

In.CONTROL



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

New Infection Control Policy Directive

The eagerly anticipated revised Infection Control Policy Directive from NSW Health has just been released and can be downloaded directly from the Department's website http://www.health.nsw.gov.au/policies/pd/2007/PD2007_036.html

The Infection Control Policy has been revised and extensively expanded. The new document once again outlines the broad principles of infection control for the public health care system, licensed private hospitals, extended care facilities and day procedures centres in NSW. It is intended as a framework within which Area Health Services and health care facilities can develop comprehensive operational infection control policies and procedures appropriate to their own organisation.

This policy has been developed in accordance with available evidence; and with extensive consultation with key infection control stakeholders and experts from the NSW Department of Health Committee for Health Care Associated Infection Prevention and Control (CHIPC), the NSW Health Infection Control Coordinators' Network (ICCN) and the NSW Health Sterilizing and Disinfection Network (NSWSDN).

Key elements of the infection control Regulations continue to be incorporated in the Infection Control Policy Directive. These Regulations define the registration requirements for medical practitioners, registered nurses and, midwives, physiotherapists, dentists, dental technicians and podiatrists in NSW. Under the relevant Act a practitioner must not, without "reasonable excuse", fail to comply with the infection control regulations. The key elements constitute the minimum standard for infection control in all NSW public and licensed private health care settings. *AS/NZS 4187 Cleaning, Disinfecting and Sterilizing Reusable Medical and Surgical Instruments and Equipment, and Maintenance of Associated Environments in Health Care Facilities*, and *AS/NZS 4815 Office-based health care facilities – reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment*, must also be complied with under these Regulations.

Some sections previously located in the Infection Control Policy have been removed as they can be accessed under other policy directives, proposed policy directives that are currently being developed, legislative frameworks and other industry standards eg Industry Guide to Developing Food Safety Program (Hospitals and Aged Care). These must be read in conjunction with the Infection Control policy.

Section 7 Specific Clinical Practices and Settings has been expanded to include:

- Cryotherapy
- Emergency Resuscitation
 - CPR Training Using a Mannequin
- Equipment for Individual Patient Use
- Glucometer
- Haemodialysis
- Home Community and Ambulance Setting
- Invasive Procedures
 - Intravascular Access
 - Surgical Procedures
 - Urinary Catheterisation
- Ophthalmic and Optometry Equipment Used on External Eye
- Oral Health Organisations
- Pets
- Post-Mortem Care and Examination
- Pre-Operative Pathology Testing
- Respiratory and Anaesthetic Apparatus
 - Anaesthetic Apparatus
 - Nebuliser
 - Use of Filters on Respiratory Devices
- Sterile Medications and Solutions
- Toys

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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 July 2006 relating to Infection Control issues that have been released by the NSW Department of Health

PD2006_058	RESEARCH AND INVESTIGATION AUTHORISED UNDER THE HEALTH ADMINISTRATION ACT 1982
PD2006_057	IMMUNISATION SERVICES - AUTHORITY FOR REGISTERED NURSES <i>Replaces immunisation services - Authority for registered nurses [PD2005_229]</i>
GL2006_012	ANIMALS - THERAPY COMPANION IN PUBLIC AND PRIVATE HOSPITALS
PD2006_070	LOOKBACK
PD2006_071	SEXUALLY TRANSMISSIBLE INFECTION STRATEGY 2006-2009
PD2006_072	HIV/ AIDS STRATEGY 2006-2009: OVERVIEW AND ACTION PLAN
PD2006_078	MICROBIAL SAMPLING - WARM WATER SYSTEMS INCLUDING THERMOSTATIC MIXING VALVES
PD2006_088	BREAST MILK - SAFE MANAGEMENT
PD2006_100	MICROBIAL CONTROL - NSW CODE OF PRACTICE FOR THE CONTROL OF LEGIONNAIRES' DISEASE
PD2006_101	INFLUENZA - STANDING ORDER FOR MASS ADMINISTRATION OF ANTI-INFLUENZA PROPHYLAXIS TO DEFINED CONTACTS
PD2006_102	SAFETY ALERT BROADCASTING SYSTEM
GL2007_003	HEALTH FACILITY GUIDELINES - USE OF AUSTRALASIAN HEALTH FACILITY GUIDELINES (AUS HFG) <i>(Replaces Health Facility Guidelines - NSW Department of Health GL2005_052)</i>
PD2007_006	OCCUPATIONAL ASSESSMENT, SCREENING & VACCINATION AGAINST SPECIFIED INFECTIOUS DISEASES <i>(Replaces Occupational Screening and Vaccination Against Infectious Diseases PD2005_338)</i>
PD2007_009	INTRAVENOUS IMMUNOGLOBULIN (IVIg) - Use and supply in NSW
PD2007_033	INFECTION CONTROL POLICY - ANIMALS AS PATIENTS IN HEALTH ORGANISATIONS
PD2007_036	INFECTION CONTROL POLICY <i>(Replaces Infection Control Policy PD2005_247)</i>
PD2007_040	OPEN DISCLOSURE
PD2007_043	RESEARCH - AUTHORISATION OF PROPOSALS TO CONDUCT RESEARCH ON HUMANS WITHIN NSW PUBLIC HEALTH SYSTEM
PD207_044	RESEARCH - MODEL FOR SINGLE ETHICAL AND SCIENTIFIC REVIEW OF MULTI_CENTRE RESEARCH
PD2007_047	FOODBORNE LISTERIOSIS - CONTROL IN HEALTH CARE INSTITUTIONS <i>(Replaces Foodborne Listeriosis - Control in Health Care Institutions PD2006_065)</i>
PD2007_048	HOSPITAL RESPONSE TO PANDEMIC INFLUENZA PART 1: EMERGENCY DEPARTMENT RESPONSE
SI:001/07	SAFETY INFORMATION: ALCOHOL BASED HAND CLEANSERS AND FIRE / ALCOHOL BASED SKIN PREPARATIONS AND FIRE IN THE OPERATING THEATRE

**Copies of NSW Department of Policy Directives and Guidelines
can be obtained from the NSW Health web site:
www.health.nsw.gov.au/policies/index.html**

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NSW DEPARTMENT OF HEALTH: NEW POLICY DIRECTIVES & GUIDELINES

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

PD2006_088 Breast Milk – Safe Management

This policy provides direction for Area Health Services on the requirements to safely manage breast milk. It includes strategies aimed at reducing the risk of babies receiving incorrect breast milk and management of incidents where babies receive the incorrect breast milk.

PD2006_100 Microbial Control – NSW Code of Practice for the Control of Legionnaires' Disease

The *NSW Code of Practice for the Control of Legionnaires' Disease, 2nd Edition*, was released in June 2004 to support the Public Health (Microbial Control) Regulation 2000. At that time the Code was adopted as policy of the NSW Department of Health. It should be read in conjunction with Australian/New Zealand Standard AS/NZS 3666 Parts 1, 2 and 3: *Air-handling and water systems of buildings – Microbial control*.

PD2006_101 Influenza – Standing Order for Mass Administration of Anti-Influenza Prophylaxis to Defined Contacts

The public health response for people exposed to influenza may include the urgent provision of prophylactic antiviral to the exposed person in settings including households, residential care facilities, hospitals and other workplaces. The standing order sets out procedures for dispensing, supplying and administering the antivirals oseltamivir and zanamivir for the purpose of prophylaxis against influenza, when a medical officer is not available to prescribe them and prophylaxis is warranted. This standing order, which is signed by the Medical Officer of Health, has been developed with advice from the NSW Therapeutic Advisory

Group and is to be reviewed annually. This document replaces *Influenza – Standing order for administration of anti-influenza prophylaxis to defined contacts PD2006_080*

PD2006_102 Safety Alert Broadcasting System

The Safety Alert Broadcasting System (SABS) Policy Directive provides information on a systematic approach to the distribution and management of important patient safety information to the NSW Health System. The SABS consists of three documents (Safety Alert, Safety Notice & Safety Information) to provide health services with early warnings and/or notification of issues that may potentially affect patient safety and clinical quality.

GL2007_003 Health Facility Guidelines – Use of Australasian Health Facility Guidelines (AUS HFG)

The NSW Health Facility Guidelines are now the Australasian Health Facility Guidelines. The Director-General for NSW Health has given approval to the adoption of the Australasian Health Facility Guideline (AUS HFG) for use in NSW in place of the NSW Health Facility Guidelines. There will be an appropriate transition period for projects in advanced planning. This Guideline replaces *Health Facility Guidelines – NSW Department of Health GL2005_052*.

