Health Care Worker: Case Report and Review of the Literature**, Ray, A. & Donskey, C., *American Journal of Infection Control*, vol. 31, no.1, February 2003.
13. **Environmental Surface Cleanliness and the Potential for Contamination During Handwashing**, Griffith, C. et al, *American Journal of Infection Control*, vol. 31, no.2, April 2003.
14. **Rates of Hand Disinfection Associated with Glove Use, Patient Isolation, and Changes Between Exposure to Various Body Sites**, Kim, P. et al, *American Journal of Infection Control*, vol. 31, no.2, April 2003.
15. **Technique to Determine Contamination Exposure Routes and the Economic Efficiency of Folded Paper-Towel Dispensing**, Harrison, W. et al, *American Journal of Infection Control*, vol. 31, no.2, April 2003.
16. **Use of Alcohol Hand Sanitizer as an Infection Control Strategy in an Acute Care Facility**, Hilburn, J. et al, *American Journal of Infection Control*, vol. 31, no.2, April 2003.
17. **Antimicrobial Activity of a New Intact Skin Antisepsis Formulation**, Russo, A. et al, *American Journal of Infection Control*, vol. 31, no.2, April 2003.

The website address for the
Australian Infection Control Association
<http://www.aica.org.au>

For discussion of infection prevention and control issues,
contact the
Australian Infection Control Association listserv:
hunter.infconlist@hunter.health.nsw.gov.au

18. **High-Level Triclosan Resistance in *Pseudomonas aeruginosa* is Solely a Result of Efflux**, Chauanchuen, R. et al, *American Journal of Infection Control*, vol. 31, no.2, April 2003.
19. **Do We Practice What We Preach? Health Care Worker Screening and Vaccination**, Brotherton, J. et al, *American Journal of Infection Control*, vol. 31, no.3, May 2003.
20. **Transmission of HIV and Hepatitis C Virus from a Nursing Home Patient to a Health Care Worker**, Beltrami, E. et al, *American Journal of Infection Control*, vol. 31, no.3, May 2003.
21. **Use of Audit Tools to Evaluate the Efficacy of Cleaning Systems in Hospitals**, Malik, R. et al, *American Journal of Infection Control*, vol. 31, no.3, May 2003.
22. **Effective Medical Waste Management: It Can Be Done**, Almuneef, M. & Memish, Z., *American Journal of Infection Control*, vol. 31, no.3, May 2003.
23. **Infection Control Recommendations for Patients with Cystic Fibrosis: Microbiology, Important Pathogens, and Infection Control Practices to Prevent Patient-To-Patient Transmission**, Saiman, L. et al, *American Journal of Infection Control*, vol. 31, no.3, May 2003.
- Visit the *American Journal of Infection Control* online at:
www.mosby.com/ajic
24. **Lessons Regarding Percutaneous Injuries Among Healthcare Providers (editorial)**, Doebbeling, B., *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
25. **Occupationally Acquired Human Immunodeficiency Virus (HIV) Infection: National Case Surveillance Data During 20 Years of the HIV Epidemic in the United States**, Do, A. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
26. **A Comprehensive Approach to Percutaneous Injury Prevention During Phlebotomy: Results of a Multicenter Study, 1993-1995**, Alvarado-Ramy, F. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
27. **Evaluation of a Safety Resheathable Winged Steel Needle for Prevention of Percutaneous Injuries Associated With Intravascular-Access Procedures Among Healthcare Workers**, Mendelson, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
28. **Sharps-Related Injuries in California Healthcare Facilities: Pilot Study Results From the Sharps Injury Surveillance Registry**, Gillen, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
29. **Nosocomial Transmission of Hepatitis C Virus Associated With the Use of Multidose Saline Vials**, Krause, G. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
30. **Cost-Effectiveness of Testing for Human Immunodeficiency Virus and Hepatitis C Virus Among Blood Transfusion Recipients**, Mathoulin-Pelissier, S. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
31. **Detection of Hepatitis C Virus Antibody and RNA in Hemostatic Gauze Used for Dentistry**, Hasegawa, H. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
32. **Microbial Aerosol Contamination of Dental Healthcare Workers' Faces and Other Surfaces in Dental Practice**, Prospero, E. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
33. **Monsel's Solution: A Potential Vector for Nosocomial Infection?**, Rupp, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.2, February 2003.
34. **Comparison of Waterless Hand Antisepsis Agents at Short Application Times: Raising the Flag of Concern**, Dharan, S. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
35. **Introduction of a Waterless Alcohol-Based Hand Rub in a Long-Term-Care Facility**, Mody, L. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
36. **Hand Antisepsis: Evaluation of a Sprayer System for Alcohol Distribution**, Barrau, K. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
37. **A Decontamination and Sterilization Protocol Employed During Reuse of Cardiac Electrophysiology Catheters Inactivates Human Immunodeficiency Virus**, Druce, J. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.

