

In.CONTROL



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

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A NEW YEAR AND A CONTINUING CHALLENGE

As you know, the single most important procedure for preventing health care associated infections is hand washing. Yet it is well documented that health care professionals still do not wash their hands frequently enough. All health care facility staff require regular reinforcement to increase the frequency and quality of their hand washes, regardless of where they stand in the hierarchy of the work place. Last year, investigations into a number of gastroenteritis outbreaks in NSW health care facilities indicated that the likely cause of transmission was person to person contact. The most important infection control measure to prevent transmission of gastroenteritis is hand washing.

The NSW Infection Control Resource Centre identified the lack of hand washing posters available to health care facilities and, with funding from the NSW Department of Health, developed a series of six different hand washing posters. The aim of the posters was to promote hand washing and improve compliance to minimize the transmission of health care associated infections. The posters were sent to facilities across the State and have been well received. Thank you for the positive feedback. The posters can be viewed on the NSW Infection Control Resource Centre web page and have generated interest and enquiries from as far away as New York. Details of the posters can be found on page 9 and the six posters can be viewed on the Centre's web-page:

www.sesahs.nsw.gov.au/albionstcentre

In response to numerous requests, the NSW Infection Control Resource Centre is developing a further poster, which will demonstrate good hand washing technique. The poster should be available within a few months.

Readers working in dentistry may be interested in the 'Rural Road-Shows' that the NSW Infection Control Resource Centre and the United Dental Hospital will be conducting throughout the year. The Road-Shows are a series of one-day workshops designed specifically for health care professionals working in dentistry and will provide an overview of current infection control procedures and strategies. Titled *An Introduction to Infection Control for Dental Staff*, the workshops have been developed in response to requests from dental staff in rural areas. The first workshops will be held in Queanbeyan and Tamworth in May, with more to follow around the State later in the year. For full details turn to page 16. Please be sure to reserve your place early as numbers will be limited and places are expected to be filled quickly. We look forward to meeting you there.

Philip Melling

(Sue Resnik is overseas on assignment)

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NSW DEPARTMENT OF HEALTH CIRCULARS & INFORMATION BULLETINS

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

2002/10	REQUIREMENTS FOR THE PROVISION OF COLD AND HEATED WATER <i>(replaces Circular 2000/10)</i>
2002/19	EFFECTIVE INCIDENT RESPONSE: A FRAMEWORK FOR PREVENTION AND MANAGEMENT IN THE HEALTH WORKPLACE <i>(rescinds 97/97)</i>
2002/26	MANAGING YOUNG CHILDREN AND INFANTS WITH GASTROENTERITIS IN HOSPITALS
2002/28	MINIMISATION OF NEONATAL EARLY ONSET OF GROUP B STREPTOCOCCAL (EOGBS) INFECTION
2002/45	INFECTION CONTROL POLICY <i>(supersedes Circulars 86/7, 97/95,99/87,IB2000/13)</i>
2002/77	CLINICAL PRACTICES - PRESSURE ULCER PREVENTION
2002/80	INFECTION CONTROL GUIDELINES FOR ORAL HEALTH CARE SETTINGS
2002/84	MANAGEMENT OF PEOPLE WITH HIV INFECTION WHO RISK INFECTING OTHERS <i>(supersedes Circular 2001/104)</i>
2002/92	MANAGEMENT OF FRESH BLOOD COMPONENTS <i>(supersedes Circulars 82/319, 84/130, 85/230, 86/177, 86/234, 89/90, 90/29, 91/9, 91/64, 97/128)</i>
2002/93	COMMUNITY SHARPS DISPOSAL BY PUBLIC HOSPITALS AND AUTHORISED OUTLETS OF THE NSW NEEDLE AND SYRINGE PROGRAM
2002/97	OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES <i>(supersedes Circular 2001/91)</i>
2002/98	TECHNICAL SERIES (TS) 10, STANDARD PROCEDURES FOR HANDLING OF ACCOUNTABLE ITEMS 5 th EDITION
2002/104	INFECTION CONTROL PROGRAM QUALITY MONITORING
January 2003	INFECTION CONTROL PROGRAM QUALITY MONITORING INDICATORS USERS' MANUAL
2003/4	RH D IMMUNOGLOBULIN (ANTI-D) <i>(supersedes Circular 97/139)</i>

**Copies of NSW Department of Health Circulars and Information Bulletins can be obtained from the NSW HealthWeb site:
<http://www.health.nsw.gov.au>
or
phoning Central Records at the NSW Department of Health on (02) 9391 9000**

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

NEW NSW DEPARTMENT OF HEALTH DIRECTIVES

CIRCULAR 2003/4 RH D IMMUNOGLOBULIN (ANTI-D)

At the time of going to print, there has been one new Circular issued by NSW Department of Health that may be of interest to some infection control professionals. Issued on the 14th January, *Circular 2003/4 RH D IMMUNOGLOBULIN (ANTI-D)* supersedes Circular 97/139. The intended users of *Circular 2003/4* are medical staff, midwives and nurses involved in obstetric care.

The introduction of Rh D Immunoglobulin (anti-D) for prophylaxis against haemolytic disease of the newborn (HDN) has been one of the major medical achievements of the last half-decade. However, in recent years, for a variety of reasons, there has been insufficient Rh D immunoglobulin to meet Australia's requirements. *Circular 2003/4* advises that the availability of Rh D Immunoglobulin has now increased and the Circular provides a summary of the revised recommendations for its use.

Copies of *Circular 2003/4* can be downloaded from the NSW HealthWeb site:

www.health.nsw.gov.au

INFECTION CONTROL PROGRAM QUALITY MONITORING INDICATORS USERS' MANUAL

In January 2003, the NSW Department of Health released the *INFECTION CONTROL PROGRAM QUALITY MONITORING INDICATORS USERS' MANUAL*. This manual was jointly developed by the Department and the Australian Council on Healthcare Standards (ACHS) and will enable NSW Public Health Organisations to comply with *Circular 2002/104 Infection Control Program Quality Monitoring*. The new User's Manual should be read in conjunction with Circular 2002/104.

The Users' manual details the definitions and methodology for the collection of healthcare associated infections (HAIs) in NSW Public Health Organisations. The indicators selected reflect the current priority areas for the NSW State Infection Control Program.

