

In.CONTROL



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

**Volume 9, Number 2,
July, 2005**

I would like to thank all the infection control coordinators who contacted the NSW Infection Control Resource Centre (ICRC) to share their experiences with managing scabies following my editorial in the April issue of **In.Control**. The ICRC has since developed an Information Sheet called the *Management of Scabies in Health Care Facilities* and it has been included in this newsletter on pages 18-19. Please feel free to copy or use this information as required. Electronic copies of the Information Sheet can be obtained by sending your request to albicr@sesahs.nsw.gov.au. A longer seven-page Resource Package on Scabies is also available from the ICRC (02) 9332 9712 or electronically.

By the time you will be reading this newsletter the influenza and norovirus seasons will be under way. The ICRC has developed a number of resources to assist with the management of these infections:

- *Cough Etiquette and Respiratory Hygiene in Health Care Settings Information Sheet* (reproduced here on page 20)
- A six-page Influenza Resource Package
- *Noroviruses: Infection Control Implications for Health Care Facilities Information Sheet*

Also available from the ICRC are the NSW Health Factsheets:

- *Viral Gastroenteritis*
- *Controlling Viral Gastroenteritis Outbreaks*

The ICRC has also developed three new Resource Packages on Shigella, CJD and SARS. Each of these resources are five or six pages in length, discuss infection control implications and provide a list for further reading, websites and suggested videos on each topic. These new Resource Packages can be obtained by calling (02) 9332 9712.

The *Infection Control Systems in Health Care Facilities* kit (also known as the 'Isolation Kit') has proved to be very popular. The ICRC still has a large stock of Kits available and we should be able to meet most bulk-order requests. Simply call (02) 9332 9712 to arrange for a batch to be delivered to your facility.

Multi-resistant organisms in public hospitals received extensive coverage in certain sections of the media in early June. Our thoughts are with the infection control professionals in those facilities who did a remarkable job despite all the media attention. An expert multi-resistant organism (MRO) working party has been convened to look at the issue of MROs.

The ICRC, together with the Albion Street Centre, has produced a new 20-minute information video called *Sticks & Sharps* about managing occupation exposures in the health or emergency services. The video can be purchased in either VHS or DVD formats for \$30. Arrangements can be made for you to preview the video prior to purchase. For full details contact the ICRC (02) 9332 9712. I am happy to report that the video has already won a 2005 Creative Summit Award in the United States. Congratulations to all involved.

In our occasional series of Guest Writers, we welcome Jan O'Hara, President of the *Infection Control Association NSW* in this issue to talk about the Association on pages 4 and 5. A new regular feature profiling individual infection control professionals commences on page 12 with the spotlight on Kate Hipsley, Infection Control Officer with the Ambulance Service of NSW.

Can we improve **In.Control** to better meet your needs? Please take time to complete the Reader Satisfaction Survey form and either fax or post it to the ICRC so that we may produce a newsletter that serves you better.

Philip Melling, Editor

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NSW DEPARTMENT OF HEALTH: POLICY DIRECTIVES & GUIDELINES (and other related documents)

The following are the latest Policy Directives and Guidelines from June 2003 relating to Infection Control issues that have been released by the NSW Department of Health

2003/39	MANAGEMENT OF HEALTH CARE WORKERS POTENTIALLY EXPOSED TO HIV, HEPATITIS B AND HEPATITIS C (supersedes Circular 98/11)
2003/88	REPORTABLE INCIDENT BRIEFS TO THE NSW DEPARTMENT OF HEALTH (rescinds and replaces Circular 97/97)
2003/91	OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES (supersedes Circular 2002/97)
2004/1	USE AND RETENTION OF HUMAN TISSUE INCLUDING ORGAN DONATION, POST-MORTEM EXAMINATION AND CORONIAL MATTERS (fully replaces Circulars 84/11, 84/130, 84/207, 92/17, 94/82, 2000/97, 2001/13)
2004/10	REQUIREMENTS FOR THE PROVISION OF COLD AND HEATED WATER (replaces Circular 2002/10)
2004/26	WORKCOVER NSW REPORTING REQUIREMENTS: OCCUPATIONAL EXPOSURES TO BLOOD-BORNE PATHOGENS
2004/32	NOTIFICATION OF INFECTIOUS DISEASES UNDER THE PUBLIC HEALTH ACT 1991 (supersedes Circular 2003/89)
2004/34	NSW HEALTH PRIVACY MANUAL (VERSION 1) 2004 (supersedes Circular 99/18)
2004/50	STANDING ORDERS FOR THE ADMINISTRATION OF MEDICATION IN A PUBLIC HEALTH EMERGENCY
2004/77	REMANUFACTURE OF SINGLE USE MEDICAL DEVICES (SUDs)
GL2005_060	TUBERCULOSIS IN CHILDREN AND ADOLESCENTS (supersedes PD2005_069 [Circular 94/89])
PD2005_572	BLOOD ALCOHOL AND DRUG TEST KITS - MODIFICATION OF
PD2005_579	TUBERCULOSIS RELATED SERVICES - CHARGING FOR (supersedes PD2005_142 [Changing Inpatient/Outpatient services for Medicare Ineligible with suspected/Confirmed Tuberculosis 99/6])
PD2005_580	TUBERCULIN SKIN TESTING (NEW IN 2005) (supersedes PD2005_070 [Mantoux Test 94/90])
PD2005_581	TUBERCULOSIS CONTACT TRACING (NEW IN 2005) (supersedes PD2005_212 [2001/76])

**Copies of NSW Department of Policy Directives and Guidelines can be obtained from the
NSW HealthWeb site: www.health.nsw.gov.au**

or

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

ALERT

Please note that NSW Health has introduced a new system for policies, guidelines and information bulletins. All Circulars have been given a new document number. However, it is still possible to retrieve documents by entering their old Circular number in the search box on the NSW Health Web site.

PLEASE NOTE

The NSW Department of Health has reviewed the process for policy and guideline creation, notification and review. All obsolete circulars dating back to 1975 have been removed and a new system for document categorisation, formatting, referencing and archiving has been developed.

Key features of the new system are:

- Circulars will no longer be issued.
- Previously issued circulars that are deemed to be active have been reclassified as either Policy Directives or Guidelines and given new document numbers – retrieval on old circular numbers can still be undertaken.
- The replaced circular system can be viewed from the new web page for Policies, Guidelines and Information Bulletins via a link to the 'archived' section.

Full details of the new system can be found in the Policy Directive PD2005_481 *Policy, Guideline and Information Bulletin Distribution System for the NSW Department of Health*.

**NSW DEPARTMENT OF HEALTH:
NEW POLICY DIRECTIVES
& GUIDELINES**

The NSW Department of Health in recent months issued several new Policy Directives and Guidelines that may be of interest to some infection control professionals.

GL2005_060 Tuberculosis in Children and Adolescents

This Guideline supersedes PD2005_069 (Circular 94/89). Tuberculosis in children and adolescents differs markedly from that in adults. This Guideline has been revised to reflect current evidence regarding risk of infection and infectivity, and to provide guidance on the diagnosis, preventative therapy and treatment of tuberculosis in children and adolescents.

PD2005_581 Tuberculosis Contact Tracing (New in 2005)

This Policy Directive supersedes PD2005_212 (Circular 2001/76). Contact tracing is a key element of the NSW Tuberculosis (TB) Prevention and Control Program. This Policy Directive has been revised to clarify the role of TB Prevention and Control Services/Chest Clinics in undertaking and/or coordinating contact screening activities. Additional information includes: the timing and notification of contacts; use of Section 71 of the Public Health Act; and revision of the procedure for airline contact screening.