38. **Can Whipple's Disease Be Transmitted by Gastroscope?** Scola, B. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
39. **Pseudo-Outbreak of *Pseudomonas aeruginosa* and *Serratia marcescens* Related to Bronchoscopes**, Sebert, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
40. **Contamination of Trypan Blue With *Burkholderia cepacia* in a Cornea Bank**, Morel, P. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
41. **A Cluster of Primary Varicella Cases Among Healthcare Workers With False-Positive Varicella Zoster Virus Titers**, Behrman, A. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
42. **Factors Related to Hospital Stay Among Patients With Nosocomial Infection Acquired in the Intensive Care Unit**, Olaechea, P. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
43. **Modeling the Costs of Hospital-Acquired Infections in New Zealand**, Graves, N. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.3, March 2003.
44. **Colonization and Infection With Multiple Nosocomial Pathogens Among Patients Colonized With Vancomycin-Resistant *Enterococcus***, Donskey, C. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
45. **Natural History of Colonization With Vancomycin-Resistant Enterococci, Methicillin-Resistant *Staphylococcus aureus*, and Resistant Gram-Negative Bacilli Among Long-Term-Care Facility Residents**, Pacio, G. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
46. **Effect of Nosocomial Vancomycin-Resistant Enterococcal Bacteremia on Mortality, Length of Stay, and Costs**, Song, X. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
47. **The Epidemiology of Vancomycin-Resistant *Enterococcus* Colonization in a Medical Intensive Care Unit**, Warren, D. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
48. **The Changing Epidemiology of Vancomycin-Resistant Enterococci**, Lai, K. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
49. **The Epidemiology of Multidrug-Resistant *Acinetobacter baumannii*: Does the Community Represent a Reservoir?** Zeana, C. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
50. **Implementation of the Canadian Contingency Plan for a Case of Suspected Viral Hemorrhagic Fever**, Loeb, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
51. **Infection Control in British Nursing Homes**, Mayon-White, R. & Grant-Casey, J., *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
52. **Implication of a Healthcare Worker With Chronic Skin Disease in the Transmission of an Epidemic Strain of Methicillin-Resistant *Staphylococcus aureus* in a Pediatric Intensive Care Unit**, Berthelot, P. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
53. **Mupirocin Resistance in Clinical Isolates of *Staphylococcus aureus***, Jones, P. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
54. **Bacterial Contamination of Computer Keyboards in A Teaching Hospital**, Schultz, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.4, April 2003.
55. **An Outbreak of Methicillin-Resistant *Staphylococcus aureus* in a Large Intensive Care Unit**, Saiman, L. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.5, May 2003.
56. **Acquisition of Methicillin-Resistant *Staphylococcus aureus* in a Large Intensive Care Unit**, Marshall, C. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.5, May 2003.
57. **Mupirocin-Resistant, Methicillin-Resistant *Staphylococcus aureus*: Does Mupirocin Remain Effective?** Walker, E. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.5, May 2003.
58. **A Prospective Observational Study of the Effect of Penicillin Skin Testing on Antibiotic Use in the Intensive Care Unit**, Arroliga, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.5, May 2003.
59. **Impact of Antibiotic-Resistant Pathogens Colonizing the Respiratory Secretions of Patients in an Extended-Care Area of the Emergency Department**, Dantes, S. & Moretti-Branchini, L., *Infection Control and Hospital Epidemiology*, vol. 24, no.5, May 2003.
60. **SHEA Guidelines for Preventing Nosocomial Transmission of Multidrug-Resistant Strains of *Staphylococcus aureus* and *Enterococcus***, Muto, C. et

al, *Infection Control and Hospital Epidemiology*, vol. 24, no.5, May 2003.