Beginning 1 January 2003, NSW Public Health Organisations are mandated to collect data, as outlined in the Users' Manual, which will be submitted to the ACHS for analysis.

Copies of the 30-page Users Manual can be downloaded from the NSW HealthWeb site:

www.health.nsw.gov.au

hard copies can be ordered from:

Better Health Centre – Publications Warehouse
Locked Mail Bag 5003
GLADESVILLE NSW 2111
Tel: (02) 9816 0452
Fax: (02) 9816 0492

MEDIA WATCH AUSTRALIA

International Herpes Week in November attempted to break down the stigmas associated with genital herpes and encourage people to get help. In publicity for Herpes week, Dr Sally Cockburn, otherwise known as radio personality Dr Feelgood, said people were taking condom use seriously during sex, but many missed the point when it came to oral sex with an increasing number of people contracting genital herpes through oral sex. Genital herpes and cold sores have separate classifications, the only difference between them being their location.

The *Sydney Morning Herald* in November reported that an Australian-made vaccine to protect women against cervical cancer has been 100% effective in a trial and has the potential to save up to 225,000 lives worldwide each year. Further trials are underway at Melbourne's Royal Women's Hospital. The vaccine, developed by the Australian drug company CSL and Professor Ian Frazer of the University of Queensland, protects women against infection by the sexually transmitted **human papilloma virus**, which causes virtually all cases of cervical cancer. If approved the vaccine could be available in five years. Cervical cancer is the second leading type of cancer among Australian women with approximately 900 new cases diagnosed each year and it accounts for approximately 200 deaths each year.

In November, the media widely reported Federal Health Minister Kay Patterson's announcement that more than a million children will be immunised against **meningococcal C** this year through an increased national vaccine supply. Those at greatest risk – children aged one to five and teenagers from 15 to 19 – will receive free vaccination and children in the lower risk bracket of six to 14 years will be immunised by 2005. The vaccination program, Australia's

largest, will cost \$190 million and is designed to ensure that every Australian under 20 is vaccinated against **meningococcal C** with the next three years.

The *Sunday Telegraph* reported that a rising number of Australian children are developing **ricketts** because their mothers are not exposed to enough sunlight during pregnancy. The disease, not widespread since the Great Depression, is caused by a lack of Vitamin D. St George Hospital in Sydney this year will undertake the world's largest investigation into deficiency levels.

In November, the *Sun-Herald* reported that health officials announced there was no cause for alarm when five people contracted **vivax malaria**, which is not life-threatening, after camping near Mossman in far north Queensland.

In December, the *Canberra Times* reported that the Western Pacific Congress on Infectious Diseases in Perth were told that around 4000 people acquire IV-related infections in Australia annually and IV infections contribute to about 480 deaths each year. The IV line acts as a "plastic highway" for microorganisms to move from the skin to the bloodstream which makes it impossible to prevent all infections. Professor Peter Collignon, Director of Infectious Diseases at Canberra Hospital, said the Canberra Hospital had halved IV device related infection rates by employing a nurse part-time to concentrate on monitoring IV-related infections. "The cost was only two-thirds of a nurse's salary but we believe we saved at least five lives and hundreds of thousands of dollars in hospital costs", Professor Collignon stated.

More than 3000 notices were issued to dairy, meat and seafood suppliers in NSW in 2001-2002 for failing to meet food safety standards, the *Sunday Telegraph* reported in December. This was three times higher than the previous year. The notices were issued by Safe Food NSW, the State's food safety authority. In eight cases, legal action was taken after warnings to lift standards were ignored.

A British study has confirmed a link between damage to the Achilles tendon and patients taking a certain class of antibiotics called fluoroquinolones, which include ciprofloxacin, norfloxacin, gatifloxacin, enoxacin and moxifloxacin. According to the *Australian Adverse Drug Reactions Bulletin*, the British study examined more than 46,000 patients taking such antibiotics over six years and found 704 cases of Achilles tendinitis and 38 cases of Achilles rupture. Experts said it was important to warn patients about possible damage to the Achilles tendon, because they were unlikely to be aware of its link to antibiotics.

In a second warning, the Adverse Drug Reactions Advisory Committee advised patients taking the blood thinner warfarin to watch for a possible interaction if they are also taking over-the-counter anti-fungal oral gels like Daktarin. Warfarin and miconazole oral gels, used for the treatment of **thrush**, could thin the blood more than required and lead to

bruising and bleeding of the mucous membranes. Warfarin is well known for interacting with many drugs and patients should be alert. Patients should always ask their chemist or doctor for a copy of the consumer medicine information for any medication they were taking so they could be alert to possible dangers. Visit the TGA Adverse Drug Reactions Unit website at www.health.gov.au/tga

Meat rolls from a Melbourne Vietnamese restaurant were at the centre of a large **gastroenteritis** outbreak in January, according to a report in the *Sydney Morning Herald*. The Department of Human Services said 67 cases of **gastroenteritis** had been linked to the restaurant. A State Coroner was to investigate a possible link between the death of a 49-year-old man who was believed to have bought some meat rolls from the restaurant. Preliminary results from patient tests indicated the cause may have been **salmonella**. Symptoms of **Salmonella** infection include stomach pains, vomiting and diarrhoea, but it rarely causes death.

Prior to the new school year in January, doctors urged parents to ensure children were up to date with their immunisations before returning to school, especially **chickenpox**. The *Daily Telegraph* reported that Sydney's northern beaches recently had an outbreak of **chickenpox** in pre-schools and childcare centres, and the virus can be easily spread during the warmer months.

The *Australian* in January reported Victoria police are investigating a man over claims that he knowingly infected a woman with **HIV**. The 32-year-old Melbourne man has had the virus for 10 years and told the police he believed he could not pass on the virus if he did not ejaculate during sex. Police are seeking notes from counseling sessions from the Department of Human Services to find out if the man had been counseled over his belief he would not infect others if he did not ejaculate. Intentionally infecting another person with **HIV** is a criminal offence with a maximum penalty of 21 years jail.