PD2007_006 Occupational Assessment, Screening & Vaccination Against Specified Infectious Diseases

This Policy Directive describes the requirements for employers, staff and other clinical personnel in relation to occupational assessment, screening and vaccination against specified infectious diseases and aims to: (1) Assist employers to meet their occupational health and safety (OHS) obligations and their duty of care to staff, clients and other users of health service premises; and (2) Advise staff of their rights and responsibilities in relation to these OHS and duty of care requirements. This Policy Directive replaces *Occupational Screening and Vaccination Against Infectious Diseases PD2005_338*.

PD2007_009 Intravenous Immunoglobulin (IVIg) – Use and Supply in NSW

This document describes the NSW Health Policy on supply and use of intravenous immunoglobulin (IVIg).

PD2007_033 Infection Control Policy – Animals as Patients in Health Organisations

In some instances Veterinarians may negotiate with a health organisation to access high cost diagnostic equipment for use on animals when not in use for humans and outside of standard operational times. Under these circumstances infection prevention and control measures must be used to ensure that there is no risk of disease transmission to human patients or healthcare workers. This policy directive provides direction to NSW Health organisations.

PD2007_036 Infection Control Policy

NSW Health is committed to ensuring the health and safety of all patients and visitors in health care settings and providing a safe and healthy working environment for all

employees. This commitment includes adopting an infection control policy position that minimises the risk of health care consumers and providers acquiring a health care associated or occupational infection. This document outlines the broad principles of infection control and is intended as a framework within which Area Health Services and health care facilities can develop comprehensive operational infection control policies and procedures appropriate to their own organisation. This Policy Directive replaces *Infection Control Policy PD2005_247*.

PD2007_040 Open Disclosure

The objectives of the Open Disclosure policy are to establish a standard approach for communication with patients and support person after an incident; ensure communication with and support for affected patients occurs in an empathetic manner; and ensure that Health Services have consistent processes for open disclosure.

PD2007_043 Research - Authorisation of Proposals to Conduct Research on Humans Within NSW Public Health System

All research projects involving humans must be authorised by the Chief Executive or their delegate before they may commence at a Public Health Organisation. This Policy Directive sets out the mechanism to be used by Public Health Organisations to authorise the commencement of human research projects within sites under their control.

PD2007_044 Research – Model for Single Ethical and Scientific Review of Multi-Centre Research

This Policy Directive sets out the operation of the NSW Health model for single ethical and scientific review of multi-centre research (Single Review System). The purpose of the Single Review System is to establish a mechanism whereby every human research project is ethically and scientifically reviewed once only.

PD2007_047 Foodborne Listeriosis – Control in Health Care Institutions

This Policy Directive introduces the requirement for reporting positive isolates to local Public Health Units and the NSW Food Authority, in addition to directing food businesses to the NSW Food Authority, Industry Guide to Developing a Food Safety Program (Hospitals and Aged Care) addressing Listeria control. This Policy Directive replaces Foodborne Listeriosis – Control in Health Care Institutions PD2006_065.

PD2007_048 Hospital Response to Pandemic Influenza Part 1: Emergency Department Response

This document describes the Emergency Department component of a broader Area Health Service response to pandemic influenza. This document should be read in conjunction with an Area Health Service's pandemic influenza plan.

SI:100/07 Safety Information. Alcohol Based Hand Cleansers and Fire / Alcohol Based Skin Preparations and Fire in Operating Theatre

Obituary

Health-care workers, both in Australia and overseas, were shocked and saddened by the sudden death of Aileen Plant in March. The following obituary was first published in The Sydney Morning Herald and is reprinted here with permission.

Aileen Plant (1948-2007)



The distinguished Australian infectious diseases epidemiologist, Aileen Plant, died suddenly in March. She was internationally recognised for her front-line work in Vietnam in 2003, where the world's first official outbreak of SARS (Severe Acute Respiratory Syndrome) occurred. Aileen took over Dr Carlo Urbani's role of monitoring the Hanoi outbreak of SARS for the World Health Organisation, after Dr Urbani died from the virus.

Plant, who had nothing but praise for the Vietnamese Government during the crisis, said that if she fell ill she didn't want to be repatriated to Australia because the risk of infecting other people would be too great. In the event, she kept working, free of SARS and worried more about the effect of an unknown disease on the economy of a poor country than her own health.

Her Biosecurity Co-operative colleagues thought about trying to persuade her to come home for her own safety but no one quite knew how to talk her into it; the idea was abandoned.

Eventually, with Plant's help, the SARS outbreak was traced to the elderly man from Hong Kong who had visited China and Hanoi and spread the disease to other travellers. The Hanoi hospital's isolation system stopped the disease spreading and the Vietnamese Government awarded Plant its National Medal of Honour in recognition of her work.

Plant worked with diseases other than SARS. She travelled around the planet for the World Health

Organisation's Global Outbreak Alert and Response Network, working out where strange new diseases or odd outbreaks of old diseases had suddenly come from and how to cure them. "You have to know what the barriers are to intervention," she said in 2004. "Sometimes its politics - in one country there was an outbreak of measles, but there was an election and they didn't want to admit it, so children died."

Plant worked on HIV/AIDS in China, Cambodia, Libya and Thailand, yellow fever around Africa, health education in Egypt, and tuberculosis and "bird flu" in Indonesia.

She was also ready to tick off Australians when necessary. Appalled by a study in 1997 that showed that only about one in five Australian babies was fully immunised by the age of one, she urged GPs to seize every chance to immunise. For many years she pushed for an Australian organisation similar to the American Centres for Disease Control and Prevention, saying that a country as rich as Australia shouldn't have to rely on the goodwill of individual medical workers to pass on information about public health problems.

Born in Victoria, Aileen Joy Plant left school at 14 to work on the family farm, then as a bank clerk. She began a medical degree at 22 and went on to study at the London School of Hygiene and Tropical Medicine. Moving to the Northern Territory, she became its chief medical officer and supervised the treatment of diseases such as rheumatic fever, tuberculosis and pneumonia, particularly in the Aboriginal community.

She went to Canberra to become the first director of the Australian National University's master's degree in applied epidemiology, which she helped to create in 1991, before joining Curtin University of Technology in 2000 as the inaugural professor of international health. There she helped revise the International Health Regulations and worked on the Polio Eradication Advisory Committee. She chaired almost more committees than one could imagine, all with ease, professionalism, an infectious smile and a sense of humour.

Plant was often likened to an adult Alice in Wonderland because of her waist-length fair hair and youthful face, and was well-known for her chuckle. She loved plots and schemes; she would have been delighted to hear that, immediately after her death, conspiracy theories linked her death to her work with major drug companies.

Recently she had visited Vietnam again, then went on to Indonesia for a WHO meeting about sharing

influenza viruses between developing countries. She talked with David Heymann, WHO's assistant director-general for communicable diseases, who said later that her plans were simple - "to continue to serve in whatever hamlet or island she found in need". Just before she was to board an aircraft to return home, she collapsed and died.

MEDIA WATCH AUSTRALIA

January 2007

An investigation was instigated into the possible links between seven confirmed cases of Legionnaires disease in Sydney.

In total seven cases of Legionnaires disease were confirmed in Sydney in January – six cases confirmed as being linked to a presence in the Circular Quay vicinity on 31 December 2006.

Dr Jeremy McNulty, Director of Communicable Diseases for NSW Health, said the notification of the cases prompted public health investigators to begin an investigation into possible common exposures.

Dr McNulty said that due to routine maintenance any cooling tower that may have caused the infection could have been cleaned since, eliminating the risk of further infection.

Symptoms of Legionnaires disease include:

- Fever
- Chills
- Cough that may be dry or may produce sputum
- Muscle aches
- Headache
- Tiredness
- Loss of appetite
- Diarrhoea.

"The time from exposure to the onset of symptoms is typically around two to ten days," Dr McNulty said.

Legionnaires disease is a notifiable illness in NSW, which means that hospitals and laboratories are required by law to report any suspected cases as a matter of course.

Another bacteria of the *Legionella* family, *Legionella longbeachae* is commonly found in soil and potting mix.

Around 70 to 80 cases of these infections are reported in NSW each year. There were 75 cases in NSW in 2006,

down from 88 in 2005. These four cases have been the only cases reported so far in 2007.

For more information on Legionnaires disease contact your local Public Health Unit or go to the NSW Health website at www.health.nsw.gov.au

NSW has defied a national upward trend with the number of HIV cases remaining stable in the State, but the Government will continue the fight against the disease, setting new targets to reduce infection rates Parliamentary Secretary for Health Paul McLeay said in January.