*Abstracts from articles in
Infection Control and Hospital Epidemiology
can be viewed on the Internet at:
<http://www.slackinc.com/general/iche>*

61. **Case Clusters of the Severe Acute Respiratory Syndrome**, Drazen, J., *The New England Journal of Medicine*, www.nejm.org, March 31, 2003.
62. **Identification of Severe Acute Respiratory Syndrome in Canada**, Poutanen, S. et al, *The New England Journal of Medicine*, www.nejm.org, March 31, 2003.
63. **Faster... but Fast Enough? Responding to the Epidemic of Severe Acute Respiratory Syndrome**, Gerberding, J., www.nejm.org, April 2, 2003.
64. **Antimicrobial Resistance in Australia**, (supplement), *Communicable Diseases Intelligence*, vol. 27, 2003.
65. **Novel Coronavirus and Severe Acute Respiratory Syndrome**, Falsey, A. & Walsh, E., *The Lancet*, vol. 361, no.9366, April, 2003.
66. **Guideline on Management of Severe Acute Respiratory Syndrome (SARS)**, Ho, W., *The Lancet*, vol. 361, no.9366, April, 2003.
67. **Coronavirus as a Possible Cause of Severe Acute Respiratory Syndrome**, Peiris, J. et al, *The Lancet*, vol. 361, no.9366, April, 2003.
68. **SARS: Experience at Prince of Wales Hospital, Hong Kong**, Tomlinson, B. & Cockram, C., *The Lancet*, vol. 361, no.9368, May, 2003.
69. **Effectiveness of Precautions Against Droplets and Contact in Prevention of Nosocomial Transmission of Severe Acute Respiratory Syndrome (SARS)**, (research letters), Seto, W. et al, *The Lancet*, vol. 361, no.9368, May, 2003.
70. **Haemorrhagic-fever-like changes and normal chest radiograph in a doctor with SARS**, (research letters), Wu, E. & Sung, J., *The Lancet*, vol. 361, no.9368, May, 2003.
71. **The SARS Epidemic: Lessons for Australia**, (editorial), Cameron, P. et al, *The Medical Journal of Australia*, Vol. 178, no.10, May, 2003
72. **A Plague Within: An Australian Doctor's Experience of SARS in Hong Kong**, Cameron, P. *The Medical Journal of Australia*, Vol. 178, no.10, May, 2003

INFECTION CONTROL CONFERENCES

FEDERATION STERILIZATION RESEARCH & ADVISORY COUNCIL OF AUSTRALIA NATIONAL CONFERENCE

Fire and Ice
11-13 September
Hilton Hotel, Brisbane
Contact:
FSRACA 2003 National Conference
C/o Frances Holmes Event Management
PO Box 164
Drayton North, QLD. 4350
Tel: 07 4613 4000 Fax: 07 4630 1743
Email: frances@eventmanagement.com.au

4th JOINT CONFERENCE OF THE INFECTION CONTROL PRACTITIONERS ASSOCIATION OF QUEENSLAND AND THE QUEENSLAND WOUND CARE ASSOCIATION

A Gold Standard – Promoting the Future
9-11 October 2003
Surfers Paradise Marriott Resort, Queensland
Contact: WIC 2003
C/- Intermedia Convention & Event Management
PO Box 1280
Milton QLD. 4046
Email: wic03@im.com.au
Fax: (07) 3858 5510
Tel: (07) 3858 5538

4th CONGRESS OF THE INTERNATIONAL FEDERATION OF INFECTION CONTROL

9-12 November 2003
Business Centre
The Hilton
St Julians, Malta
Abstract Submission Deadline: 1 May 2003
Earlybird Registration Deadline: 1 June 2003
Contact: Infection Control Unit
St Luke's Hospital
G'Mangia MSD08, Malta
Tel/Fax: (356) 235447
Email: infection.control@gov.mt
Website: <http://slh.gov.mt/ific2003.htm>

AUSTRALIAN INFECTION CONTROL ASSOCIATION (AICA) NATIONAL CONFERENCE

9-11 June 2004
Wrest Point Casino, Hobart

INFORMATION SHEETS AVAILABLE

The NSW Infection Control Resource Centre has developed six Information Sheets on the following topics:

- Infection Control in Health Care Facilities
- Hand Washing and Hand Hygiene
- Needlestick Injuries and Other Occupational Exposures
- Cleaning Health Care Facilities
- MRSA – Information Sheet for Patients
- MRSA – Information Sheet for Staff

These double-sided A4 sheets are ideal for orientation or inservice. Copies of these Information Sheets can be obtained by contacting the NSW Infection Control Resource Centre (02) 9332 9712.



INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES 29th October (morning)

This half-day (morning) workshop is for cleaners of health care facilities. It provides an overview of current Infection Control procedures related to cleaning

TOPICS

- Standard Precautions
- Preventing Transmission of Blood-Borne Infections (in particular Hepatitis B & C and HIV)
- Waste Management
- Cleaning Blood Spills
- Disposing of Incorrectly Discarded Sharps

All information will be delivered at a basic and easy to understand level

VENUE

The Albion Street Centre
150 Albion Street, SURRY HILLS NSW 2010

COURSE DETAILS:

\$77 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387

Email: albeducation@sesahs.nsw.gov.au



HIV/Hepatitis C PRE & POST TEST COUNSELLING 13th-16th October 2003

This four-day workshop is designed specifically for counselors and health care professionals who will be providing pre and post HIV and Hepatitis C test counseling. This is a skills-based workshop focusing on the immediate emotional and psychosocial responses to HIV testing. Other issues to be addressed will include occupational exposures and suicide risk assessment.

The workshop includes didactic presentations, case discussions and micro skills practice in small groups.

PREREQUISITE:

Basic counseling skills and an introduction to HIV/AIDS course or equivalent knowledge level.

Conditionally registered psychologists: this course has been assessed as suitable for workshop supervision hours for the NSW Psychologists' Registration Board

VENUE

The Albion Street Centre
150 Albion Street, SURRY HILLS NSW 2010

COURSE DETAILS:

\$385 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au



MANAGEMENT OF NEEDLESTICK INJURIES AND OTHER BLOOD BORNE PATHOGENS 16th-17th September 2003

This two-day workshop is designed specifically for counselors and health care professionals who will be providing pre and post HIV test counseling. This is a skills-based workshop focusing on the immediate emotional and psychosocial responses to HIV testing. Other issues to be addressed will include hepatitis C, occupational exposures and suicide risk assessment.

The workshop includes didactic presentations, case discussions and micro skills practice in small groups.

PREREQUISITE:

Basic counseling skills and an introduction to HIV/AIDS course or equivalent knowledge level

Conditionally registered psychologists: this course has been assessed as suitable for workshop supervision hours for the NSW Psychologists' Registration Board

VENUE

The Albion Street Centre
150 Albion Street, SURRY HILLS NSW 2010

COURSE DETAILS:

\$220 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387

E-mail: albeducation@sesahs.nsw.gov.au



INTRODUCTION TO INFECTION CONTROL NURSING

13th August 2003
12th November 2003

This one-day course is designed for Nurses who are beginning practitioners in the field of Infection Control, or who are required to take some Infection Control responsibilities in the course of their work.

TOPICS

The Principles of Infection Control
The Role of the Infection Control Nurse
Staff Health
Waste Management
Policy and Programs
Networking and Resources

VENUE

The Albion Street Centre
150 Albion Street
SURRY HILLS NSW 2010

COURSE DETAILS:
\$137.50 (including GST)
Tel: (02) 9332 9720
Fax: (02) 9360 4387

E-mail: albeducation@sesahs.nsw.gov.au



INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS

20th August 2003
19th November 2003

This one-day workshop is designed for Dental Assistants. It provides an overview of current infection control procedures.

TOPICS COVERED INCLUDE:

The Principles of Infection Control
Introductory Microbiology and Immunology
Processing Instruments and Equipment
Staff Health
Management of Sharps Injuries

VENUE

The Albion Street Centre
150 Albion Street
SURRY HILLS NSW 2010

COURSE DETAILS:
\$137.50 (including GST)
Tel: (02) 9332 9720
Fax: (02) 9360 4387

E-mail: albeducation@sesahs.nsw.gov.au

INFECTION CONTROL UPDATE

Aimed at Dentists, Dental Assistants
and all Dental Auxiliary Staff

27th June, 2003
28th November, 2003

VENUE

Citigate Sebel Sydney
28 Albion Street
SURRY HILLS NSW 2016

CONTACT

Continuing Education in Dentistry
The University of Sydney
Level 6, 2 Chalmers Street Sydney
Tel: (02) 9351 8348
Fax: (02) 9351 8310

Website: www.dentistry.usyd.edu.au/ce

WELCOME PETER!

It gives us great pleasure to introduce you to Peter Said who recently joined the team at the NSW Infection Control Resource Centre. Having worked as an Infection Control Professional in the public and private hospital settings, Peter brings a wealth of infection control knowledge and expertise to the ICRC. Please be sure to say hello and make Peter welcome when you phone in with your enquiries or requests.



The team at the NSW Infection Control Resource Centre
Left to right, Laura Quinn, Peter Said, Sue Resnik
and Philip Melling