The *Archives of Internal Medicine* reported that a liver-transplant patient contracted a life threatening nut allergy from his new Liver. The report, in the January edition, revealed the liver had come from a 15-year-old boy who died after a reaction to peanuts. The 60-year-old Australian transplant patient and his doctor did not know about the donor's condition. After being sent home after the transplant, the recipient ate some cashews and suffered a severe allergic reaction. He recovered after hospitalisation and treatment with tests showing that he had developed an allergy to cashews, peanuts and sesame seeds – all food which the donor had been allergic to. There has only been one other report – by French doctors in 1997 - of an allergy being passed on by transplant.

An **anthrax** scare occurred in the offices of Police Minister Michael Costa in late January when an envelope addressed to the minister was opened, spilling white powder. The *Daily Telegraph* reported that the receptionist who opened

the letter and another female staff member underwent decontamination in the office as a precaution. Sydney was one of many cities in the world struck by a run of **anthrax** scares in the aftermath of the September 11 attacks. In the US five people were killed and 13 infected by **anthrax** that was sent to media and political offices.

In February, the *Sydney Morning Herald* printed a large feature article on the threat of biological terrorism. **Anthrax, smallpox, plague, botulism, Q fever and ricin poisoning** are all considered biological weapons that terrorists may use. However, one of the Australian Defence Force's foremost experts on biological weapons questioned the "media hype" surrounding them. "Most countries can't make military-grade dried **anthrax**," he said. The public panic following even a small attack such as poisoning of supermarket food lines underlines the power of bioterrorism as a psychological weapon. In a century when biotechnology is set to become one of the world's main industries, knowledge of biological agents for destructive purposes will also spread.

The electronic and print media in February widely reported that eleven crew members of the HMAS *Kanimbla* heading to the Middle East had left the ship after refusing vaccination against **anthrax**. A defence force spokesman said any crew member failing to take the vaccine would be removed for their own safety. According to the Center for Disease Control and Prevention, serious allergic reactions to the **anthrax** vaccine are very rare. There is no evidence that **anthrax** vaccine causes sterility, birth defects, or long-term health problems. Independent civilian committees have not found **anthrax** vaccination to be a factor in unexplained illnesses among Gulf War veterans.

MEDIA WATCH THE WORLD

Two cases of 'mad cow disease' were discovered in the western and central Swiss cantons of Fribourg and Lucerne in November. The *Associated Foreign Press* reported that this brought the total number of identified cases of **bovine spongiform encephalopathy** (or **vCJD**) to 21 in Switzerland in 2002.

In November, Police in Canada laid criminal charges against four doctors, the Canadian Red Cross Society and a United States pharmaceutical company after a five-year investigation into tainted blood, according to reports by *Reuters* and the *Associated Press*. The Royal Canadian Mounted Police said the accused failed to inform the public about the risk of **HIV** and **hepatitis** infections from unscreened blood and failed to test donated blood for the **hepatitis C** virus. An estimated 2000 Canadians were infected with **HIV** before the Red Cross started screening blood for the virus in 1985. Thousands of others have been

infected with **hepatitis C** with estimates ranging as high as 60,000. Screening for **hepatitis C** began in 1990.

According to British newspaper reports a part-time British wildlife worker who contracted **rabies** after being bitten by a bat died in November. It was Britain's first case of the disease for 100 years. The 56-year-old man died in Dundee, Scotland.

It was a woeful time on the cruise ships in late 2002. In late November a Disney cruise set sail again freshly disinfected after more than 200 passengers fell ill with a stomach bug on a seven-day cruise. The Center for Disease Control and Prevention said a thorough inspection did not reveal the source of the illness. Meanwhile, the *KRT News Agency* reported that 234 passengers and crew on board Holland America's ship *Amsterdam* contracted a stomach virus in November. It followed outbreaks on three previous voyages. In early December, the *Boston Globe* reported that more than 100 passengers on board the P&O Cruises ship *Oceana* reported symptoms of the **Norwalk virus**. Most cases of **Norwalk virus** are never catalogued by disease investigators because people endure the symptoms and quickly recover. However it is more obvious aboard a cruise ship when dozens of passengers in a confined space suddenly develop symptoms. P&O said the *Oceana* was being thoroughly disinfected.

Women now account for half of the 37 million adults infected with **HIV**. A United Nations report found that the **AIDS** epidemic claimed more than three million lives in 2002 and that an estimated five million people became infected during the year, bringing the number of people living with the virus to 42 million. For the first time in the epidemic's history, the number of women living with **HIV** had risen to 50% of the global total. In Africa, women already made up 70% of the **HIV**-infected population, and it was gradually increasing elsewhere. Sub-Saharan Africa is still by far the worst affected region. But the fastest growing **HIV** problem is in Eastern Europe and Central Asia – particularly in the Baltic States and Russia – where the number of people with **HIV** in 2002 stood at 1.2 million.

On World Aids Day in December, the *Australian Associated Press* reported that China would have between 10 million and 20 million people infected with **HIV** by the end of the decade. In a belated attempt to curtail the spread of **HIV**, China will send 1 million students to the countryside, where the disease festers, as teachers. The disease has been spread largely by unhygienic schemes to collect donated blood. The mass mobilisation reverses years of public neglect of an epidemic till now regarded as a disease afflicting foreigners.

In December, the *New York Times* reported that the CIA was investigating an informant's accusation that Iraq obtained a particularly virulent strain of **smallpox** from a Russian scientist who worked in a **smallpox** lab in Moscow. US scientists were told in August that Iraq might have obtained the mysterious strain from Nelja Maltseva, a

virologist who worked for more than 30 years at the Research Institute for Viral Preparations in Moscow before her death two years ago. The information came to the US from an informant whose identity has not been disclosed. The attempt to verify the information is continuing. Meanwhile, the British Government announced plans to vaccinate some members of the military and health service workers against **smallpox** as a precaution against a terrorist attack.

The struggle against **MRSA** received another setback in December when it was reported that it had shown resistance to a new class of antibiotic launched less than two years ago. The *Sun-Herald* reported that Linezolid, also known as Zyvox, had been in carefully controlled use in Britain since January 2001. But doctors revealed in December that an incidence of resistance had already occurred in Europe.