PD2005_579 Tuberculosis Related Services – Charging for

This Policy Directive supersedes PD2005_142 (Circular 99/6). To minimise the potential barriers for persons with Tuberculosis (TB) presenting and/or continuing in care TB

investigations, care and treatment services are provided free of charge to persons residing in NSW regardless of Medicare eligibility or residency status. This policy directive has been revised to reflect current practices within the NSW Chest Clinic system and to clarify issues around visa screening, referral to private providers, payment of Medicare benefits, services provided to detainees in immigration detention centres and the financial responsibility for people on an employee sponsored Long Term Business Entry Visa, subclass 457.

PD2005_580 Tuberculin Skin Testing (New in 2005)

This Policy Directive supersedes PD2005_070 (Circular 94/90). The Tuberculin Skin Testing (TST) Policy Directive has been revised to provide guidance to persons undertaking and interpreting TST. These changes were necessary to reflect current practices within NSW Chest Clinics and include: information on composition and safety of the procedure, dosage, storage, method of administration and consent for the procedure; expanded indications and information on contraindications to undertaking TST. There is further clarification on interpretation of TST and factors that affect interpretation, conversion, boosting, BCG vaccination and exposure to mycobacteria other than TB. The directive also highlights alternative tests for the identification of TB infection.

PD2005_572 Blood Alcohol and Drug Test Kits – Modification of

This Policy Directive advises of modification to and compulsory use of a new sampling kit for blood and urine alcohol testing. Previous test kits required division of blood specimen into two tubes which involved additional handling and the risks associated with needlestick injury or a mucosal splash with fresh blood. This modification in blood sampling has removed the requirement to split the specimen into two collection tubes and will improve safety.

In.Control is the official newsletter of the NSW Infection Control Resource Centre (an initiative of the NSW Health Department) and is printed four times a year.

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In.Control

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INFECTION CONTROL: Opening Doors
Infection Control Association
NSW Inc
28th Annual Conference.

**Held in conjunction with the AGM and seminar day
of the Australian Infection Control Association**

21, 22 & 23 September 2005
Hilton Hotel, Sydney.

*The theme **opening doors** looks to the future as well as the way Infection Control is perceived. This exciting program provides an interesting perspective into Infection Control and issues only discussed behind closed doors.*

Invited speakers include Professor Yvonne Cossart, representatives of media including Dr Karl Kruszelnicki, several management representatives from the NSW Department of Health, Associate Professor Catherine Lumby, and Glenda Gorrie, Duncan Armitage (Strategic Planning), Richard Staunton.

Trade exhibitors will display their products, equipment and techniques relevant to Infection Control practices in both Public & Private arenas, Acute, Long Stay, Aged Care, Day Centres, Day Surgery, Armed Forces, Dental & Podiatry delegates.

General Enquiries: 02 95569179 or email
jan.ohara@email.cs.nsw.gov.au

**Infection Control Systems in
Health Care Facilities**

**Following the success of the Infection Control Systems
in Health Care Facilities kit, we still have a limited
supply of additional kits and posters available**

**Kits: contain 1 x A3 and 6 x A4 posters and 1 x smart
card**

**Posters: standard, airborne, droplet and contact
precautions posters**

The kits may be viewed on our website:
www.sesahs.nsw.gov.au/albionstcentre
Or for further information phone the NSW Infection
Control Resource Centre on
(02) 9332 9712

COSTS MAY APPLY

OUT OF STOCK: Individual SMART cards

GUEST WRITER

*Our Guest Writer in this issue of **In.Control** is Jan O'Hara currently the President of the Infection Control Association NSW Inc.. Jan is employed as the Infection Control Coordinator at the Rozelle Hospital in Leichhardt.*

As President of the Infection Control Association (ICA) NSW, I am delighted to write an editorial for **In.Control**. Together the Resource Centre and the Association can provide an incredible width and depth of information to Infection Control Professionals and other interested folk. Our organisations have developed ways of working more closely in future, which can only be better for all concerned. We have complementary but different roles. I want to tell you about ICA NSW, Inc.

ICA, NSW is a professional body for all those working in, or with an interest in Infection Control in NSW. Members of ICA, NSW are automatically members of the Australian Infection Control Association (AICA) because part of the fees goes to AICA in the form of 'capitation'.

Our membership is broken down into categories which includes Fellows, Full Members, Affiliate Members, and Corporate Members (which is for those working in a business engaged in production and/or supply of goods and/or services associated with Infection Control). A full list of categories and a membership form is included in this Newsletter.

We would welcome new members. Benefits to members include:

- Automatic membership of Australian Infection Control Association [AICA]
- Annual Infection Control Conference
- Discounted conference registration for members (more than cost of membership)
- Quarterly copy of national Infection Control Journal
- Regular Newsletters
- Regular email updates on various Infection Control, education and related matters
- Access to other members for support and networking
- Phone advice available from a member of the Executive for all disciplines including Aged, Acute & Chronic Care sectors
- Infection Control workshops and education
- A buddy program with members of the ICA Executive
- Scholarship opportunities from both ICA and AICA
- A website www.icansw.org.au which is constantly developing. Members provide constructive feedback to state executive members, and it can provide more information for potential members.

How to become a member:

Use the membership form included or contact our Administrative Assistant, Michelle Berarducci at College of Nursing at Burwood. Phone: 9745 9613, Fax 9745 9612 or ica@nursing.aust.edu.au

Conference 21-23 September 2005

The Annual Conference will be held together with the AICA (National) AGM and Seminar Day, making this a 3 day event. Venue is the Sydney Hilton Hotel. Our gold sponsor is Becton Dickinson.

The theme is "Opening Doors" relating to the new direction for Infection Control in the next 5 to 10 years. It is also a metaphoric title to encourage ICPs to open the mind to new information, ideas, and to open a door to a new path away from the old. The Conference will centre on provoking ICPs to consider their direction over the next 5 to 10 years and how to achieve this.

Confirmed Speakers include Dr Karl Kruszelnicki Dr Denise Robinson, NSW Health; A/ Prof Catherine Lumby, Sydney University; Glenda Gorrie, Royal Melbourne Hospital; Duncan Armitage, Bobby Goldsmith Foundation; Joe-Anne Bendall, NSW Health; Dr Jeff Post, POW Hospital; Peter Said, Infection Control Resource Centre; Dr Richard Stanton, Univ of Sydney and media specialist; Dr Ade Torda POW Hospital, Susan Martland, Becton Dickinson. There are workshops planned for 2 of the days, with concurrent sessions also, giving a great variety to choose from and covering various aspects of Infection Control. A conference dinner will be held on Wednesday, with possible evening event by BD on Thursday also.

An **Education Day** covering requested topics has been arranged for 11 November 2005 in the Nepean area. It will be repeated around the state in 2006. Watch out for details later in the year.

Jan O'Hara,
President, ICA, NSW Inc.

**EMAIL REMINDER!**

*If you receive your copy of **In.Control** via email, please remember to inform us if you change your email address!*

MEDIA WATCH AUSTRALIA

March 2005

A report in the *Sydney Morning Herald* has described a misinterpretation of infection control guidelines for **Creutzfeldt Jakob Disease (CJD)** responsible for the cancellation of surgery and dental procedures. Patients who have been the recipients of human growth hormone and human pituitary gonadotrophin have been incorrectly labelled as "high-risk" though they have had procedures planned on "low-risk" tissue. The Department of Health and Ageing is concerned about these patients being disadvantaged despite efforts to educate health care workers.

A report in the *Daily Telegraph* described that the allocated number of sick days for first year child care workers, 5 days, is not enough given the risk of catching diseases in their workplace. In comparison, it was reported that first year teachers get 15 days allocated sick leave. This has been highlighted as an issue as staff are forced to return to work while still ill, and potentially transmitting disease to other staff and the children in their care or taking unpaid leave. Subsequently there has been a bid to the NSW Industrial Relations Commission, by the union representing child care workers, to increase the number of sick days.