Mr McLeay said the NSW Government aims to reduce newly acquired HIV infections by 25 per cent by 2009, with a new three year plan.

“Strategies for reducing the spread of HIV have kept notifications in NSW relatively stable for the past eight years, despite other states and countries experiencing increases, but there is more work to do and we are getting on with the job of reducing the number of new infections,” he said.

“The NSW Government is funding a \$300,000 multimedia, statewide campaign to raise awareness in Aboriginal communities about HIV and sexually transmitted infections (STI).

“National data shows Aboriginal people have poorer access to GPs and travel longer distances to get healthcare, which can lead to delays in getting HIV and STIs diagnosed and treated.

“HIV rates among Aboriginal communities in NSW remain comparable with rates for non- Aboriginal people, but this is no time to be complacent,” he said.

NSW Health will work in partnership with the Aboriginal Health & Medical Research Council to develop and implement the campaign, which will include print media, radio, printed materials, a web site and local education programs with Aboriginal communities.

While there are year-to-year fluctuations, the overall trend appears to be stable. Preliminary figures for the first three quarters of 2006 show 254 HIV cases reported in NSW. In 1998 there were 403 notifications, compared with 393 in 2005, a fall of 2 per cent.

Mr McLeay said the NSW HIV/AIDS Strategy 2006-2009 aims to reduce new HIV infections by 25 per cent by 2009 and build on the success of previous strategies which have kept numbers stable.

Key tactics of the plan include:

- bolstering investment in community responses to HIV by the AIDS Council of NSW, including

through additional funding to increase HIV prevention messages to the gay community

- working with GPs and HIV clinicians to improve access to HIV testing and improve care for people with HIV/AIDS
- escalating efforts by community and public sector agencies to curb STIs which facilitate HIV transmission
- increasing early detection and treatment of STIs and HIV among Aboriginal communities in NSW
- more research to characterise risk practices and provide data on factors which influence patterns of HIV infection.

Mr McLeay said continued vigilance by those at risk of infection was paramount. This includes practicing safe sex and regular HIV testing by those at risk.

“The new \$300,000 funding is an investment in the future health of Aboriginal communities in NSW,” he said.

“We know from international experience that indigenous communities can see significant increases in HIV infections and changes in the population groups affected.

“We want to ensure that Aboriginal people who have HIV or STIs are able to get those infections diagnosed early and to receive quality treatment and safeguard these communities against outbreaks of these diseases.”

For more information on the plan go to www.health.nsw.gov.au/living/aids.html.

February, 2007

Health workers in NSW will participate in a comprehensive immunisation campaign, the first of its kind in Australia, NSW Minister for Health John Hatzistergos announced in early February.

Mr Hatzistergos said the extensive screening and vaccination program to protect public health workers against infectious diseases such as measles, will begin roll out across health facilities immediately.

“The \$5 million program will provide free vaccines to public healthcare workers in public hospitals, clinics and laboratories around NSW,” he said.

“NSW is leading the way in safeguarding both staff and patients from potentially deadly diseases.”

The revised policy follows changes in the range of vaccines available, their recommended use for healthcare professionals and an increased focus on minimising the transmission of vaccine preventable diseases between patients and staff.

“In any public health system around the world, the

transmission of vaccine-preventable diseases is a real risk for patients, health care workers and visitors," Mr Hatzistergos said.

"It is vital that we do all we can to make sure health workers are appropriately protected, as well as their patients and co-workers."

Mr Hatzistergos said healthcare professionals who work in direct contact with patients would be assessed and vaccinated against diphtheria, tetanus, whooping cough, hepatitis B, influenza, measles, mumps, rubella and chicken pox if necessary.

"Changes to the policy include the addition of an adult vaccine against pertussis, better known as whooping cough," Mr Hatzistergos said.

"The policy specifies that healthcare workers who choose not to be vaccinated will be moved to work in lower-risk clinical areas.

"In addition, all new staff and contract personnel must comply with the vaccination requirements of the policy," he said.

The start of the immunisation campaign follows extensive consultation with key healthcare stakeholders and unions including the NSW Nurses Association, the Health Services Union, the Australian Medical Association (NSW), the Australian Salaried Medical Officers' Federation (NSW) and the NSW regional office of the and Royal Australasian College of Surgeons.

Job Bwayo (1948-2007). The death of Kenya's leading HIV researcher, Professor Job Bwayo, at the age of 58, in a Nairobi car-jacking in February, robbed Africa of one of its most renowned scientists, just as the significance of his work was becoming evident through the success of initial field trials of the Aids vaccine he helped to develop.

Bwayo became world-famous for his pioneering research on natural immunity against AIDS. His groundbreaking studies of the epidemiology of the HIV virus in east Africa in the mid-1980s led to him discovering an apparent natural immunity among a group of 60 prostitutes in Nairobi's Majengo slums. He found that the uninfected women had developed large numbers of killer T-cells, a crucial component of the immune system, which has led to some of the most promising AIDS vaccines currently under development. "They didn't have the virus or the antibodies. So they must have been getting rid of the virus so quickly that it couldn't get established," he told the Observer in 2001. "We took the HIV virus and white blood cells from the prostitutes, put them in a test-tube and - bang! - they reacted. The cells killed the virus."

Job Bwayo was instrumental in building a world-class clinical research facility in Kenya. He established a team at the University of Nairobi, Kenya's AIDS Vaccine Initiative (KAVI), which joined forces with Professor Andrew McMichael and researchers from Oxford University, and eventually went on to develop a vaccine that stimulates the generation of T-cells in AIDS patients. The research was funded by the International AIDS Vaccine Initiative (IAVI).

It is a terrible tragedy that Job, who had been trying so hard to help the youth of Kenya escape the HIV threat, should be senselessly murdered by young car-jackers.

March, 2007

NSW Health issued a warning to patrons of a food outlet at Birkenhead Point shopping precinct following the diagnosis of Hepatitis A in a food preparation employee in late March. Dr Jeremy McAnulty, director of communicable diseases for NSW Health, advised that people who ate food from the *Sushi From Xanadu* food outlet located on level one of the precinct may need an injection of immunoglobulin to help prevent the disease.

Dr McAnulty said people who have been immunised against Hepatitis A or those who have had the disease would already be immune and would not need an injection. The immunoglobulin injection should be given as soon as possible after exposure.

Hepatitis A is a virus that causes inflammation of the liver. The main symptoms develop two to six weeks after infection and include:

- fever
- feeling unwell
- poor appetite
- abdominal discomfort.

A few days later, people develop jaundice (which is yellowing of the skin and eyes) and dark urine. However, not all people who are infected develop symptoms. Hepatitis A does not cause long-term liver disease.

Hepatitis A is usually transmitted when the virus from an infected person is swallowed by another person through: eating food that has been handled by an infectious person touching nappies, linen and towels soiled by an infectious person or direct contact with an infectious person.

A Hepatitis A fact sheet is available online at www.health.nsw.gov.au

Sydney South West Area Health Service (SSWAHS) Public Health Unit investigated an outbreak of gastroenteritis involving 187 people in March, many of whom ate food products from a Homebush hot bread shop.

Forty people were hospitalised, and public health officers interviewed all cases.

All cases interviewed reported having eaten either pork rolls or chicken rolls from the French Golden Hot Bread shop at Homebush West, opposite Flemington train station.

Common symptoms of salmonella infection include diarrhoea, abdominal pain, fever, nausea and vomiting. Symptoms usually last four to seven days.

The NSW Food Authority sent inspectors into the bread shop to examine food safety practices and to sample foods for laboratory testing. It placed a prohibition order on the bread shop restricting it from producing or selling the implicated foods.

Anyone who contracts salmonella gastroenteritis should keep up their fluid intake and seek medical advice; and should not return to work or school until 48 hours after symptoms have stopped.

People suffering symptoms should also not prepare food for others until at least 48 hours after they have completely recovered from the illness.

For more information on Salmonella go to the NSW Health fact sheet at:
<http://www.health.nsw.gov.au/infect/pdf/salmonella.pdf>

Also in March NSW Health director of communicable diseases Dr Jeremy McAnulty advised of an investigation into possible patient-to-patient transmission of hepatitis C involving patients at an Eastern Suburbs general practice clinic.

Public health officers commenced contacting 127 patients of the clinic who may be at increased risk of contracting hepatitis C, possibly as the result of a breakdown in infection control while receiving vitamin or mineral injections at the GP practice.