However, garlic could be used to defeat multi-resistant organisms, according to a report in the *Sunday Tasmanian* in December. In laboratory tests, garlic was able to kill numerous strains of **MRSA**. The key to its success, experts say, is the compound called allicin which gives garlic its characteristic smell. Doctors at the University of East London have developed a cream containing an extract of allicin, which is nature's way of protecting garlic from insects, fungi and bacteria in the soil. The cream could be applied to wounds and dressings to prevent infection, they say. They are also hoping to produce a soap containing allicin to be used by health workers as another barrier against microorganisms. Garlic has been used as a medicine for thousands of years. The Egyptians gave it to the workers who built the pyramids to keep them healthy. As recently as World War I it was used to prevent gangrene. But it went out of use as antibiotics were introduced.

Two doses of **chickenpox** vaccine instead of one may be needed to protect children fully against the disease, a research article published in the December issue of the *New England Journal of Medicine* claimed. A United States study of children in a child-care centre found one dose had a much higher failure rate than previously thought. During an outbreak of **chickenpox** in the centre, 56% of vaccinated children became sick. Australian experts felt more research was needed. Each year an estimated 250,000 Australians get **chickenpox**, which causes headaches, fever and itchy spots that fill with fluid before crusting over. About 2000 people are hospitalised annually, about 780 of them under the age of four. About seven people die each year from the disease.

At the end of December, *Reuters News Agency* reported that Hong Kong authorities had destroyed 16,000 chickens and stopped imports of the birds from China in an effort to prevent a repeat of a fatal bird **flu** that killed six people in the city in 1997. The cull was carried out at a poultry farm in the northern rural New Territories after more than 1000 chickens were found dead there on the last Saturday in December.

World-wide media extensively reported on the discovery of a cache of ricin poison in a London flat in January. The find placed Britain on terror alert amid fears that the toxin was planned for an attack on key public figures and mass transport routes, including London's Underground. The poison is one of the most deadly known. One gram is capable of killing 36,000 people and there is no vaccine or antidote. Symptoms of infection are fever, breathing difficulties, diarrhoea and death within three days.

In January, the *Daily Telegraph* reported on a recent published study that described how maggot larvae can treat stubborn wounds that refuse to heal due to infection or other problems. Research is showing that larval therapy is one of the best ways to treat wounds infected with drug resistant pathogens. Studies suggest up to 5000 patients a year die of hospital acquired infections – with the cost of treating those struck down put at more than \$1 billion a year. Now at least two hospitals are using maggots to treat **MRSA**. Experts have developed a maggot pouch which is like a teabag – making them easier to use on squeamish patients. After it is placed over the wound, the maggots eat dead tissue and destroy bacteria, while leaving healthy tissue untouched. Maggots were first used by doctors in the trenches during World War I and subsequently until the 1940s when antibiotics were developed. Experts say maggots also release natural substances that stop injured skin from becoming re-infected. In Holland 11 patients with stubborn or life-threatening wounds that refused to heal were given the maggot treatment. Nine recovered fully and the other two died of other causes.

Doctors warned of an outbreak of deadly diseases in the Fiji Islands following Cyclone Ami which devastated the islands in January. According to press reports, 120 cases of **diarrhoea** have already been reported in Labasa and Savusavu.

In an incongruous appointment, the *Washington Post* reported in January that the Bush Administration had chosen Jerry Thacker to serve on the Presidential Advisory Commission on **HIV** and **AIDS**. In the past Thacker has characterised **AIDS** as the “gay plague”.

A report in the January issue of the *Medical Observer* described how an 18-month-old Dalmatian dog turned out to be a source of **methicillin-resistant Staphylococcus aureus (MRSA)** infection. It is believed that the 48-year-old man, who had diabetes and chronic renal impairment, infected the dog after he returned from hospital. The dog routinely slept on the couple's bed and often licked their faces. In turn, the dog was the source of re-infection or re-colonisation for both the man and his wife. The man first presented with **MRSA** infection in his right leg stump. The cellulitis resolved after intravenous vancomycin and a 10-day course of daily chlorhexidine baths, but two courses of twice-daily topical mupirocin ointment to his nostrils and a course of oral rifampicin failed to eradicate **MRSA** from his nose. When the man's wife – a kidney transplant recipient with diabetes – twice developed **MRSA** cellulitis after

biopsies of minor skin lesions, nasal swabs were taken from the only other member of the household: the dog. **MRSA** isolated from the dog's nose was identical to that from the couple's. The **MRSA** was eradicated only after four courses of intranasal vancomycin ointment to the couple and their dog.

In late January, the *New York Times* reported that the US Congress have committed \$US15 billion (\$AU25.4 billion) to an emergency relief fund for **AIDS** in Africa. The White House's website, www.whitehouse.gov, said that the plan would target Botswana, Ethiopia, Guyana, Haiti, Kenya, Ivory Coast, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda and Zambia. The CIA recently warned that **AIDS** in China, India and Russia, as well as Africa, is a national security threat to the United States.

In February, the *Boston Globe* reported that the first health-care workers in the United States in 30 years had received the **smallpox** vaccine. Nursing confederations in Massachusetts and Rhode Island are rebelling against the controversial vaccine initiative. The **smallpox** vaccine poses a higher risk of complications and some public health specialists say debate should focus on whether the US needs **smallpox** vaccination at this stage.

Meanwhile, the *Sydney Morning Herald* in February reported that British researchers have launched a global recruitment drive for home computer users to help find a cure for **smallpox**. A team at Oxford University wants computer owners to screen billions of molecules. By breaking the workload into millions of small automated tasks, the scientists can distribute them over the internet to anyone willing to help. The **Smallpox** Protection Project aims to test 3.5 billion molecules for their ability to block 12 target proteins known to be active in the **smallpox** virus, so preventing it from spreading through the body. The British team is already working on similar projects to fight **cancer** and **anthrax**. In just under two years more than 2 million computers in 260 countries have provided 193,000 years of computer time. Australia is ninth on the list of participants with 5226 registered members. The research software can be downloaded at: www.grid.org

A mysterious lung virus killed five people among a total of 305 known cases in southern China, the *Daily Telegraph* reported in February. The cause has not been established. Of those struck down, 105 were medical workers. Fifty-nine have recovered and left hospital.