April 2005

It has been estimated that the cost of health care associated infections in Australia is \$150 million a year, according to a report in the *Sydney Morning Herald*. Dr Peter Collignon and colleagues have published a study on health care associated bacteraemia in 17 hospitals from 1999 to 2002. The most common cause of infection was *Staphylococcus aureus* with 35 cases per 100,000 people. A quarter of all cases was due to **methicillin-resistant Staphylococcus aureus (MRSA)**. The study also estimated that more than 1700 deaths occurred each year as a result of infection, which could be over estimated given the lack of a sensitive surveillance system.

An Australian research team has made a breakthrough in the war against **malaria**. The parasite which causes **malaria** has 60 different genes which make 60 different protein shields. The protein shields protect **malaria** from the immune system as it can change shields when the body starts responding to the parasite, hence fooling the immune system. As reported by the *Daily Telegraph*, the team has discovered how to unravel the way the protein shields work and can now try to stop **malaria** working.

A hostel in Essendon, Victoria, was shut down due to an outbreak of **scabies**, reported *AAP*. The outbreak had affected 40 people including residents, staff and some visiting family members. A Health Services Union (HSU)

official claimed that a lack of proper infection control was responsible for the outbreak. The Executive Officer of the hostel stated that treatment and precautions had been undertaken as soon the first case had been found, yet diagnosis had been made difficult due to other skin conditions like eczema amongst residents. The HSU has called for closer government monitoring of aged care facilities.

May 2005

The *Daily Telegraph* reported that Australian scientists have developed a vaccine to protect women against cervical cancer. It is hoped that the vaccine will be available next year. The vaccine targets **human papillomavirus (HPV)** and trials have cut infection rates by 90%. 70% percent of sexually active women become infected with **HPV** during their lifetime. **HPV** has a direct causal relationship with cervical cancer.

At the Communicable Diseases Control Conference, held in Sydney, Federal Health Minister Tony Abbott told attendees that the government was doing all it could to prepare for the next **influenza** pandemic. The national **influenza** pandemic plan will include quarantine centres, stockpiling of anti-viral drugs and public education, reported *AAP*.

In response to the **polio** outbreak in Indonesia the Australian government has donated \$1 million to assist in the mass vaccination programme which is currently underway, reported *AAP*.

Alan Hampson, Deputy Director of the WHO Influenza Centre, reported that the uptake for **influenza** vaccination in people under the age of 65 years old has been poor. People who have asthma and diabetes, for example should be vaccinated, a *Sydney Morning Herald* article stated.

Prime Minister John Howard was awarded the **Polio** Eradication Champion Award by Rotary International, to mark Australia's financial contribution to the **polio** eradication campaign. The *Daily Telegraph* reported that Rotary International had hoped to be able to celebrate the global eradication of **polio** in its centenary year but missed out by 1263 cases, down from 350,000 at the start of their campaign in the 1980s.

The *Courier-Mail* in Queensland reported a Gold Coast restaurant has been fined and temporarily shut down due to breaches in health regulations. Some of the breaches included painting over a dead rat on the floor rather than cleaning it up, serving a baked fish which had not been cleaned or gutted, cases of food poisoning, re-serving of meals out of rubbish bins, and other unhygienic practices.

AAP reported a number of cases of **scabies** at the Royal Melbourne Hospital, which have been traced back to a first case in March this year. A number of patients have been treated and staff and family members informed. A spokesperson from the hospital feels it has been well contained.

A Tasmanian woman found approximately 100 syringes under her home, where her child had been playing. Neighbours had reported finding needles and syringes to Housing Tasmania on a number of occasions. The syringes were cleaned up but the woman had fears for her child though the Director of Public Health has advised that the risk of transmission of **HIV**, **hepatitis B** or **hepatitis C** was low in the community setting. Testing of the child was planned. (*The Mercury*) – Tasmania.

A local community group in Redfern, Sydney, is protesting against a planned needle exchange centre being placed in a residential street. *AAP* reported that the community group, Red Alert, had begun painting a mural opposing the NSW Government plan. The group states they are not against the service, just its placement, and believes it should be associated with a hospital rather than a residential street.

An article in the *Northern Territory News* reported that the Northern Territory has the fewest doctors per capita in Australia. There is approximately one doctor per 1,500 people. Waiting time for and appointment with a GP in Greater Darwin is four days, in other parts of the NT it can be up to two weeks. It can take up to 12 months to recruit a doctor into a practice in the NT.

The Australian Medical Association and Government MPs are pushing for the computerized Childhood Immunisation Register to be extended to include adults, reported the *Daily Telegraph*. Such a register, it is claimed, could save lives and prevent hospitalizations.

MEDIA WATCH THE WORLD

March 2005

The World Health Organisation (WHO) stated that **bird flu** poses the single biggest threat to the world and there is some doubt as to how well it could be dealt with, according to a *Sydney Morning Herald* article. WHO estimates, in an optimistic scenario, there would be between two and seven million deaths and over tens of millions of cases if there were to be a global pandemic. In response to this many governments around the world, including Australia, are stock piling anti-viral drugs which would be firstly disseminated to essential services staff and health care personnel, in the case of an outbreak.

North Korea acknowledged its first outbreak of **bird flu**, reported the *Daily Telegraph*, triggering South Korea to offer help and assistance to its neighbour and to put a halt on plans to start importing poultry from North Korea.

The price of **HIV** treatment is set to go up now that the Indian Government has passed a bill to stop copying patented drugs. The *Sydney Morning Herald* reported that

the copy drug industry in India had dropped the average price of **HIV** medications from \$US15,000 to just over \$US200 per patient. India's generic drug industry provides treatment to over 365 000 people, mainly in developing nations. The Indian Government passed the bill to fulfil its commitment to the World Trade Organisation's intellectual property schedule.

The *Sydney Morning Herald* reported that a Bishop in Africa has refused to accept more than \$US350,000 in donations for **AIDS** from a particular diocese in the US, because it supported the election of a gay bishop two years ago.

An article in *The Lancet* has reported that although commercial airliners are conducive to the transmission of pathogens amongst passengers and crew, the air handling systems on board would reduce the chance of airborne transmission considerably (*Daily Telegraph*).

A study conducted at the University of North Carolina has found that soap and water is still the best way to decontaminate your hands. The *Daily Telegraph* reported on the study which is apparently the biggest study comparing hand hygiene products. The study found that modern disinfectants were not good at removing or destroying resistant viruses, whereas normal hand washing removed them from the skin and flushed them down the drain.

April 2005

A study conducted at a hospital in Chicago has found that harmful bacteria can survive for up to 24-hours on computer keyboards, as reported by the *Sydney Morning Herald*. This has been highlighted as a concern given the current investment in technology in health. The researchers suggested that hand hygiene now needs to be performed after contact with computers as well as after contact with patients.

3700 samples of pandemic causing **H2N2 influenza virus** were mistakenly distributed worldwide to test quality control, reported the *Sydney Morning Herald*. A private company, Meridian Bioscience, sent out the samples as part of a routine certification process. The mistake was discovered by the National Microbiology Laboratory in Winnipeg, Canada who identified the virus. Canadian health officials then notified the World Health Organisation (WHO) and the US CDC which issued the order to account for and destroy all samples. The H2N2 virus killed between 1 million and 4 million people worldwide in 1957 and 1958 and has since been kept only in high-security biological laboratories.

May 2005

Scientists at Berlin University have discovered a number of health benefits associated with garlic. Among those listed, as reported by the *Daily Telegraph*, are fighting **MRSA** and cancer, preventing heart problems and impotence, increasing birth weight of small babies and decreasing the

risk of pre-eclampsia. Eating garlic is not enough though. For any significant health benefits the scientists suggest taking supplements.