Dr McAnulty confirmed three patients of the clinic had been diagnosed with acute hepatitis C. The GP of the clinic brought these cases to the attention of NSW Health on February 28, 2007 and has cooperated fully with the investigation. The GP agreed to stop all vitamin and mineral therapy at the clinic as a precautionary measure.

"Tests to help determine if transmission has occurred are in progress. As a precaution, public health experts are keen to contact 127 patients we know received either an intravenous injection of Vitamin C or an intramuscular injection of Magnesium or Vitamin B at the clinic at the time we believe transmission may have occurred.

"We will ask these patients to have a blood test to check for hepatitis C and other blood borne viruses," Dr McAnulty said.

Hepatitis C is a condition that for some people can cause liver damage, including cirrhosis and liver failure, over a period of many years.

Currently, there is no vaccine to prevent hepatitis C. Of people exposed to the virus, approximately one quarter will clear the virus and the remaining three quarters may develop a chronic or ongoing infection.

One of the patients confirmed with hepatitis C, a woman aged in her 50s was diagnosed in January 2007 and another patient a woman in her 40s was confirmed in February 2007. A third case is also under investigation involving another woman in her 50s who was infected with hepatitis C in 2004.

A team of public health officers from South Eastern Sydney Illawarra Area Health Service conducted detailed interviewing of cases and clinic staff and thorough inspections of the premises to identify possible opportunities for infection transmission.

"These actions together with specific tests to fingerprint the strain of disease, review of appointment books and medical records of patients at the practice who may be at risk have been complex and painstaking," Dr McAnulty said.

A dedicated 1800 number was established to provide advice.

A copy of the hepatitis C fact sheet can be found on the NSW Health website at www.health.nsw.gov.au/infect/pdf/hepc.pdf

Already among the highest elite of medical researchers, scientist and former Australian of the Year Professor Ian Frazer may be again on the cusp of an extraordinary pharmacological breakthrough.

Famed for his development of the Gardasil vaccine, which targets the virus implicated in cervical cancer, Professor Frazer is now working on a "super vaccine" to eliminate a number of viral illnesses including influenza and hepatitis C – and his trials are showing "great promise".

Unlike other vaccines which target specific viruses, the new drug which Professor Frazer is developing works by "turning up the volume" in parts of the immune system itself, so that a range of viruses are eliminated.

Professor Frazer points out that 25% of cancers are caused by viruses, so his research in virology and immunology is profoundly important.

The Sydney Morning Herald

April, 2007

Holidaymakers planning to head to the South Coast for the Easter school holidays were reminded to cover up to avoid mosquito bites in early April.

Experts were predicting a rise in mosquito activity on the coast greatly increasing the danger of diseases like Barmah Forest virus and Ross River virus.

According to Glenis Lloyd from the Environmental Health Branch, NSW Health, there had been an increase in reported cases of these diseases on the South Coast at the end of March.

"The vast areas of wetland and forest on the South Coast provide ideal breeding areas for mosquitoes," Ms Lloyd said.

"While some mosquitoes in the area are only of nuisance value, other species are known to carry Barmah Forest virus and Ross River virus.

"Both Ross River virus and Barmah Forest virus have similar symptoms which can last for several months.

"Symptoms include debilitating arthritic pain which can result in painful swollen joints, tiredness or lethargy, muscle pain, fever and a rash."

People suffering any of the symptoms should contact their doctor, who can diagnose Ross River virus and Barmah Forest virus using a specific blood test.

There are no specific treatments for these viruses. The most effective way to prevent disease is to avoid being bitten by mosquitoes by wearing insect repellent.

People are advised to:

- apply mosquito repellent regularly (every four hours). It is recommended a repellent containing DEET or Picaridin be used, and is most effective and long lasting in a lotion form
- use an insecticide in sleeping areas, according to instructions
- wear light coloured, loose fitting clothes with long sleeves and long trousers: mosquitoes are attracted to dark coloured clothes and can bite through tight clothes
- ensure flyscreens on houses, caravans and annexes are in good order
- ensure open containers of water are removed from around the home to prevent mosquito breeding
- check your water tanks are screened with wire gauze no coarser than 1mm mesh to prevent mosquitoes from laying eggs in the tank
- when camping, take precautions such as using flyscreens on caravans and tents, and by sleeping under mosquito nets
- make sure your dinghy or boat is stored overturned with the bung removed

- take particular care while fishing, ensuring that you follow personal precautions to avoid being bitten by mosquitoes
- control mosquitoes that enter your house or caravan with a 'knock-down' insecticide aerosol spray.

NSW Minister for Health Reba Meagher announced in April a \$1 million injection into the Sterilising Department for the Hunter hospitals during her first visit to the area as Health Minister.

Ms Meagher met staff and patients while touring John Hunter Hospital, the Royal Newcastle Centre and Belmont Hospital.

Ms Meagher said the \$1 million injection would fund additional operating theatre instruments for orthopaedics, urology, neurosurgery, cardiac, ophthalmology and paediatric surgery.

"The new centralised unit at John Hunter Hospital and additional equipment will help to meet the growing number of operations at our Hunter hospitals," she said.

"The sterilisation department collects, cleans, decontaminates, packs and sterilises reusable products used at the Royal Newcastle Centre, John Hunter Hospital, Belmont Hospital and the Newcastle Mater Hospital," Ms Meagher said.

The source of a salmonella outbreak at a nursing home where five people died might never be known, Victoria's health chief said in late April.

A total of 21 patients fell ill at Melbourne's Broughton Hall with gastroenteritis-like symptoms. Eight people were diagnosed with salmonella poisoning since the outbreak erupted in early April.

But more than 30 food samples taken from the home tested negative for the bacteria. "We may never discover the source of this," chief health officer Dr John Carnie said.

MEDIA WATCH

WORLD

January 2007

The severe acute respiratory syndrome (SARS) epidemic that killed 44 people in Ontario, Canada, in 2003 spread because of a shoddy public health system and inadequate safety practices, an investigation commission reported.

Nearly three-quarters of the victims contracted SARS at clinics and hospitals – facilities that should have prevented its spread, the report said. The epidemic was finally stopped by health employees who worked on despite their fears about the outbreak.

SARS hit Toronto-area hospitals in two waves in the northern spring of 2003. The disease – eventually traced to central China and brought to Canada by an elderly woman who had visited Hong Kong – closed hospitals and brought routine health care in the province to a halt.

It was an “economic disaster”, the report noted, and infected more than 330 people with serious lung disease in four months, in addition to those who died. The disease killed hundreds of people in other countries, mostly Asia.

Reacting to the report, medical authorities noted improvements in the system since 2003. The Health Minister, Tony Clement, told CTV television: “In terms of infectious disease controls in hospitals, we are much better prepared.”

The Washington Post

February, 2007

Nearly 160,000 turkeys were destroyed in Britain in February after the country’s first confirmed outbreak of the potentially lethal Asian strain of the H5N1 bird flu virus in poultry.

Scientist fear that H5N1 – which has killed more than 160 people globally since 2003, mostly in South-East Asia – could mutate into a form easily transmissible between humans.

Future disease pandemics will be scored in the United States like hurricanes, with the most severe triggering school closures and changes in the workplace.

New federal guidelines are the first detailed advice about what steps should be taken before a vaccine is available to control a flu pandemic. “We must be prepared to face the first wave without vaccine and potentially without sufficient quantities of influenza antiviral medications,” a government report on the new guidelines reads.

The system, developed by the Centres for Disease Control and Prevention and the US Department of Health and Human Services, and released in February, ranks pandemics from category 1 to category 5.

The report recommends voluntary isolation of ill people in category 1 pandemics. For category 2 and category 3 pandemics, communities may consider voluntary quarantines of household members exposed to an infected person, as well as measures such as flexible working hours and limited school closures. In a category 5 schools and

child-care facilities may be closed and businesses asked to be liberal in allowing leave.

Reuters

April, 2007

The first vaccine against H5N1 strain of avian flu has won approval from the US Government, which has won approval from the US Government. The vaccine will not be available for sale to the general public, but will be dispensed only by the government in the event of a pandemic under rules yet to be formalised. The vaccine does have shortcomings- it is expected to protect only about 45% of the people who get it, and requires two high-dose injections 28 days apart.

The New York Times

The Islamic Development Bank has allocated \$U50 million to help African and Asian countries fight malaria, which kills up to 3 million people a year. The bank wants to ensure the higher production and better distribution of serums, vaccines and drugs used against malaria. The countries include Burkina Faso, Chad, Gambia, Guinea-Bissau, Indonesia, Mali, Mauritania, Niger, Senegal and Sudan.