Research by a European and American team into the genetic analysis of *Helicobacter pylori*, the pathogen that causes stomach ulcers, has identified five ancestral groups of the bacterium, the *Sydney Morning Herald* reported in March. The research could help reveal details about the ancient movements of people around the globe. Professor Barry Marshall and Dr Robin Warren of the University of Western Australia revolutionised the treatment of ulcers with their 1983 discovery that they were caused by *H. pylori* and

could be cured with antibiotics. Professor Marshall's team is studying bacteria from Aboriginal people in Western Australia, to determine whether the bacteria is of European origin. The research could explain why Aborigines did not get stomach ulcers before colonisation. They may never have been infected by *H. pylori* as the researchers suspect there weren't any indigenous strains.

Vancomycin-Resistant *Staphylococcus aureus* – Pennsylvania, 2002

From Morbidity & Mortality Weekly Report 17/10/2002

Staphylococcus aureus is one of the most common causes of hospital – and community – acquired infections. Since the recognition of vancomycin-resistant enterococci in 1988, the emergence of vancomycin-resistant *S. aureus* (VRSA) (minimum inhibitory concentration [MIC] ≥ 32 $\mu\text{g}/\text{mL}$) has been anticipated. The transfer of the genetic element containing the *vanA* vancomycin resistance gene from *Enterococcus faecalis* to *S. aureus* was demonstrated in the laboratory in 1992; the first clinical infection with VRSA was reported in July 2002. This report describes the second documented clinical isolate of VRSA from a patient.

On September 20, the patient was admitted to a hospital in Pennsylvania and evaluated for a chronic foot ulcer and possible osteomyelitis. A culture of the ulcer grew *S. aureus*. This isolate was tested for antimicrobial susceptibility by disk diffusion; a vancomycin-agar screen plate (brain heart infusion agar containing 6 $\mu\text{g}/\text{mL}$ vancomycin) also was inoculated. Growth on the vancomycin screen plate and a 12 mm zone of inhibition around the vancomycin disk suggested that the isolate had decreased susceptibility to vancomycin. Further testing by Etest® confirmed that the isolate was resistant to vancomycin (MIC=64 $\mu\text{g}/\text{mL}$). Following notification of the Pennsylvania Department of Health (PDH), the isolate was forwarded to CDC, where it was confirmed to be VRSA (vancomycin MIC=32 $\mu\text{g}/\text{mL}$ by broth microdilution testing). The isolate contained both the *mecA* and *vanA* genes mediating oxacillin and vancomycin resistance, respectively. The isolate was susceptible to chloramphenicol, linezolid, minocycline, quinupristin-dalfopristin, rifampin, and trimethoprim-sulfamethoxazole.

The patient has been discharged from the hospital and is responding to antimicrobial treatment. The patient is receiving home-health care. PDH and CDC are assisting health-care providers investigating this case of VRSA. The goals of this investigation include assessment of infection-control practices in the hospital and home setting and the possibility of transmission of the organism to other patients,

health-care providers, and family or social contacts. Previous investigations of VRSA and vancomycin-intermediate *S. aureus* in the home setting demonstrated no transmission among family or home health-care contacts.

The presence of *vanA* in this VRSA suggests that the resistance determinate was acquired from a vancomycin-resistant enterococcus. Development of this VRSA appears to be unrelated to the previous VRSA identified in Michigan. However, because both were probably the result of conjugation events, additional VRSA infections are likely to occur. Therefore, clinical microbiology laboratories must ensure that they are using susceptibility testing methods that will detect VRSA and that they are saving potential VRSA for confirmatory testing. In addition, more systemic surveillance for VRSA will enhance the ability of the public health system and the health-care system to rapidly address this resistant pathogen.

The public response to this VRSA occurrence is ongoing. Using proper infection-control practices and good antimicrobial agent management will help limit the emergence and spread of antimicrobial-resistant microorganisms, including VRSA. CDC recommends contact precautions when caring for patients with these infections, including placing the patient in a private room, wearing gloves and a gown during patient contact, washing hands after contact with the patient and infectious body tissues or fluids, and not sharing patient-care items with other patients. CDC guidelines for preventing spread of VRSA are available at:

www.cdc.gov/ncidod/hip/10_20.pdf

Reported by: D. Miller, V. Urdaneta, MD, A. Weltman, MD, Pennsylvania Dept of Health. Office of the Director, Div of Healthcare Quality Promotion, National Center for Infectious Diseases; S. Park, EIS Officer, CDC.

THE HIV EPIDEMIC IN AUSTRALIA

Total Diagnoses to 30 June 2002

- 22,107 diagnoses of HIV infection
- 19,200 diagnoses of HIV infection following adjustment for multiple reporting
- 8,870 diagnoses of AIDS
- 6,184 deaths following AIDS were reported by 30 September 2002.

Source: Australian HIV Surveillance Report, vol.18, no.4, October 2002.

SYDNEY HOSPITAL AND SYDNEY EYE HOSPITAL

ANNUAL POST REGISTRATION NURSING COURSE IN INFECTION CONTROL

The Course is a twenty-six week program involving integrated theory and practice. It is offered to Registered Nurses working in or preparing for roles appropriate to this speciality.

Course participants receive eight weeks of theoretical content. The Lecturers are experts and are recognised as leaders in each field. Individual clinical programs are developed in consultation with Course applicants and clinical providers, based on the applicant's learning needs.

Graduates will gain advanced standing on entry into the Masters of Nursing (Urban Health or Clinical Studies) at the University of Sydney.

Conditions apply.

Course fees apply.

Course begins mid-June 2003.

For further information and a copy of the prospectus, please contact:

**Course Coordinator
Clinical Nursing Services Department
Sydney Hospital and Sydney Eye Hospital**

**Tel: (02) 9382 7404 or (02) 9382 7402
or email:**

fordm@sesahs.nsw.gov.au

SPOTLIGHT ON RICIN POISONING

The discovery of ricin in a London flat in January raised the profile on ricin poisoning as a possible bioterrorist weapon.

What is ricin?