A Dutch research team has found that a child's risk of contracting **meningococcal disease** is increased by 10 times if its mother is pregnant. A *Sydney Morning Herald* article reported that the researchers found that of the 88 children who were admitted to an Amsterdam hospital in the 1990s with **meningococcal** disease, 19 per cent of the mothers had been pregnant at the time. Australian experts commented that more research was required and it may provide an impetus for vaccine against the disease.

An outbreak of **poliovirus** has been identified in Indonesia, reported *AAP*. This outbreak has supposedly been carried to Saudi Arabia from Nigeria by Muslim pilgrims travelling to Mecca, with travelers then returning to Indonesia. Indonesia has not reported a case of **polio** for nine years due to a successful WHO eradication program. **Polio** remains endemic in Afghanistan, Egypt, India, Niger, Nigeria and Pakistan, with vaccination programs reducing numbers of cases significantly each year. A mass vaccination of children under the age of five is currently underway in the Indonesian regions affected.

Nigeria has reported 54 new **polio** cases between February and April this year. The numbers of new infections has decreased in comparison to the same period in 2004 (91 cases) stated the WHO. Reuters reported that Nigeria's polio infection numbers had increased in 2004 due to Muslim leaders leading a boycott on the vaccines saying that they were part of a Western plot to spread **HIV** and infertility. The vaccination program resumed in July last year after leaders agreed to re-examine the scientific evidence.

A technical committee of the WHO has given approval for researchers to begin experiments to genetically modify **smallpox**. The *Sydney Morning Herald* reported that the WHO granted approval as it was believed that the research could improve **smallpox** vaccines and treatment, but some fear the research would make the use of **smallpox** as a biological terrorist agent more likely.

An article from *Agence France-Presse* has reported that WHO experts are concerned that the effort to monitor **avian influenza** is being hampered by local scientists and officials hoarding samples and information. This is commonly due to not wanting to share credit for the work or authoritarian governments not wanting to release information. The WHO warns that such a lack of sharing could put the global effort to prevent a pandemic in jeopardy.

Agence France-Presse reported that there had been 278 cases of rare bacterial **meningitis** in New Delhi, India. Of these cases there have been at least 21 deaths. Health officials reported that all health care workers treating the patients were being vaccinated as well as the relatives of the

infected patients. Special isolation wards have been set up in hospitals to treat the patients.

The *Sydney Morning Herald* reported an outbreak of **avian influenza** in wild geese in Qinghai province, China. The article reported 178 migratory geese had been found dead at Lake Qinghai. Chinese authorities had reportedly rushed 3 million doses of H5N1 vaccine to domestic bird flocks in Qinghai. At the same time there are reports of slaughtering of thousands of dairy cattle due to an outbreak of **foot and mouth disease** in Beijing.

Britain has been encouraging the European Union to boost the fight against **AIDS** by making condoms more accessible, a *Daily Telegraph* article reported. European Union ministers are currently working on an action plan to fight **AIDS**, **tuberculosis** and **malaria** which includes member states having to pay at least 0.51 per cent of the gross national income as development aid by 2010.

ATTENTION: ALL INFECTION CONTROL PROFESSIONALS

Do you have a special area of interest or expertise?

Do you want to share that knowledge with others?

Do you like a challenge?

We are currently developing a register of ICPs and their particular expert specialties and interests.

The register would be used to assist the ICRC clarify issues with you when answering questions or queries from callers regarding your area of expertise.

Interested?

Email us your details and area of expertise or interest to:

albicr@sesahs.nsw.gov.au

Or call: 02 9332 9712

Are you an Infection Control Professional in Private Practice?

We are currently developing a list of Infection Control Professionals in Private Practice to be provided as requested by our callers.

The list is for information purposes only.

As we do not wish to be biased, the list will be in strict alphabetical order and will include a disclaimer that the listing does not indicate endorsement by the ICRC, the Area Health Service or the NSW Health Department.

If you would like to be on this list please send your contact details and service information.

Interested?

Email us your contact details on:

albicr@sesahs.nsw.gov.au

Or call: 02 9332 9712

New SafeHandS network for the Asia Pacific region!

SafeHandS is an initiative by the Albion Street Centre to develop a 'virtual' network for health care worker safety for the Asia Pacific region. It is being funded by AusAID (the Australian Agency for International Development).

The aim of SafeHandS is to develop a network of health care workers and institutions across the Asia-Pacific region to promote:

- Sharing of information between health care workers and institutions about health care worker safety
- Policy development and program implementation to improve health care workers' safety
- Optimal care for people with blood borne viruses (especially HIV, hepatitis B and hepatitis C) and other communicable diseases
- Promoting practical steps to deal with issues of stigma and discrimination which might otherwise act against optimum health outcomes.

Health care workers are essential in responding to HIV/AIDS and other communicable diseases. In the Asia Pacific region where many countries are facing HIV/AIDS epidemics, health care workers need knowledge, skills and resources to adequately protect themselves and their patients. Resources to achieve standard precautions are often limited in these settings and SafeHandS will provide a forum to share **information, support and practical solutions** to help health care workers feel safe and encouraged to provide optimal care.

Benefits of membership include:

- Receiving a **newsletter** (*In SafeHandS*) every 3 months
- Participating in a **moderated discussion e-list** for posting questions, comments and issues
- Access to a **clearinghouse** of new resources and publications produced by different organisations about health care worker safety (links are posted on the website).
- Access to **resources** developed by SafeHandS
- Joining a **database** of expertise.

If you are working overseas or have an interest in the area of health care worker safety in resource limited settings, we encourage you to join or to pass on the information to colleagues in Australia or overseas. Membership is free. To join, you can either:

- Go to our website:
<http://www.uow.edu.au/health/safehands/index.html>
and click on the 'membership' page.

OR

- Call us and we will post or fax you a form.
Contact Alex Wilson, Albion Street Centre, 61-2-9332
9697.

INFECTION CONTROL CONFERENCES

AUSTRALIAN CONFERENCES

3RD NATIONAL CLINICAL AND RELATED WASTE CONFERENCE

1ST JULY, 2005
Sydney, Australia

Contact:

Email: info@clinicalwaste.org
Tel: 1800 222 259

AUSTRALIAN COUNCIL OF COMMUNITY NURSING SERVICES (ACCNS)

3-5TH AUGUST, 2005
Sydney, Australia

Contact:

Website: www.accns.com.au

ARCHI TOOLKIT SEMINAR IMPROVING PATIENT SAFETY: PREVENTING HEALTHCARE ASSOCIATED INFECTIONS

3-4TH AUGUST, 2005
Brisbane, Australia

Contact:

Tel: 02 4924 0900
Email: admin@archi.net.au
Website: www.archi.net.au

17TH ANNUAL ASHM CONFERENCE AND THE 2005 SEXUAL HEALTH CONFERENCE

22-24TH AUGUST, 2005
Hobart, Australia

Contact:

Email: conferenceinfo@ashm.org.au
Website: www.ashm.org.au/conference2005

ICAWA/WAWCA JOINT CONFERENCE BUGS AND BANDAGES

8-9TH SEPTEMBER, 2005
Perth, Australia

Contact:

Email: Catherine.jones@health.wa.gov.au

INFECTION CONTROL ASSOCIATION NSW INC. 28TH ANNUAL CONFERENCE

SEMINAR DAY AUSTRALIAN INFECTION CONTROL ASSOCIATION

21-23RD SEPTEMBER 2005
Sydney, Australia

Contact:

Email: jan.ohara@email.cs.nsw.gov.au

36TH PUBLIC HEALTH ASSOCIATION OF AUSTRALIA ANNUAL CONFERENCE: SUCCESSES IN PUBLIC HEALTH

25-28TH SEPTEMBER, 2005
Perth, Australia

Contact:

Email: conference@phaa.net.au

Website:

<http://www.phaa.net.au/conferences/conferences.html>

INFECTION CONTROL PRACTITIONERS ASSOCIATION OF QUEENSLAND (ICPAQ) CONFERENCE

6-7TH OCTOBER, 2005
Sunshine Coast, Australia

Contact:

Website: www.icpaq.org

TASMANIAN INFECTION CONTROL ASSOCIATION FIRST BIENNIAL CONFERENCE HOSPITALS AND BEYOND

18TH NOVEMBER, 2005
Launceston, Australia

Contact:

Email: nbrown1@iprimus.com.au

VICTORIAN INFECTION CONTROL PROFESSIONALS ASSOCIATION CONFERENCE AND EXHIBITION

23-25TH NOVEMBER, 2005
Melbourne, Australia

Contact:

Email:

vicpa@icms.com.au

Website:

<http://www.icms.com.au/vicpa>

AICA CONFERENCE: GLOBAL PROBLEMS – LOCAL SOLUTIONS

20-22ND SEPTEMBER, 2006
Sydney, Australia

Details to be announced

INTERNATIONAL CONFERENCES

ASSOCIATION FOR PROFESSIONALS IN INFECTION CONTROL AND EPIDEMIOLOGY INC. ANNUAL CONFERENCE

“Charting the course of Infection Control”

19-23 JUNE, 2005
Baltimore, USA

Contact:

Leads Etc Inc.

Attn: APIC Registration
1600 Boston Providence Highway
Building Box 79
Walpole MA 02081
Tel: (1) 508 668 7642
Fax: (1) 508 668 2669
Website:

<http://annual.apic.org/baltimore2005/>

24th ANNUAL INFECTION CONTROL NURSES CONFERENCE

24-26th AUGUST, 2005
Auckland, New Zealand

Contact:
Website:

<http://www.cmdhb.org.nz/counties/Conferences/ICConferences05/>

INFECTION CONTROL NURSES ASSOCIATION CONFERENCE AND EXHIBITION 2005

26-29th SEPTEMBER, 2005
Torquay, England

Contact:
David Herd

Comtec Presentations
Communications House
126 - 146 Fairfield Road
Droylsden
Manchester, M43 6AT, England
Email:

icna@comtec-presentations.com

Website:

<http://www.comtec-presentations.com/ICNA/holding.htm>

6th CONGRESS OF THE INTERNATIONAL FEDERATION OF INFECTION CONTROL

13-16th OCTOBER, 2005
Istanbul, Turkey

Contact:

Congress Secretariat
Tel: (90) 216 467 0647-50
Fax: (90) 216 467 0651
Email:

congress@topkon.com

Website:

<http://www.ificistanbul.org>

6th INTERNATIONAL CONFERENCE OF THE HOSPITAL INFECTION SOCIETY

15-18 OCTOBER, 2006
Amsterdam, Netherlands

Contact:

Congress Secretariat, HIS 2006, Concorde Services Ltd,
4B/50 Speirs Wharf, Glasgow, G4 9TB
Tel: (44) 141 331 0123
Fax: (44) 141 331 0234
Email:

info@his2006.com

Website:

www.his2006.com

3rd INTERNATIONAL CONGRESS OF THE ASIA PACIFIC SOCIETY OF INFECTION CONTROL

8-11th JULY, 2007

Kuala Lumpur, Malaysia

Contact:

Website:

<http://www.apsic2007.com>

HAND WASHING POSTERS

The NSW Infection Control Resource Centre, with funding from NSW Health, has developed a series of seven hand washing posters. All the posters are in colour and A3 in size (297mm x 420mm). The posters can be viewed on the NSW Infection Control Resource Centre website at:

www.sesahs.nsw.gov.au/albionstcentre

TO ORDER POSTERS SIMPLY CONTACT NSW Infection Control Resource Centre

tel: (02) 9332 9712

fax: (02) 9380 6572

e-mail: albicr@sesahs.nsw.gov.au

COSTS MAY APPLY

INFORMATION SHEETS

The NSW Infection Control Resource Centre has developed a series of 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
- Noroviruses: Infection Control Implications for Health Care Facilities
- Management of Scabies in Health Care Facilities
- Cough Etiquette and Respiratory Hygiene in Health Care Settings

These Information Sheets are ideal for orientation, inservice education, or as reference tools. To obtain free copies, call the NSW Infection Control Resource Centre (02) 9332 9712.

MULTI-MEDIA LIBRARY

The NSW Infection Control Resource Centre (NSW ICRC) has a multimedia library containing videos, DVDs and CD-ROMs on topics relating to infection control. These may be borrowed *free-of-charge* for your orientation, education and inservice sessions.

A catalogue of the library's contents is available to assist you in deciding which items are suitable for your target audience.

One new video and DVD, titled *Sticks & Sharps*, has been added to the multimedia library since the last issue of **In.Control**.

Sticks & Sharps is an information video for staff on the management of occupational exposures in the health and emergency services. Anyone working in today's busy hospital, health or emergency services runs the risk of coming into contact with other people's blood or body substances – known as occupational exposure. *Sticks & Sharps* discusses the steps that need to be taken after an exposure to help prevent the risk of infection. Topics covered include case studies; first aid; reporting; risk assessment; post exposure prophylaxis (PEP); pre and post-test counselling, blood testing and follow-up. *Sticks & Sharps* is an initiative of the Albion Street Centre, incorporating the NSW Infection Control Resource Centre.

To borrow items or to obtain a copy of the library catalogue, contact:

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

QUESTIONS & ANSWERS

In.Control invites readers to contact us with questions they want answered. Names and organisations will **NOT** be included in the newsletter.

Q What are the vaccination requirements for staff that work in the on-site laundry at our age care facility?

A By consulting the NSW Health Policy Directive 2005_338 (Circular 2003/91) *Occupational Screening and Vaccination Against Infectious Diseases*, you will see that laundry workers fit into category

B. While laundry workers may not have contact with patients or residents, they do have contact with blood and body substances through contaminated linen. Appropriate vaccination in line with the above mentioned policy directive is advised. This includes ensuring staff receive a full course of hepatitis B vaccine, Tuberculosis screening and have documented or serological evidence of relevant childhood vaccinations.

Although the risk of disease transmission from soiled linen is negligible, employees involved in the handling, transport and processing of used linen soiled with blood, body fluids, secretions and excretions should carry out these tasks in a manner that prevents skin and mucous membrane exposure and contamination of clothing.

Q I work in a Nursing home and have been advised that I should have the annual influenza vaccine. I thought that it was only strongly advised that residents in the facility receive an annual influenza vaccination?

A Annual Influenza vaccination is strongly advised in staff working in age care facilities. Residents in aged care facilities represent one of the highest risks for influenza related complications, which may result in significant morbidity and mortality. Although it is highly recommended that residents are vaccinated annually with the influenza vaccine, the uptake amongst residents greater than 65 years-of-age is sometimes poor and this may be related to an impaired immune response to the vaccine due to age or co-morbid illness. The uptake is, however, extremely effective in those less than 65-years-old especially where the match between vaccine and virus is close. This suggests that it is equally, if not more, important to ensure staff working in the age care environment are also vaccinated. Influenza vaccination campaigns promote herd immunity and subsequently greater protection for the wider community.

Q I have seen lots of reports about avian influenza in the newspapers. Will the influenza vaccine I had this year stop me from getting it?

Currently, in the unlikely event that you would be exposed to the H5N1 virus in Australia, the influenza vaccination you had this or any other year would not stop you from getting avian influenza.

Influenza vaccines are made of a formulation that is reviewed annually to take into account the influenza viruses expected to be circulating during the winter months. The vaccine usually protects against three strains of influenza, of which the influenza AH5N1 (avian influenza) is not one. The three strains in the 2005 vaccine are A/Wellington/1/2004, A/New Caledonian/20/99 and B/Shanghai/361/2002. The 2005 vaccine should protect you from these three strains.