Reuters

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. I work in a small private practice and was wondering how long sterilized items can be stored before they need sterilizing again?

A. Staff frequently enquire about the duration of shelf life for sterile articles. Unfortunately there is no simple answer to this question because the efficacy of packaging, the amount of handling and conditions of storage are more important than is the time that has elapsed since sterilization.

Although prediction of a meaningful shelf life for packaged equipment is not feasible, it is good practice to avoid prolonged storage by ensuring rotational use. Packs that are rarely required but must always be available (e.g. those containing emergency equipment) may be kept in plastic dust covers for prolonged storage >9 months to protect the

sterilized articles from dust and other contaminants (Gardner & Peel, *Sterilization, Disinfection & Infection Control*, 3rd edition 2001).

The Australian Standard AS/NZS 4815:2006 *Office-based health care facilities – Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment* contains a section on the storage and handling of processed items, pp 61-63, that includes Shelf-Life/Rotation of Stock and factors that make a package considered no longer sterile.

It is essential that you obtain a copy of this Standard and ensure that your department is processing equipment in line with it. The document is available from Standards Australia and has to be purchased. The Standards Australia customer service number is 1300 65 46 46, email:

sales@standards.com.au

internet site: www.standards.org.au

Q. I work in an aged care facility and we are concerned about the safety of food that relatives bring in for residents. Are there any good information sheets available about food hygiene that we could give to the residents' relatives and friends?

A. Yes. The NSW Food Authority has an information sheet which is exactly what you are looking for. The four-page information sheet is called *Do you cook and bring food to an elderly relative or friend in an aged care facility?* It can be accessed from the NSW Food Authority website:

www.foodauthority.nsw.gov.au

For those people who do not have internet access, copies of the information sheet can be obtained by contacting the NSW Infection Control Resource Centre (02) 9332 9712.

Q. I am a secretary in a paediatrician's office and we have toys available for patient's to play with in the waiting room. I was told by one of the mothers that the toys should not be made of fabric or soft. She also asked how often they are washed. What are the guidelines regarding this? Do I have to throw out all the soft toys?

There have been studies done which indicate that soft toys do harbour more bacteria than hard-surface toys and that regular washing of toys can significantly reduce the presence of bacteria on these toys. The National Health and Medical Research Council (NHMRC) have published *Staying Healthy in Childcare* which may provide some guidance. The document states:

“Washing toys is very important to reduce spread of diseases. Toys, especially those in rooms with younger

children, need to be washed every day. Warm water, detergent and soaps help to loosen the germs so they can be washed away.”

- buy only washable toys. Get rid of non-washable toys
- wash toys daily in hot water and detergent, rinse them well and dry them. Many toys can be cleaned in the dishwasher
- all toys, including cloth toys and books, can be dried by sunlight. This will kill some of the germs not removed by washing
- it is useful to separate toys into baskets. The toys in each basket can then be rotated between washing one day and in use the next
- books should be inspected for visible dirt and soiling. Books can be cleaned by wiping them with a moist cloth with detergent on it, and then drying them. Leave damp or wet books out of circulation until dry.

National Health & Medical Research Council (NHMRC) – *Staying Healthy in Childcare* book - advice on cleaning toys in childcare centres.

See www.health.gov.au/nhmrc/publications

Q. My daughter was recently administered a vaccine through a school immunisation program. The nurse administering the vaccine did not use an alcohol wipe to cleanse the area prior to injection. I thought this was routine practice prior to administering an injection. Should my daughter's arm have been cleaned with an alcohol wipe?

A. Cleaning the skin is not always necessary. *The Australian Immunisation Handbook 8th Edition* states “When the skin is visibly clean, there is no evidence that skin antiseptics are necessary. If the skin needs to be cleaned, alcohol or other disinfecting agents must be allowed to dry prior to injection of vaccine, since they can inactivate live vaccine preparations and increase pain.”

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

VIDEO 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.

Videos and DVDs currently available for loan:

VIDEOS

1. Food Poisoning: The Choice Is Yours! (Videos 1 & 2)
- 1.1 Food Poisoning: The Choice Is Yours (Video 1)
2. Food Poisoning: The Choice Is Yours (Video 2)
3. Common Threads Stories From The Quilt
4. HIV & AIDS
5. The Importance of Food Safety
6. Everybody's Business: A Video on HIV/AIDS and Hepatitis C for Multicultural Australia
7. Short 'N' Sharp
8. Where in the World is Hepatitis A?
9. Fighting Meningococcal Disease
10. STERIS
11. Quantum : Passing the Bug – The End of Antibiotics?
12. Protect Your Baby for Life
13. The Crowded Skin
14. Breaking the Chain: Module 1 – The Transmission of Infection
15. Breaking the Chain: Module 2 – Universal Principles for Infection Control
16. Breaking the Chain: Module 3 – Hand Care/Hand Washing
17. Breaking the Chain: Module 4 – Protective Apparel
18. Breaking the Chain: Module 5 - Decontamination and Reprocessing
19. Breaking the Chain: Module 6 – Sharps and Waste Disposal
20. Breaking the Chain: Module 7 – Creating and Maintaining a Sterile Environment
21. Breaking the Chain: Module 8 – Exposure
22. Breaking the Chain: Module 9 – The Scenarios
23. Breaking the Chain (The entire series on one tape)
24. Positive Women
25. Nobody Wants AIDS Mate
26. Health & Hygiene Essentials for the Office
27. Managing Meningococcal Disease
28. Clinical Aspects of Vaccine Preventable Diseases
29. Preventing Urinary Tract Infection: A Guide to Nursing Intervention
30. Portals of Entry

31. Infection Control: Chain Reaction
32. The Nature of Things
33. The Coming Plague: The Virus Hunters
34. The Coming Plague: Revenge of the Microbes
35. Latex Allergies
36. The Cold War
37. Infection Control in the Workplace – Blood Borne Diseases
38. Varicella: From Chickenpox to Shingles
39. Modern Marvels – Antibiotics
40. Creutzfeldt Jacob Disease- Medical Detectives
41. West Nile Virus
42. SARS: The True Story
43. Think Sharp – It's Your Life
44. Infection Control in the Long Term Care Facility
45. The Last Plague – Fighting Influenza
46. Hands First – Hand Hygiene in the Healthcare Environment
47. Tuberculosis
48. Sticks & Sharps
49. Battle Scars
50. Superbugs-A case of natural selection
51. Malaria-The silent epidemic
52. Confronting Epidemics-Three case studies-SARS, AIDS & Influenza
53. Infection Control Orientation
54. Infection Control for Behavioural Healthcare
55. Infection Control in Long Term Care – A Video Guide for Staff

CD-ROMs

- CD1. A Guide to Infection Control
- CD2. Hands First –Hand Hygiene in the Healthcare Environment

DVD's

- DVD1. Hands First – Hand Hygiene in the Healthcare Environment
- DVD2. Sticks & Sharps
- DVD3. Managing Meningococcal Disease
- DVD 4. Prepared and Protected
- DVD 5. Varicella: From Chicken Pox to shingles

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

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.

Australian Infection Control,
vol. 12, issue 1, March 2007

1. **The potential of pre-diagnostic data sources for influenza surveillance,** Dailey L et al.
2. **New control chart methods for monitoring MROs in hospitals,** Morton A et al.
3. **A comparison of three typing methods for *Serratia marcescens* during an outbreak across four neonatal intensive care units,** Giles M et al.

American Journal of Infection Control,
vol. 34, no.10, December 2006

4. **Reading habits of infection control coordinators in the United States: Peer-reviewed or non-peer-reviewed evidence?** Olmsted RN et al.
5. **The influence of nurse cohorting on hand hygiene effectiveness,** Beggs CB et al.
6. **Skin reactions related to hand hygiene and selection of hand hygiene products,** Larson E et al.
7. **Prospective cohort study of central venous catheters among internal medicine ward patients,** Trick WE et al.
8. **Clinical and molecular epidemiology of nursing home-associated *Staphylococcus aureus* bacteremia,** Lesse AJ & Mylotte JM
9. **Increase in tuberculin skin test converters among health care workers after a change from Tubersol to Aplisol,** Gillenwater KA et al.
10. **Risk of infection and tracking of work-related infectious diseases in the funeral industry,** Davidson SS & Benjamin Jr. WH.