- Ricin is a toxin found at a concentration of 5% in the by-product of the production of castor oil.
- Castor oil comes from crushing castor beans which grow throughout Australia.
- The castor oil plant is native to Africa and Asia and is found in creek beds and watercourses and is also prolific on Sydney streets.
- The toxin is extracted from the plant through a process called chromatography – a skill commonly taught to biochemistry students.
- In liquid or crystal form, it can be used in bioterrorism by contaminating food and water or being sprayed in powder form.
- One gram of ricin is enough to kill 36,000 people.

What are the effects of ricin?

- Ricin is fatal via ingestion, injection or inhalation – killing the victim within three days.
- Ingestion poisoning initially causes abdominal pain, vomiting or diarrhoea within a few hours.
- Inhalation will initially cause fever, coughing, breathing difficulty, nausea and chest tightness
- Within days it causes severe dehydration, decreased blood pressure, internal bleeding, organ failure, respiratory failure, circulatory collapse and death.
- There is no vaccine or cure.

Has ricin ever been used as a bioterrorist weapon?

- Yes. The most famous incident involving ricin was the assassination of the communist defector Georgi Markov in London in 1978. Markov was waiting at a bus stop when he was “shot” in the thigh by a gun disguised as an umbrella with a small pellet containing 0.2mg of ricin. Markov developed a high temperature and died within four days. His assassin was never captured.
- In the US three ricin cases were recorded between 1991 and 1997.

Source: The Daily Telegraph

HAND WASHING POSTERS

The NSW Infection Control Resource Centre, with funding from NSW Health, has developed a series of six hand washing posters. The aim of the posters is to promote hand washing and improve compliance across the State to minimise transmission of healthcare associated infections.

The colour posters are A3 in size (297mm x 420mm) with a matt finish printed on 200gsm art board. The posters can be viewed on the NSW Infection Control Resource Centre website:

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

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

albicr@sesahs.nsw.gov.au

VIDEO & CD-ROM LIBRARY

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

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

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

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

INFECTION CONTROL CONFERENCES

SOCIETY FOR HEALTH CARE EPIDEMIOLOGY OF AMERICA INC ANNUAL MEETING

6-8 April

Crystal Gateway Marriott Hotel
Arlington, Virginia, USA

Contact:

SHEA Meetings Department
19 Mantua Road,
Mt Royal, NJ 08061, USA
Tel: (1) 609 845 7220

Email: meetings@tmg.smarthub.com

Website: www.shea-online.org/Annmtg.html

THE 4TH INTERNATIONAL SYMPOSIUM ON ANTIMICROBIAL AGENTS AND RESISTANCE (ISAAR 2003)

*Antimicrobial Treatment in the 21st Century:
Current Challenges and Future Strategies*

1-3 May 2003

COEX Center, Korea

Contact:

ISAAR 2003 Secretariat, Ms Susan Chung
50 Ilwon-dong, Kangnam-ku
Seoul 135-710 Korea
Tel: (82) 2 3410 0327
Fax: (82) 2 3410 0023

Email: susan@ansorp.org

Website: www.ansorp.org

VICTORIAN INFECTION CONTROL PROFESSIONALS ASSOCIATION CONFERENCE AND EXHIBITION

Enterprise – The Next Generation
22-23 May 2003

Melbourne Convention Centre

Contact:

ICMS Pty Ltd
84 Queensbridge Street
Southbank, Vic. 3006
Tel: (03) 9682 0244
Fax: (03) 9682 0288

Email: vicpa@icms.com.au

Website: www.icms.com.au/vicpa/

INTERNATIONAL SOCIETY OF CHEMOTHERAPY (ISC) AND THE INTERREGIONAL ASSOCIATION FOR CLINICAL MICROBIOLOGY AND

ANTIMICROBIAL CHEMOTHERAPY (IACMAC) INTERNATIONAL CONFERENCE

Surgical Infections: Prevention and Management
29-30 May 2003

Cosmos Hotel, Moscow, Russia

Contact:

Dmitry V Galkin

Tel: (7) 0812 611 301 / (7) 0812 611 327

Fax: (7) 0812 611 294

Email: conference@antibiotic.ru

Website:

www.microbiology.ru/en/confer/2003/surgery.shtml

APICS's 30th ANNUAL EDUCATIONAL CONFERENCE

8-12 June 2003

San Antonio, Texas, USA

<http://www.apic.org/apic2003/>

AUSTRALIAN INFECTION CONTROL ASSOCIATION (AICA) NATIONAL CONFERENCE

9-11 June 2004

Wrest Point Casino, Hobart

CHICA-CANADA: 2003 NATIONAL EDUCATION CONFERENCE

23-25 June 2003

Valhalla Inn, Thunder Bay, Ontario

Website: www.chica.org/2003_confe.html

APSIC 2ND INTERNATIONAL CONGRESS OF THE ASIA PACIFIC SOCIETY OF INFECTION CONTROL

Singapore 20-23 July 2003

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

9-11 October 2003

Surfers Paradise Marriott Resort, Queensland

Contact: WIC 2003

C/- Intermedia Convention & Event Management

Email: wic03@im.com.au

Fax: (07) 3858 5510

Tel: (07) 3858 5538

EMAIL REMINDER

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

CURRENT JOURNAL AWARENESS

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

1. **Silent Practices: Imperatives of a Culture of Urgency**, Macbeth, D., *Australian Infection Control*, vol. 7, no.4, December 2002.
2. **MRSA Management Strategies in Acute Care Hospitals: A Systemic Review**, Halcomb, E. J. et al, *Australian Infection Control*, vol. 7, no.4, December 2002.
3. **Fungal Infections: An Infection Control Perspective, Health**, C. H., *Australian Infection Control*, vol. 7, no.4, December 2002.

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

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

4. **Study of an Outbreak of Enterobacter cloacae Sepsis in a Neonatal Intensive Care Unit: The Application of Epidemiologic Chromosome Profiling by Pulsed-Field Gel**, Liu, S-C. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.
5. **Underlying Characteristics of Patients Harboring Highly Resistant *Acinetobacter baumannii***, Mahgoub, S. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.
6. **Entral Vancomycin to Control Methicillin-Resistant *Staphylococcus aureus* Outbreak in Mechanically Ventilated Patients**, Silvestri, L. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.