To avoid infection with avian influenza, do not have contact with poultry or other birds that are ill or have died in areas where outbreaks have been reported (Vietnam, Thailand, Cambodia) without appropriate personal protective equipment and hand washing.

PROFILING INFECTION CONTROL

The many faces of an Infection Control Professional

Infection Control Professionals (ICPs) work in a variety of settings and have a range of experiences and educational backgrounds. From the public hospital system to remote rural settings, from the community to resource poor countries and from the correctional setting to private practice, the world of the Infection Control Professional is very diverse.

As a new regular feature, we will be profiling the many faces of the Infection Control Professional.

Our first contributor is Kate Hipsley



Please describe your current role.

Infection Control Officer (CNC) with the Ambulance Service of NSW (ASNSW).

This was a new position created two and a half years ago and my priorities in this role are education, policy / procedure writing, liaison regarding equipment and the introduction and maintenance of procedures for occupational screening and vaccination against infectious diseases.

What was your career path that brought you to your current position?

Nursing since 1975, working in paediatrics, psychiatric, day surgery and orthopaedic specialties. Gravitated to Infection Control after a chance corridor conversation with the DON, while working at Castlecrag Private Hospital. Have since completed the Infection Control Course at Sydney / Sydney Eye Hospital.

What do you like most about your job?

Being a new position, it is a blank canvas. This has allowed me the creativity and ability to set up systems that will endure. At the same time, the staff working at the ASNSW have been very welcoming and have facilitated the necessary changes.

What do you dislike about your job?

Sounds corny, but the answer is “nothing”!

What are you reading at the moment?

A very unusual situation for me in that I have nothing on the bedside table at the moment, but after a recent fascinating visit to China, I want to source and read “*Journey to the West*” (also known as “*The Monkey King*”) by Wu Cheng-en.

What is your favourite film?

I’m a movie addict so where to start !!! I guess I would go with my favourite Australian film, *Lantana*.

What is your favourite saying?

Courtesy of my daughter, I have acquired the highly infectious saying “deal with it”. It probably describes an attitude that action is better than words.

If you could change anything about the world what would it be?

Saved the easy question till last did we??? Inequity would be the best way to describe my reaction to that question.

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 free-of-charge by contacting the NSW Infection Control Resource Centre.

- 1. Comparative efficacy of hand hygiene agents in the reduction of bacteria and viruses, Emily E. Sickbert-Bennett et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.**
- 2. Treatment of biofilm infections on implants with low-frequency ultrasound and antibiotics, John C. Carmen et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.**
- 3. Impact of an educational program and policy changes on decreasing catheter-associated bloodstream infections in a medical intensive care unit in Brazil, Renata D. Lobo et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.**

4. **Protecting health care workers from SARS and other respiratory pathogens: Organizational and individual factors that affect adherence to infection control guidelines**, David Moore et al, Renata D. Lobo et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
5. **Surgeons' perspectives on surgical wound infection rate data in Queensland, Australia**, Deborah Macbeth et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
6. **Extended-spectrum -lactamases: A challenge for clinical microbiologists and infection control specialists**, Raul Colodner, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
7. **Cluster of deaths from group A streptococcus in a long-term care facility—Georgia, 2001**, Carolyn M. Greene et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
8. **Protecting health care workers from SARS and other respiratory pathogens: A review of the infection control literature**, Bruce Gamage et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
9. **The effect of fermented yogurt on the prevention of diarrhea in a healthy adult population**, David Pereg et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
10. **Determinants of surgical site infection after breast biopsy**, Janice E. Rey et al, *American Journal of Infection Control*, vol. 33, no.2, March 2005.
11. **Ventriculostomy-associated infections: Incidence and risk factors**, Yaseen Arabi et al, *American Journal of Infection Control*, vol. 33, no.3, April 2005.
12. **The attributable cost and length of hospital stay because of nosocomial pneumonia in intensive care units in 3 hospitals in Argentina: A prospective, matched analysis**, Victor D. Rosenthal et al, *American Journal of Infection Control*, vol. 33, no.3, April 2005.
13. **New methods in the evaluation of chemical disinfectants used in Health Care Services**, Cristina Dutra Vieira et al, *American Journal of Infection Control*, vol. 33, no.3, April 2005.
14. **Microbial contamination of hospital bed handsets**, John M. Young et al, *American Journal of Infection Control*, vol. 33, no.3, April 2005.
15. **Assessing motivation for physicians to prevent antimicrobial resistance in hospitalized children using the Health Belief Model as a framework**, Kristin J. Brinsley et al, *American Journal of Infection Control*, vol. 33, no.3, April 2005.
16. **A National Guard outbreak of Burkholderia Cepacia infection and colonization secondary to intrinsic contamination of Albuterol nebulization solution**, Hanan H. Balkhy et al, *American Journal of Infection Control*, vol. 33, no.3, April 2005.
17. **Disinfection of endoscopes from Helicobacter pylori-positive subjects: Evaluation of the effectiveness of the Chinese Calijing disinfection kit**, Linda Morris Brown et al, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
18. **Real-time monitoring in managing the decontamination of flexible gastrointestinal endoscopes**, Peter C. Obee et al, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
19. **A unique water optional health care personnel handwash provides antimicrobial persistence and residual effects while decreasing the need for additional products**, Lawton A. Seal et al, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
20. **Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee**, Linda McKibben et al, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
21. **Colonization of personal digital assistants used in a health care setting**, Cathleen M. Braddy & Janis E. Blair, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
22. **Computer equipment used in patient care within a multihospital system: Recommendations for cleaning and disinfection**, Alice N. Neely et al, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
23. **A 5-year experience with influenza prevention and containment in a program of all-inclusive care for elderly adults**, Norman A. Desbiens, *American Journal of Infection Control*, vol. 33, no.4, May 2005.
24. **Understanding influenza vaccination attitudes at a Canadian cancer center**, Manuel W. Mah, *American Journal of Infection Control*, vol. 33, no.4, May 2005.

Visit the *American Journal of Infection Control* online at:

www.mosby.com/ajic

25. **Double, Double, Toil and Trouble: Infections Still Spreading in Long-Term-Care Facilities**, Suzanne F. Bradley, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
26. **Standardized Infection Surveillance in Long-Term Care: Interfacility Comparisons from a Regional Cohort of Facilities**, Kurt B. Stevenson et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
27. **Persistence of Fluoroquinolone-Resistant, Multidrug-Resistant *Streptococcus pneumoniae* in a Long-Term-Care Facility: Efforts to Reduce Intrafacility Transmission**, Alicia M. Fry et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
28. **Failure To Control an Outbreak of Multidrug-Resistant *Streptococcus pneumoniae* in a Long-Term-Care Facility: Emergence and Ongoing Transmission of a Fluoroquinolone-Resistant Strain**, Rosalind J. Carter et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
29. **A Norovirus Gastroenteritis Epidemic in a Long-Term-Care Facility**, Elizabeth Cooper et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
30. **Impact of an Outbreak of Norovirus Infection on Hospital Resources**, Walter Zingg et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
31. **Evaluation of the Impact of the Source (Patient Versus Staff) on Nosocomial Norovirus Outbreak Severity**, Frauke Mattner et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
32. **A Large Outbreak of *Clostridium difficile*-Associated Disease With an Unexpected Proportion of Deaths and Colectomies at a Teaching Hospital Following Increased Fluoroquinolone Use**, Carlene A. Muto et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
33. **Impact of Nosocomial Infection on Cost of Illness and Length of Stay in Intensive Care Units**, Yin-Yin Chen et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
34. **Effect of Pressure Ulcers on Length of Hospital Stay**, Nicholas Graves et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
35. **Knowledge of Standard and Isolation Precautions in a Large Teaching Hospital**, Hugo Sax et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
36. **Attitudes and Perceptions Toward Hand Hygiene Among Healthcare Workers Caring for Critically Ill Neonates**, Carmem Lucia Pessoa-Silva et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
37. **Compliance with Hand Hygiene and Glove Use in a University-Affiliated Hospital**, Nevin Kuzu et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
38. **Efficiency of Hand Drying for Removing Bacteria from Washed Hands: Comparison of Paper Towel Drying with Warm Air Drying**, Yukiko Yamamoto et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
39. **Surveillance and Infection Control in an Intensive Care Unit**, Giovanni Battista Orsi et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.3, March 2005.
40. **Impact of Severity of Illness Bias and Control Group Misclassification Bias in Case-Control Studies of Antimicrobial-Resistant Organisms**, Anthony D. Harris et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
41. **The Case-Case-Control Study Design: Addressing the Limitations of Risk Factor Studies for Antimicrobial Resistance**, Keith S. Kaye et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
42. **Influence of Matching for Exposure Time on Estimates of Attributable Mortality Caused by Nosocomial Bacteremia in Critically Ill Patients**, Stijn Blot et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
43. **How Outbreaks Can Contribute to Prevention of Nosocomial Infection: Analysis of 1,022 Outbreaks**, Petra Gastmeier et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
44. **Behavior of Cross-Sectional Surveys in the Hospital Setting: A Simulation Model**, Jose Rossello-Urgell & Alicia Rodriguez-Pla, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
45. **Assessment of the Value of Repeated Point-Prevalence Surveys for Analyzing the Trend in Nosocomial Infections**, Catherine Sartor et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
46. **Inapparent Outbreaks of Ventilator-Associated Pneumonia: An Ecologic Analysis of Prevention and Cohort Studies**, James C. Hurley, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.

47. **Endotoxin-Like Reactions With Intravenous Gentamicin: Results From Pharmacovigilance Tools Under Investigation**, Manfred Hauben & Lester Reich, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
48. **Antimicrobial Consumption Data From Pharmacy and Nursing Records: How Good Are They?** Gail S. Itokazu et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
49. **Isolation of Infectious Cystic Fibrosis Patients: Results of a Systematic Review**, Ralf-Peter Vonberg & Petra Gastmeier, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
50. **Evaluation of Policies Regarding Physicians Infected With Blood-Borne Pathogens**, Cherie Ng & John Swartzberg, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
51. **Estimation of the Cumulative Incidence of Hospital-Acquired Bacteremia From Prevalence Data: A Formula**, Houssein Gbaguidi Haore et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
52. **Medical Errors Detected and Corrected by a Pediatric Infectious Diseases Consultation Service**, Thomas J. Sandora & Donald A. Goldmann, *Infection Control and Hospital Epidemiology*, vol. 26, no.4, April 2005.
53. **Hospital-Related Determinants for Surgical-Site Infection Following Hip Arthroplasty**, Eveline L. P. E. Geubbels et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
54. **Rates of Surgical-Site Infection: An International Comparison**, Maria Luisa Moro et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
55. **Molecular Characterization of *Streptococcus pyogenes* Isolates to Investigate an Outbreak of Puerperal Sepsis**, Josette Raymond et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
56. **The Wound Care Team: A New Source of Group A Streptococcal Nosocomial Transmission**, Marilyn Felkner et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
57. **Surgical-Site Infection After Cardiac Surgery: Incidence, Microbiology, and Risk Factors**, Didier Lepelletier et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
58. **Evaluation of Hospital and Patient Factors That Influence the Effective Administration of Surgical Antimicrobial Prophylaxis**, Bruce R. R. Turnbull et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
59. **A Comparative Study of Ethylene Oxide Gas, Hydrogen Peroxide Gas Plasma, and Low-Temperature Steam Formaldehyde Sterilization**, Keiji Kanemitsu et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
60. **Peracetic Acid in the Disinfection of a Hospital Water System Contaminated With *Legionella* Species**, Savina Ditommaso et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.
61. **Duration of Virus Shedding After Trivalent Intranasal Live Attenuated Influenza Vaccination in Adults**, Thomas R. Talbot et al, *Infection Control and Hospital Epidemiology*, vol. 26, no.5, May 2005.

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 can be viewed at:
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62. **Bacterial resistance to silver in wound care**, S.L. Percival et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
63. **Epidemiological investigation of a *Serratia liquefaciens* outbreak in a neurosurgery department**, A. Dubouix et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
64. **Investigation of a nosocomial outbreak of extended-spectrum β -lactamase VEB-1-producing isolates of *Acinetobacter baumannii* in a hospital setting**, A. Carbonne et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
65. **Estimation of methicillin-resistant *Staphylococcus aureus* transmission by considering colonization pressure at the time of hospital admission**, M. Eveillard et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
66. **Microbiological evaluation of two hand hygiene procedures achieved by healthcare workers during routine patient care: a randomized study**, G. Kac et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
67. ***Ralstonia pickettii* and *Burkholderia cepacia* complex bloodstream infections related to infusion of contaminated water for injection**, B.M. Moreira et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
68. **Water disinfection with ozone, copper and silver ions, and temperature increase to control *Legionella*: seven years of experience in a university**

- teaching, D.S. Blanc et al, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
69. **Surveillance and training, not postexposure prophylaxis, are the basis for the prevention of occupational infection by blood-borne pathogens in developing countries**, A. Tarantola & A. Rachline, *The Journal of Hospital Infection*, vol.60, no.1, May 2005.
70. **Adverse impact of surgical site infections in English**, R. Coello Et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
71. **Significant reduction of endemic MRSA acquisition and infection in cardiothoracic patients by means of an enhanced targeted infection control**, S. Schelenz et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
72. **Impact of local guidelines and an integrated dispensing system on antibiotic prophylaxis quality in a surgical**, C. Alerany et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
73. **Comparison of contamination rates of catheter-drawn and peripheral blood cultures**, E.S. McBryde et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
74. **Unexpected hospital-acquired bacteraemia in patients at low risk of bloodstream infection: the role of a heparin drip**, Y. Siegman-Igra et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
75. **A comparative study of risk factors and outcome among outpatient-acquired and nosocomial candidaemia**, A.C. Pasqualotto et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
76. **Institutional risk factors for outbreaks of nosocomial gastroenteritis: survival analysis of a cohort of hospital units in South-west England, 2002–2003**, B.A. Lopman et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
77. **Efficacy of three ethanol-based hand rubs against feline calicivirus, a surrogate virus for norovirus**, G. Kampf et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
78. **Evaluation of the effectiveness of the Pastormaster method for disinfection of legionella in a hospital water distribution system**, E.F. Peiró Callizo et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
79. **Use of terminal tap water filter systems for prevention of nosocomial legionellosis**, R.-P. Vonberg et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
80. **Patient notification exercise following a dentist's admission of the periodic use of unsterilized equipment**, K.M. Roy et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
81. **Knowledge and opinions of surgical patients regarding nosocomial infections**, V. Merle et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
82. **National hospital infection surveillance on methicillin-resistant *Staphylococcus aureus***, H. Kobayashi et al, *The Journal of Hospital Infection*, vol.60, no.2, June 2005.
83. **Prophylaxis of sternal wound infections with gentamicin-collagen implant: randomized controlled study in cardiac surgery**, A.M. Eklund et al, *The Journal of Hospital Infection*, vol.59, no.2, February 2005.