11. **A pilot study to measure the compressive and tensile forces required to use retractable intramuscular safety syringes,** Haiduven D et al.
12. **An enhanced benchmark for prosthetic joint replacement infection rates,** Barnes S et al.

American Journal of Infection Control,
vol. 35, no.1, February 2007

13. **Pandemic influenza: What infection control professionals should know,** Goldrick BA & Goetz AM.
14. **Changing health care worker behavior in relation to respiratory disease transmission with a novel training approach that uses biosimulation,** Carrico RM et al.
15. **Nurses' attitudes and beliefs about influenza and the influenza vaccine: A summary of focus groups in Alabama and Michigan,** Willis BC & Wortley P.
16. **Hospital infectious disease emergency preparedness: A survey of infection control professionals,** Rebmann T et al.
17. **Novel use of the intranet to document health care personnel participation in a mandatory influenza vaccination reporting program,** Bertin M et al.
18. **Perceptions related to human avian influenza and their associations with anticipated psychological and behavioral responses at the onset of outbreak in the Hong Kong Chinese general population,** Lau JTF et al.
19. **How to provide an effective primary health care in fighting against severe acute respiratory syndrome: The experiences of two cities,** Wong WCW et al.
20. **Attitudes of health care workers to influenza vaccination: Why are they not vaccinated?** Takayanagi IJ et al.
21. **An analysis of the current status of hospital emergency preparedness for infectious disease outbreaks in Beijing, China,** Hui Z et al.

American Journal of Infection Control,
vol. 35, no.2, March 2007

22. **Methicillin-resistant *Staphylococcus aureus*, *Clostridium difficile*, and extended-spectrum β -lactamase-producing *Escherichia coli* in the community: Assessing the problem and controlling the spread,** Bloomfield SF et al.

23. Comparative of a new and innovative 2% chlorhexidine gluconate-impregnated cloth with 4% chlorhexidine gluconate as topical antiseptic for preparation of the skin prior to surgery, Edmiston Jr. CE et al.
24. How important is patient-to-patient transmission in extended-spectrum β -lactamase *Escherichia coli* acquisition, Harris AD et al.
25. Morbidity and mortality of Staphylococcal bacteremia in children, Hakim H et al.
26. Oral rifampin for eradication of *Staphylococcus aureus* carriage from healthy and sick populations: A systematic review of the evidence from comparative trials, Falagas ME et al.
27. Controlling methicillin-resistant *Staphylococcus aureus* by stepwise implementation of preventive strategies in a university hospital: impact of a link-nurse system on the basis of multidisciplinary approaches, Miyachi H et al.
28. Transmission of *Staphylococcus aureus* from maternity unit staff members to newborns disclosed through *spa* typing, Matussek A et al.
29. Transmission via the face is one route of methicillin-resistant *Staphylococcus aureus* cross-infection within a hospital, Kuramoto-Chikamatsu A et al.
30. Clinical outcomes of intravenous immune globulin in severe *clostridium difficile*-associated diarrhea, Juang P et al.
31. Duration of Time on Shift Before Accidental Blood or Body Fluid Exposure for Housestaff, Nurses, and Technicians, Judith Green-McKenzie, MD et al.
32. Fatigue Increases the Risk of Injury From Sharp Devices in Medical Trainees: Results From a Case-Crossover Study, David N. Fisman, MD, MPH et al.
33. Role of Safety-Engineered Devices in Preventing Needlestick Injuries in 32 French Hospitals, F. Lamontagne et al.
34. Prevalence and Risk Factors for Bloodborne Exposure and Infection in Correctional Healthcare Workers, Robyn R. M. Gershonet al.
35. Attributable Cost and Length of Stay for Patients With Central Venous Catheter-Associated Bloodstream Infection in Mexico City Intensive Care Units: A Prospective, Matched Analysis, Francisco Higuera et al.
36. Validation of Surgical Site Infection Surveillance in The Netherlands, J. Manniën et al.
37. Multicenter Intervention Program to Increase Adherence to Hand Hygiene Recommendations and Glove Use and to Reduce the Incidence of Antimicrobial Resistance, William E. Trick et al.
38. Introducing Alcohol-Based Hand Rub for Hand Hygiene: The Critical Need for Training, Andreas F. Widmer et al.
39. Performance of the National Nosocomial Infections Surveillance Risk Index in Predicting Surgical Site Infection in Australia, N. Deborah Friedman et al.
40. Filamentous Fungi in a Tertiary Care Hospital: Environmental Surveillance and Susceptibility to Antifungal Drugs, Paraskevi Panagopoulou et al.
41. Nursing Home Outbreak of Invasive Group A Streptococcal Infections Caused by 2 Distinct Strains, Michael C. Thigpen et al.
42. Impact of Severe Acute Respiratory Syndrome Care on the General Health Status of Healthcare Workers in Taiwan, Ning-Hung Chen et al.
43. Risk of Hepatitis B Virus Transmission via Dental Handpieces and Evaluation of an Antisuction Device for Prevention of Transmission, Tao Hu et al.
44. Knowledge, Attitudes, and Practice of Iranian Dentists with Regard to HIV-Related Disease, Mehrdad Askarian et al.
45. Effect of Education on Hand Hygiene Beliefs and Practices: A 5-Year Program, Mary F. Wisniewski et al.
46. Coating Urinary Catheters with an Avirulent Strain of *Escherichia coli* as a Means to Establish Asymptomatic Colonization, Barbara W. Trautner et al.
47. Increasing Incidence of Sterile-Site Infections Due to Non-Multidrug-Resistant, Oxacillin-Resistant *Staphylococcus aureus* Among Hospitalized Patients, Garrett E. Schramm et al.
48. Large Outbreak of Infection and Colonization with Gram-Negative Pathogens Carrying the Metallo- β -Lactamase Gene *bla*_{IMP-4} at a 320-Bed Tertiary Hospital in Australia, Sophie Herbert et al.

Infection Control and Hospital Epidemiology,
vol. 28, no.1, January 2007

Infection Control and Hospital Epidemiology,
vol. 28, no.2, February 2007

49. *Clostridium difficile*-Associated Disease in Oregon: Increasing Incidence and Hospital-Level Risk Factors, Rebecca E. Chandler et al.
50. *Clostridium difficile* in the Intensive Care Unit: Epidemiology, Costs, and Colonization Pressure, Steven J. Lawrence et al.
51. Clinical Features of *Clostridium difficile*-Associated Infections and Molecular Characterization of Strains: Results of a Retrospective Study, 2000-2004, Frédéric Barbut et al.
52. Recommendations for Surveillance of *Clostridium difficile*-Associated Disease, L. Clifford McDonald et al.
53. How to Assess Risk of Disease Transmission to Patients When There Is a Failure to Follow Recommended Disinfection and Sterilization Guidelines, William A. Rutala et al.
54. Work Schedule, Needle Use, and Needlestick Injuries Among Registered Nurses, Alison M. Trinkoff et al.
55. Effect of the Introduction of an Engineered Sharps Injury Prevention Device on the Percutaneous Injury Rate in Healthcare Workers, Madelyn Azar-Cavanagh et al.
56. Influenza Vaccination Rates and Motivators Among Healthcare Worker Groups, Amanda Banks Christini et al.
57. Economics and Preventing Hospital-Acquired Infection: Broadening the Perspective, Nicholas Graves et al.
58. Isolation and Antimicrobial Resistance of *Staphylococcus aureus* Isolates in a Dental Clinic Environment, Rogério Heládio Lopes Motta et al.
59. Evaluation of an Alcohol-Based Surgical Hand Disinfectant Containing a Synergistic Combination of Farnesol and Benzethonium Chloride for Immediate and Persistent Activity Against Resident Hand Flora of Volunteers and With a Novel In Vitro Pig Skin Model, Milind S. Shintre et al.
60. Moxifloxacin Therapy as a Risk Factor for *Clostridium difficile*-Associated Disease During an Outbreak: Attempts to Control a New Epidemic Strain, Priscilla Biller et al.
61. Risk Factors for *Clostridium difficile* Infection in a Hepatology Ward, Dominique Vanjak et al.