7. **Epidemiology of Vancomycin-Resistant *Enterococcus faecium* under a selective isolation Policy at an Urban Hospital**, Winston, L. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.
8. **Direct Costs Associated With a Nosocomial Outbreak of Adenoviral Conjunctivitis Infection in a Long-Term Care Institution**, Piednoir, E. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.
9. **Analysis of Antimicrobial Resistance Among Gram-Negative Bacilli and Antimicrobial Use in Intensive Care Unit Patients for 5 Years in a Veterans Affairs Medical Center**, Gentry, C. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.
10. **Postdischarge Surveillance of Surgical Site Infections: A Multi-Method Approach to Data Collection**, Noy, D. & Creedy, D., *American Journal of Infection Control*, vol. 30, no.7, November 2002.
11. **Compliance With Methicillin-resistant *Staphylococcus aureus* precautions in a Teaching Hospital**, Afif, W. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.
12. ***Pseudomonas aeruginosa* Infections in a Neonatal Intensive Care Unit**, Zafar, A. et al, *American Journal of Infection Control*, vol. 30, no.7, November 2002.

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

www.mosby.com/ajic

13. **Difference in the Incidence of *Clostridium difficile* Among Patients Infected With Human Immunodeficiency Virus Admitted to a Public Hospital and a Private Hospital**, Pulvirenti, J. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11 November 2002.
14. **Predominance of a Single Restriction Endonuclease Analysis Group With Intrahospital Subgroup Diversity Among *Clostridium difficile* Isolates at Two Chicago Hospitals**, Endale, M. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
15. **Underlying Disease Severity as a Major Risk Factor for Nosocomial *Clostridium difficile* Diarrhea**, Kyne, L. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.

16. **The Role of *Clostridium difficile* and Viruses as Causes of Nosocomial Diarrhea in Children**, Langley, J. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
17. **An Outbreak of Diarrhea in a Neonatal Medium Care Unit Caused by a Novel Strain of Rotavirus: Investigation Using Both Epidemiologic and Microbiological Methods**, Widdowson, M.A. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
18. **An Outbreak of *Salmonella* Serotype Saintpaul in a Children's Hospital**, Bornemann, R. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
19. **Epidemiology of Methicillin-Susceptible *Staphylococcus aureus* in the Neonatal Intensive Care Unit**, Graham, P. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
20. **Effectiveness of Pharmacy Policies Designed to Limit Inappropriate Vancomycin Use: A Population-Based Assessment**, Thomas, A. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
21. **Nosocomial Infection Among Children With Symptomatic Human Immunodeficiency Virus Infection**, Frota, A. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
22. **Chlorhexidine Resistance in Antibiotic-Resistant Bacteria Isolated From the Surfaces of Dispensers of Soap Containing Chlorhexidine**, Brooks, S. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
23. **SHEA POSITION PAPER; *Clostridium difficile* in Long-Term-Care Facilities for the Elderly**, Simor, A. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, November 2002.
24. **Prospective Surveillance for Primary Bloodstream Infections Occurring in Canadian Hemodialysis Units**, Taylor, G. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.12, December 2002.
25. **Surveillance of Hemodialysis-Associated Primary Bloodstream Infections: The Experience of Ten Hospital-Based Centers**, Dopirak, M. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.12, December 2002.
26. **An Outbreak of Bloodstream Infections in an Outpatient Hemodialysis Center**, Price, C. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.12, December 2002.
27. **Weekly Transparent Dressing Changes Linked to Increased Bacteremia Rates**, Curchoe, R. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.12, December 2002.
28. **An Outbreak of *Serratia marcescens* Bacteremia After General Anesthesia**, Sebert, M. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, December 2002.
29. ***Serratia* Bacteremia in a Large University Hospital: Trends in Antibiotic Resistance During 10 Years and Implications for Antibiotic Use**, Choi, S.H. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, December 2002.
30. **Prevention of Bloodstream Infections With Central Venous Catheters Treated With Anti-Infective Agents Depends on Catheter Type and Insertion Time: Evidence From a Meta-Analysis**, Walder, B. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, December 2002.
31. **Central Venous Catheter-Related Infection: A Prospective, Observational Study to Assess the Incidence Rate at a Teaching Hospital in Argentina**, Bantar, C. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, December 2002.
32. **Guidelines for the Prevention of Intravascular Catheter-Related Infections**, O'Grady, N. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.11, December 2002.
33. **Guideline for Hand Hygiene in Health-Care Settings: Recommendations of the Healthcare Infection Control Practices Advisory Committee and the HICPAC/SHEA/APIC/IDSA Hand Hygiene Task Force**, Boyce, J. & Pittet, D., *Infection Control and Hospital Epidemiology*, vol. 23, no.11, December 2002.
34. **Improvement of Interoperative Antibiotic Prophylaxis in Prolonged Surgery by Automated Alerts in the Operating Room**, Zanetti, G. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.
35. **A Risk Index for Sternal Surgical Wound Infection After Cardiovascular Surgery**, Kohli, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.
36. **Risk Factors for Spinal Surgical-Site Infections in a Community Hospital: A Case-Control Study**, Apisarnthanarak, A. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.

- 37. **A Prospective Study of Tobacco Smoking as a Predictor of Complications in General Surgery**, Delgado-Rodriguez, M. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.
- 38. **Predictor of Complications in General Surgery, Hemorrhage After Coronary Bypass Graft Procedures**, Herwaldt, L. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.
- 39. **An Internet-Based Automated System for the Surveillance of Nosocomial Infections: Prospective Validation Compared With Physicians' Self Reports**, Bouam, S. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.
- 40. **The Prevalence and Estimates of the Cumulative Incidence of Hospital-Acquired Infections Among Patients Admitted to Auckland District Health Board Hospitals in New Zealand**, Graves, N. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.
- 41. **Resource Utilization Among Patients With Sepsis Syndrome**, Bates, D. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.1, January 2003.