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Fax: (02) 9360 4387

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



ALBION STREET CENTRE

INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES

25 October (morning), 2005

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 the Transmission of Blood-Borne Infections (in particular Hepatitis B & C and HIV)
Waste Management
Cleaning Blood Spills
Disposing of Incorrectly Discarded Needles
All information is 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

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



ALBION STREET CENTRE

MANAGEMENT OF NEEDLESTICK INJURIES AND OTHER BLOOD BORNE PATHOGENS

12 - 13 September, 2005

This two-day workshop provides an overview of the management of needle-stick injuries and other exposures to blood and body substances that could potentially contain blood-borne pathogens such as hepatitis B, hepatitis C and HIV

TOPICS COVERED:

Risk assessment, protocols for post exposure management, prophylaxis, testing, documentation, counseling the exposed person and policy development.

The seminar is aimed at nurses, doctors, social workers, psychologists and managers who provide advice to health care workers after a needle-stick injury (or other exposure) and/or those developing policy.

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



ALBION STREET CENTRE

HIV PRE & POST TEST COUNSELLING

19 - 22 September, 2005

This four-day workshop is designed specifically for counselors and health care professionals who will be providing pre and post HIV test counseling. This is a highly interactive, 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 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 Scabies in Health Care Facilities

INFORMATION SHEET

What is scabies?

Scabies, Sarcoptic itch, or Acariasis is a parasitic disease of the skin caused by a mite (*Sarcoptes scabiei*), visible as papules, vesicles or tiny linear burrows containing the mites and their eggs.

Scabies is a common condition in the community and in institutions. To date there has been no evidence that demonstrates the association between poor standards of hygiene and infestation with scabies.

How is scabies spread?

Scabies is transmitted by intimate personal contact (skin to skin contact), and can be transmitted during sexual contact, but casual contact including that of nursing, may be adequate for transmission. Scabies can be transmitted as long as the patient remains untreated, including the interval before symptoms develop.

The mites will not survive more than 2 days without contact with a human host.

What are the signs and symptoms of scabies?

Scabies may mimic several other skin disorders such as eczema, insect bites, contact dermatitis or impetigo. The initial infestation may remain undetected for a month or more, before sensitisation develops and an immunological response develops in the host is triggered. The allergic reaction is from components of the mite's faeces, skin moults, saliva or moulting fluids diffusing into the tissue of the host from the burrows. The itch associated with scabies may be caused by the immune reaction to the accumulation of eggs and other material left behind by the mite.

Itching is more intense during the night because it is believed that mites are more active in the warm, dark environment provided in a bed.

Lesions are more prominent around finger webs, anterior surfaces of wrists and elbows, anterior axillary

folds, belt line, thighs and external genitalia in men, while nipples, abdomen, and the lower portion of the buttocks are frequently affected in women. In infants, the head, neck, palms and soles may be involved. From the surface of the skin, the tunnels appear as grayish pencil marks, in darker skin the tunnels appear paler. The severe itching and scratching can lead to secondary infections and in cases of heavy infestations anaemia can develop.

Other signs and symptoms include:

- Itch increasing in intensity over several weeks to months.
- Itch worsens after having a bath or shower or after going to bed.
- Little or virtually no itch on the head or neck (except in infants and young children).
- Red, flaky or patchy areas on the body resulting from repeated scratching.
- Small mounds on the body resembling tiny pimples or reddish moles.
- Slight traces of blood on bedding or underwear.
- Symptoms in persons who have been in close physical contact with another individual with symptoms or confirmed diagnosis.

How is scabies diagnosed?

Diagnosis may be confirmed by identification of the scabie mite or their faecal pellets, in skin scrapings of burrows or papules or a burrow ink test.

What is the incubation period for scabies?

The incubation period for scabies without previous exposure is usually 2 to 6 weeks before the onset of the itch. Persons who were previously infected develop symptoms 1 to 4 days after repeat exposure to the mite, but the re-infections are usually milder.

What precautions are needed in a health care or long term care facility?

Standard Precautions should be practiced at all times.

Contact precautions should be considered for patients for 24 hours after start of effective treatment. Contact Precautions requires a single room, gowns/aprons and gloves.

Laundering of underwear, clothing and bed linen worn or used by the patient in the 48 hours prior to treatment using hot cycle of both washer and dryer will kill eggs and mites.

In cases where a particular object or item of furniture has been implicated in the spread of scabies from one person to another or is in close contact with a person with symptomatic scabies for prolonged periods, treatment can be considered. Treatment can be by washing, dry cleaning or isolating (for example in a plastic bag) for 3-4 days, all of which will cause any scabies mites present to die.

How is scabies treated?

The objective of treatment is to eliminate infestations. Once diagnosed, most scabies infections are easy to control and any pharmacy will supply a chemical preparation, a prescription is not necessary. A number of scabicides are available in Australia. Permethrin 5% (Lyclear Scabies Cream) has been proven to be the most effective and least toxic treatment for scabies.

Skin should be clean, dry and cool prior to treatment. If the patient has a hot bath prior to treatment the skin should be allowed to cool before the cream is applied. Apply permethrin scabies cream to the skin over the whole body, (excluding the head) and paying particular attention to folds and creases including the areas between the fingers, toes, wrists, axillae, external genitalia, buttocks, under fingernails and toenails and to the soles of the feet. The face and eye area should always be avoided. Leave the cream 8 to 12 hours before bathing again.

In the elderly permethrin scabies cream should be used as directed above but treatment should include the head, neck, scalp and ears.

For people who have symptomatic scabies, re-treatment in 7-10 days may reduce the chance of reinfestation by mites that were eggs at the time of the first treatment. Itching following treatment is not due to treatment failure as the itch may persist for up to 4 weeks after treatment. Antipruritic treatment such as calamine lotion may be helpful for symptom control of itching.

Do you need to treat contacts of patients/residents with scabies?

Epidemics and localized outbreaks may require stringent and consistent measures to treat contacts. It is important that not only the patient but also household members and close contacts are treated at the same time.

All persons who have close contact with patients or residents or those presenting with symptoms should be screened for scabies by observing the skin, and those with signs (skin lesions) or symptoms (itchiness) are treated simultaneously with scabicide. Asymptomatic people may be infected with the scabies mite for 6 to 8 weeks before developing symptoms.

What is Norwegian scabies?

Immunocompromised persons may have a more severe form of scabies called Norwegian or crusted scabies, which is more contagious with higher mite infestation.

Patients with Norwegian or crusted scabies and their close contacts must be treated promptly to avoid outbreaks. They should also be isolated and the surrounding environment treated. In this situation floor dust and skin flakes on bed linen have shown to contain large numbers of scabies mites. Laundering bedding and clothing is important for patients with Norwegian scabies because the potential for fomite transmission is high.

*This information sheet is based on the
NSW Health Department Infection Control Policy
which can be accessed at the following website:*

www.health.nsw.gov.au



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Cough Etiquette & Respiratory Hygiene

IN HEALTH CARE SETTINGS

INFORMATION SHEET

STAFF

- **Cover nose/mouth when coughing, sneezing or spitting**
- **Use tissues to contain respiratory secretions and dispose them in the nearest waste bin or waste bag after use**
- **Perform hand hygiene after having contact with respiratory secretions and contaminated objects/materials by either:**
 - ***Hand washing with cleaning solution and water; or**
 - ***Alcohol-based hand gel or rub**
- **Persistent coughs lasting longer than 2 weeks should be medically assessed**

PATIENTS & VISITORS

- **Patients and visitors should be encouraged to cover the nose/mouth when coughing sneezing or spitting**
- **Use tissues to contain respiratory secretions and dispose them in the nearest waste bin or waste bag after use**
- **Patients and visitors should be encouraged to wash hands with soap and water after covering a cough, sneeze or spitting**
- **Visitors with signs and symptoms of respiratory infection should be sensibly discouraged from visiting patients**

***HELP PREVENT THE TRANSMISSION OF
RESPIRATORY INFECTIONS INCLUDING
INFLUENZA (FLU)***



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