62. Use of Hypochlorite Solution to Decrease Rates of *Clostridium difficile*-Associated Diarrhea, Kathleen M. McMullen et al.
63. Severity of *Clostridium difficile*-Associated Disease (CDAD) in Allogeneic Stem Cell Transplant Recipients: Evaluation of a CDAD Severity Grading System, Erik R. Dubberke et al.
64. An Outbreak of Severe *Clostridium difficile*-Associated Disease Possibly Related to Inappropriate Antimicrobial Therapy for Community-Acquired Pneumonia, Philip M. Polgreen et al.
65. Needlestick Injuries to the Feet of Japanese Healthcare Workers: A Culture-Specific Exposure Risk, Toru Yoshikawa et al.
66. Efficacy of Multiple Influenza Vaccine Delivery Systems in a Single Facility, Anthony A. Donato et al.
67. Deep Infection After Total Knee Replacement: Impact of Laminar Airflow Systems and Body Exhaust Suits in the Modern Operating Room, Andrew L. Miner et al.
68. Hepatitis C Virus Transmission From a Healthcare Worker to a Patient, Florence Lot et al.
69. Fear of HIV Infection and Impact of Training on the Attitudes of Surgical and Emergency Nurses Toward Inpatient HIV Testing, Maria Gańczak et al.
70. Iranians' Attitudes About Possible Human Immunodeficiency Virus Transmission in Dental Settings, Mehrdad Askarian et al.

Infection Control and Hospital Epidemiology,
vol. 28, no.3, March 2007

71. Comparison of Mortality Risk Associated With Bacteremia Due to Methicillin-Resistant and Methicillin-Susceptible *Staphylococcus aureus*, Simone Shurland et al.
72. Effect of Healthcare-Acquired Infection on Length of Hospital Stay and Cost, Nicholas Graves et al.
73. Attributable Mortality of Nosocomial *Acinetobacter* Bacteremia, Mordechai Grupper et al.
74. Effect of Nosocomial Infections Due to Antibiotic-Resistant Organisms on Length of Stay and Mortality in the Pediatric Intensive Care Unit, Elizabeth E. Foglia et al.
75. Incidence and Outcomes of Ventilator-Associated Pneumonia in Japanese Intensive Care Units: The

- Japanese Nosocomial Infection Surveillance System, Machi Suka et al.
76. Trends in Ventilator-Associated Pneumonia Rates Within the German Nosocomial Infection Surveillance System (KISS), I. Zuschneid et al.
77. Prospective Surveillance for Surgical Site Infection in St. Petersburg, Russian Federation, Samuel M. Brown et al.
78. Prevalence and Clinical Relevance of *Staphylococcus warneri* in the Neonatal Intensive Care Unit, Jeannie P. Cimiotti et al.
79. Risk Factors Associated With Resistance to Ciprofloxacin in Clinical Bacterial Isolates From Intensive Care Unit Patients, Phillip D. Levin et al.
80. Compliance With Routine Use of Gowns by Healthcare Workers (HCWs) and Non-HCW Visitors on Entry Into the Rooms of Patients Under Contact Precautions, Farrin A. Manian et al.
81. Hand Hygiene Practices After Brief Encounters With Patients: An Important Opportunity for Prevention, Rebecca E. Dedrick et al.
82. Population Kinetics of the Skin Flora on Gloved Hands Following Surgical Hand Disinfection With 3 Propanol-Based Hand Rubs: A Prospective, Randomized, Double-Blind Trial, Manfred L. Rotter et al.
83. Influence of Rings on the Efficacy of Hand Sanitization and Residual Bacterial Contamination, Montri D. Wongworawat et al.
84. Challenges Faced by Hospital Healthcare Workers in Using a Syndrome-Based Surveillance System During the 2003 Outbreak of Severe Acute Respiratory Syndrome in Taiwan, Fuh-Yuan Shih et al.
85. Compliance With Isolation Precautions at a University Hospital, David J. Weber et al.
86. Is Compliance with Hand Disinfection in the Intensive Care Unit Related to Work Experience?, Danilo Teixeira Noritomi et al.
87. Assessment of Healthcare Professionals' Adherence to Hand Hygiene After Alcohol-Based Hand Rub Introduction at an Intensive Care Unit in São Paulo, Brazil, Solange L. Santana et al.
88. Postoperative *Chryseobacterium indologenes* Bloodstream Infection Caused by Contamination of Distillate Water, Mehmet Refik Bayraktar et al.
- Infection Control and Hospital Epidemiology,*
vol. 28, no.4, April 2007
89. Predicting *Clostridium difficile* Toxin in Hospitalized Patients With Antibiotic-Associated Diarrhea, Nir Peled et al.
90. Predictive Factors for Pneumonia Onset After Cardiac Surgery in Rio de Janeiro, Brazil, Marisa Santos et al.
91. Pathogens in Early-Onset and Late-Onset Intensive Care Unit-Acquired Pneumonia, K. M. C. Verhamme et al.
92. Risk Adjustment for Surgical Site Infection After Median Sternotomy in Children, Jessica Kagen et al.
93. Risk Factors for Neonatal Methicillin-Resistant *Staphylococcus aureus* Infection in a Well-Infant Nursery, Dao M. Nguyen et al.
94. Resource Consumption in the Infection Control Management of Pertussis Exposure Among Healthcare Workers in Pediatrics, Irimi Daskalaki
95. Nosocomial Bacteremia in Children: A 15-Year Experience at a General Hospital in Mexico, Luis Fernando Pérez-González et al.
96. Control of an Outbreak of Pandrug-Resistant *Acinetobacter baumannii* Colonization and Infection in a Neonatal Intensive Care Unit, Pei-Chun Chan et al.
97. Outbreak of Varicella-Zoster Virus Infection Among Thai Healthcare Workers, Anucha Apisarnthanarak et al.
98. Development and Application of Evaluation Indices for Hospital Infection Surveillance and Control Programs in the Republic of Korea, Hyang Soon Oh et al.
99. Development of a Surveillance System for Methicillin-Resistant *Staphylococcus aureus* in German Hospitals, Iris F. Chaberny et al.
100. Usefulness of Severity-of-Illness Scores Based on Admission Data Only in Nosocomial Infection Surveillance Systems, Petra Gastmeier et al.
101. Prevalence of Hospital-Acquired Infections During Successive Surveillance Surveys Conducted at a University Hospital in The Netherlands, T. E. M. Hopmans et al.
102. Risk Factors for Death Due to Nosocomial Infection in Intensive Care Unit Patients: Findings From the

- Krankenhaus Infektions Surveillance System, P. Gastmeier et al.
103. Sharp-Device Injuries to Hospital Staff Nurses in 4 Countries, Sean P. Clarke et al.
104. Risk Factors and Outcomes of Influenza A (H3N2) Pneumonia in an Area Where Avian Influenza (H5N1) Is Endemic, Anucha Apisarnthanarak et al.
105. A Case of Healthcare-Associated, Multidrug-Resistant Tuberculosis in Austria: Reconsidering the Value of Cohorting of Patients with Culture-Positive Tuberculosis, Alexander Indra et al.
106. Quality of Data Reported to a Smaller-Hospital Pilot Surveillance Program, Noleen J. Bennett et al.
107. Use of the National Nosocomial Infection Surveillance System Risk Index for Prediction of Mortality: Results of a 6-Year Postdischarge Follow-Up Study, Silvia Palma et al.
108. Efficacy of Infection Control Strategies to Reduce Transmission of Vancomycin-Resistant Enterococci in a Tertiary Care Hospital in Korea: A 4-Year Follow-Up Study, Sung Won Yoon Chang et al.
109. Validation of Surveillance in the Intensive Care Unit Component of the German Nosocomial Infections Surveillance System, I. Zuschneid et al.
110. Use of Cellular Telephones and Transmission of Pathogens by Medical Staff in New York and Israel, Joseph Gil Goldblatt et al.
111. Recommendations to Resolve Inconsistent Guidelines for the Reprocessing of Sheathed and Unsheathed Rigid Laryngoscopes, Lawrence F. Muscarella.
112. Risk of Rabies Infection and Adverse Effects of Postexposure Prophylaxis in Healthcare Workers and Other Patient Contacts Exposed to a Rabies Virus-Infected Lung Transplant Recipient, Frauke Mattner et al.
113. Infectivity of Hepatitis C Virus in Plasma After Drying and Storing at Room Temperature, Saleem Kamili et al.
114. Assessment of Intervention Measures for the 2003 SARS Epidemic in Taiwan by Use of a Back-Projection Method, Paul S. F. Yip et al.
115. Policies for Endotracheal Suctioning of Patients Receiving Mechanical Ventilation: A Systematic Review of Randomized Controlled Trials, B. S. Niël-Weise et al.
116. Two Nosocomial Pertussis Outbreaks and Their Associated Costs—King County, Washington, 2004, Henry C. Baggett et al.
117. Associations Between Surgical Site Infection Risk and Hospital Operation Volume and Surgeon Operation Volume Among Hospitals in the Dutch Nosocomial Infection Surveillance Network, Jan Muilwijk et al.
118. Immunity Against Infectious Diseases: Predictive Value of Self-Reported History of Vaccination and Disease, Andrea Trevisan et al.
119. Effect of a Chlorhexidine Mouthwash on the Risk of Postextraction Bacteremia, I. Tomás et al.
120. Reduction in Surgical Site Infections in Neurosurgical Patients Associated With a Bedside Hand Hygiene Program in Vietnam, Le Thi Anh Thu et al.
121. Efficacy of a Silicone Urinary Catheter Impregnated with Chlorhexidine and Triclosan Against Colonization With *Proteus mirabilis* and Other Uropathogens, Trupti A. Gaonkar et al.
122. Central Venous Catheter-Related *Streptomyces* Septic Thrombosis, Ghazi Ghanem et al.
123. Device-Associated Nosocomial Infection Rates in Intensive Care Units in Greece, Sofia Dima et al.
124. Healthcare Costs Associated with Hemodialysis Catheter-Related Infections: A Single-Center Experience, Venkataraman Ramanathan et al.
125. Incidence of Catheter-Related Bloodstream Infection Among Patients With a Needleless, Mechanical Valve-Based Intravenous Connector in an Australian Hematology-Oncology Unit, Kathryn Field
126. Streptococcal Meningitis Following Myelogram Procedures, Jennifer Hsu et al.
127. Hospital "Self-Prophylaxis": Strategies for Efficient Protection of the Workforce in the Face of Infectious Disease Threats, Wei Xiong et al.
128. A Neonatal Specialist With Recurrent Methicillin-Resistant *Staphylococcus aureus* (MRSA) Carriage Implicated in the Transmission of MRSA to Newborns, M. Méan et al.