INFORMATION SHEETS AVAILABLE


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

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

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

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

- 42. **Medical Progress: Typhoid Fever**, Parry, C. et al, *The New England Journal of Medicine*, vol. 347, no.22 November 2002.
- 43. **Outbreak of Varicella at a Day-Care Center Despite Vaccination**, Galil, K. et al, *The New England Journal of Medicine*, vol. 347, no.24, December 2002.
- 44. **Predictors of Influenza Vaccination Amongst Australian Nurses**, Campos, W. & Jalaludin, B., *Australian Journal of Advanced Nursing*, vol. 20, no.2, December 2002-February 2003.
- 45. **Infection Control and Public Health Aspects of a Case of Pertussis Infection in a Maternity Health Care Worker**, McCall, B. et al, *Communicable Diseases Intelligence*, vol. 26, no.4, 2002.
- 46. **Nosocomial Infection and Related Risk Factors in a General Surgery Service: A Prospective Study**, Vazquez-Aragon, P. et al, *Journal of Infection*, vol. 46, no.1, January 2003.



INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES
10th April (morning)

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

TOPICS

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

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

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

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

Email: albeducation@sesahs.nsw.gov.au



HIV PRE & POST TEST COUNSELLING **17th-20th March 2003**

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 skills-based workshop focusing on the immediate emotional and psychosocial responses to HIV testing. Other issues to be addressed will include hepatitis C, occupational exposures and suicide risk assessment.

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

PREREQUISITE:

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

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

VENUE

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

COURSE DETAILS:

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



INTRODUCTION TO INFECTION CONTROL NURSING **7th May 2003** **29th May 2003**

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

TOPICS

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

VENUE

The Albion Street Centre
150 Albion Street
SURRY HILLS NSW 2010

COURSE DETAILS:

\$137.50 (including GST)
Tel: (02) 9332 9720
Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au



MANAGEMENT OF NEEDLESTICK INJURIES AND OTHER BLOOD BORNE PATHOGENS **25th-26th March 2003**

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

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

PREREQUISITE:

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

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

VENUE

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

COURSE DETAILS:

\$220 (including GST)
Tel: (02) 9332 9720 Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au



INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS **26th February 2003** **31 March 2003**

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

TOPICS COVERED INCLUDE:

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

VENUE

The Albion Street Centre
150 Albion Street
SURRY HILLS NSW 2010

COURSE DETAILS:

\$137.50 (including GST)
Tel: (02) 9332 9720
Fax: (02) 9360 4387
E-mail: albeducation@sesahs.nsw.gov.au

INFECTION CONTROL RESOURCE PACKAGE

The NSW Infection Control Resource Centre has developed the Infection Control Resource Package containing current Infection Control topics, issues and selected diseases. Each topic contains a short historical overview, recent developments and future trends. Mode of transmission, incubation period and preventative measures are also included in the applicable packages. Each topic contains a reference list for further reading as well as suggested videos and relevant websites.

The Resource Package is in easy-to-understand English and ideal for gaining brief background information on a particular infection control related topic. It is written for health care worker reference and not for patients or clients.

Further topics will be developed and suggestions for future topics are welcome.

Current topics include:

- Standard and Transmission Based Precautions
- Hand Washing
- Safe Handling, Usage and Disposal of Sharp Objects
- Latex Allergies
- Hepatitis A
- Hepatitis B
- Hepatitis C
- HIV/AIDS
- Tuberculosis
- Methicillin-Resistant Staphylococcus Aureus (MRSA)
- Vancomycin-Resistant Enterococcus (VRE)
- Measles
- Rubella (German Measles)
- Pertussis (Whooping Cough)
- Respiratory Syncytial Virus
- Varicella (Chicken Pox)
- Herpes Zoster (Shingles)
- Meningococcal Disease
- Legionellosis
- Head Lice (Pediculosis Capitis)
- Scabies

To order your copy of the bound Infection Control Resource Package please contact the NSW Infection Control Resource Centre on (02) 9332 9712.

THE HIV NURSING PRACTICE WORKSHOP

12-15th May, 2003

Venue:

Albion Street Centre, Surry Hills, Sydney

The workshop is for nurses who work, or are preparing to work, with HIV-positive clients and wish to increase their knowledge and skills. The workshop recognises the unique role and knowledge of nurses in HIV/AIDS care.

The workshop is coordinated by Nurse Consultants and Nurse Educators and each session is presented by a recognised expert.

The content includes HIV:

**Pathogenesis and Nursing Care
Immunopathology
Pharmacology and Drug Trials
Issues for Women and Children
Ethical and Legal Issues
Psychosocial Issues
Cultural Issues**

For further information or application form contact:

Albion Street Centre Education Unit

Phone: (02) 9332 9720

NSW toll-free: 1800 451 600

Fax: (02) 9360 4387

Email: TomkinsM@sesahs.nsw.gov.au

Closing date for applications:

Friday 4th April 2003

Cost: \$450

(Successful NSW applicants may be able to obtain funding from their Area HIV/AIDS Coordinator.)

The workshop is a joint initiative of St Vincent's Hospital, Sydney Children's Hospital, Albion Street Centre, Sydney Hospital, Royal Prince Alfred Hospital, Prince of Wales Hospital, Royal North Shore Hospital, Westmead Hospital, Sacred Heart Hospice, Central Sydney Community Health Services, and South Western Sydney Area Health Service



INTRODUCTION TO INFECTION CONTROL FOR DENTAL STAFF

**QUEANBEYAN 1st MAY 2003
TAMWORTH 15th MAY 2003**

This one-day workshop is designed specifically for health care professionals working in dentistry.
It provides an overview of current infection control procedures.

TOPICS COVERED INCLUDE:

The Principles of Infection Control
Basic Microbiology and Immunology
Reprocessing Instruments and Equipment
Waste Management
Cleaning Blood and Body Substance Spills
Safe Handling of Equipment
Preventing the Transmission of Blood-Borne Infections
(in particular Hepatitis B & C and HIV)
Management of Sharps Injuries

VENUES:

QUEANBEYAN 1st MAY 2003

9:00am-3:00pm

Conference Room, 1st Floor
Area Office, Southern Area Health Service
Lowe Street
Queanbeyan

TAMWORTH 15th MAY 2003

10:00am-4:00pm

Room 2, Learning Services
Dean House, Dean Street
Tamworth

COURSE DETAILS:

\$110 (including GST)

REGISTRATION:

Tel: (02) 9332 9712

PRE-REGISTRATION IS ESSENTIAL