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vol. 28, no.5, May 2007

129. Incidence of Parenterally Transmitted Acute Viral Hepatitis Among Healthcare Workers in Italy, Maria Elena Tosti et al.

130. Conversion of Prevalence Survey Data on Nosocomial Infections to Incidence Estimates: A Simplified Tool for Surveillance?, Philippe Berthelot et al.

131. Pseudo-outbreak of *Acinetobacter lwoffii* Infection in a Tertiary Care Center in Thailand, Anucha Apisarnthanarak et al.

The Journal of Hospital Infection,
vol. 65, no. 1, January 2007

132. Effect on MRSA transmission of rapid PCR testing of patients admitted to critical care, R. Cunningham et al.

133. MRSA in children presenting to hospitals in Birmingham, UK, A. Adedeji et al.

134. An evaluation of different methods for the recovery of methicillin-resistant *Staphylococcus aureus* from environmental surfaces, P. Obee et al.

135. Epidemiology and incidence of *Clostridium difficile*-associated diarrhoea diagnosed upon admission to a university hospital, M.F. Price et al.

136. *Pseudomonas aeruginosa* and *Pseudomonas putida* outbreak associated with contaminated water outlets in an oncohaematology paediatric unit, C. Aumeran et al.

137. Contaminated oral intubation equipment associated with an outbreak of carbapenem-resistant *Pseudomonas* in an intensive care unit, T. Kikuchi et al.

138. Effective hand hygiene education with the use of flipcharts in a hospital in El Salvador, M.A. Caniza et al.

139. Comparison of two alcohol-based surgical scrub solutions with an iodine-based scrub brush for presurgical antiseptic effectiveness in a community hospital, C. Gupta et al.

140. Effect of drying time, ambient temperature and pre-soaks on prion-infected tissue contamination levels on surgical stainless steel: concerns over prolonged transportation of instruments from theatre to central sterile service departments, I.P. Lipscomb et al.

The Journal of Hospital Infection,
vol. 65, no. 2, February 2007

141. How many infection control staff do we need in hospitals? P.J. van den Broek et al.

142. Physician handwashing: what do parents want? M.J. Stoner et al.

143. Epidemiology, clinical and laboratory characteristics of *Staphylococcus aureus* bacteraemia in a university hospital in UK, I. Das et al.

144. Needlestick injuries and other occupational exposures to body fluids amongst employees and medical students of a German university: incidence and follow-up, K. Schmid et al.

145. Occupational exposures to bloodborne pathogens among healthcare workers in Rio de Janeiro, Brazil, C. Rapparini et al.

146. Interactions between *Mycobacterium xenopi*, amoeba and human cells, M. Drancourt et al.

147. Prevalence of non-tuberculous mycobacteria in a hospital environment, J.H. Shin et al.

The Journal of Hospital Infection,
vol. 65, no. 3, March 2007

148. Evaluation of a new disinfection procedure for ultrasound probes using ultraviolet light, G. Kac et al.

149. Carbapenem-resistant *Acinetobacter baumannii* in intensive care unit patients: risk factors for acquisition, infection and their consequences, E.G. Playford et al.

150. A prospective clinical trial to evaluate the microbial barrier of a needleless connector, A.L. Casey et al.

151. Patient outcomes after simultaneous bilateral total hip and knee joint replacements, K. Huotari et al.

152. An outbreak of catalase-negative methicillin-resistant *Staphylococcus aureus*, L. Del'Alamo et al.

153. Successful decolonization of methicillin-resistant *Staphylococcus aureus* in paediatric patients with cystic fibrosis (CF) using a three-step protocol, M. Macfarlane et al.

154. Candidal versus bacterial late-onset sepsis in very low birthweight infants in Israel: a national survey, Imad R. Makhoul et al.

155. The first prevalence survey of nosocomial infections in the University Hospital Centre 'Mother Teresa' of Tirana, Albania, S. Faria et al.

INFECTION CONTROL CONFERENCES

Australian Conferences

**Infection Control Association of Queensland
2007 Conference**

Bridging the Gap

2-3 August, 2007

Hilton Hotel, Brisbane

Email: ICPAQConference2007@mit.id.au

Website: www.icpaq.org/2007conferences.shtml

**30th Annual Conference of the Infection Control
Association of NSW Inc**

Pearls of Wisdom – Celebrating 30 Years of

Infection Control in NSW

19-21 September, 2007

Star City, Sydney

Email: ica@nursing.edu.au

Website: www.icansw.org.au

**Victorian Infection Control Professionals Association
(VICPA)**

Biennial State Conference

17-19 October, 2007

Melbourne Cricket Ground (MCG), Melbourne

Website: www.vicpa.org.au

**Infection Control Association of South Australia Inc
2007 State Conference**

26 October, 2007

The Park Convention Centre, West Lakes, SA

Email: mail@icasa.org.au

Website: www.icasa.org.au

International Conferences

**3rd International Congress of the Asia Pacific Society of
Infection Control (ASPIC)**

Infection Control in a Global Village

8-11 July, 2007

Kuala Lumpur, Malaysia

Website: www.aspic2007.com

**47th Annual Interscience Conference on Antimicrobial
Agents & Chemotherapy (ICAAC)**

17-20 September, 2007

Chicago, USA

Website: www.icaac.org

**37th Annual Infection Control Conference Infection
Control Nurses Association (UK)**

Infection Prevention a new Era, a New Look

24-26 September, 2007

The Brighton Centre, Brighton, UK

**8th Annual Congress of the International Federation of
Infection Control (IFIC)**

18-22 October, 2007

Budapest, Hungary

Website: www.theifc.org

**5th World Congress of the World Society
for Pediatric Infectious Diseases**

15-18 November, 2007

Bangkok, Thailand

**International Forum of Crisis Management
for Infectious Disease**

17-18 November, 2007

Tokyo, Japan



ALBION STREET CENTRE

**INFECTION CONTROL FOR CLEANERS OF
HEALTH CARE FACILITIES
26 September (morning), 2007**

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; and Cleaning Blood Spills

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



**INTRODUCTION TO
INFECTION CONTROL
FOR DENTAL ASSISTANTS**
5 September, 2007
26 November, 2007

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

TOPICS COVERED
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



**MANAGEMENT OF NEEDLESTICK INJURIES & OTHER
EXPOSURES TO
BLOOD BORNE PATHOGENS**
19-20 September, 2007

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



**INTRODUCTION TO
INFECTION CONTROL NURSING**
21 August, 2007
14 November, 2007

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 COVERED
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



**HIV and HEPATITIS C
PRE and POST TEST COUNSELLING**
8-11 October, 2007

This four-day workshop is designed specifically for counselors and health care professionals who will be providing pre and post HIV test counselling. 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