

In.CONTROL



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

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MORE EMERGING INFECTIOUS DISEASES

In June thirty-seven people in mid-west America were suspected of being infected with monkeypox, a potentially fatal smallpox-like virus. Coming hot on the heels of SARS, the monkeypox outbreak caused panic in America when it was thought that prairie dogs were the carrier of this virus. Prairie dogs are small burrowing rodents that are often kept as pets (see photograph below). It is the first documented case of monkeypox in the west.



A Prairie Dog

The Centers for Disease Control and Prevention (CDC) made available the smallpox vaccine, which can protect against monkeypox, to selected groups such as health care workers caring for infected patients, people who had been exposed to animals sick with the disease, such as veterinarians, and scientists investigating the outbreak. In the USA routine smallpox vaccination ceased in 1970; global eradication of smallpox was confirmed in 1980.

Monkeypox is a rare viral disease that is found mostly in the rainforest countries of central and west Africa. The disease is called monkeypox because it was first discovered in laboratory monkeys in 1958. Monkeypox is a close relative of the smallpox virus. Although monkeypox is less severe than smallpox, CDC

officials were concerned that the virus could pass into native wildlife, such as squirrels, and become endemic, creating a new health hazard in the hemisphere.

People can become infected with monkeypox from an infected animal either through a bite or direct contact with the infected animal's blood, body fluids or lesions. The disease can also be spread from person-to-person, probably by large respiratory droplets during direct or prolonged face-to-face contact.

In humans, the signs and symptoms are similar to those of smallpox, but usually milder. The incubation period for monkeypox is about 12 days. The illness begins with fever, headache, muscle aches, swollen lymph glands. Within 1 to 3 days after onset of fever, the patient develops a papular rash often first on the face. The lesions develop through several stages before crusting and falling off. The illness typically lasts 2 to 4 weeks.

Once again we have an excellent issue of **In.Control** full of interesting and up-to-date information. Also, don't forget to access the NSW Infection Control Resource Centre web page:
www.sesahs.nsw.gov.au/albionstcentre

Sue Resnik, Editor

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NSW DEPARTMENT OF HEALTH CIRCULARS & INFORMATION BULLETINS

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

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

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

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

or

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

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

NSW DEPARTMENT OF HEALTH CIRCULARS

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

Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B and Hepatitis C - Circular 2003/39

Issued in June, this Circular supersedes Circular 98/11 *Management of Health Care Workers Potentially Exposed to HIV, Hepatitis B and Hepatitis C*.

Circular 2003/39 should be read in conjunction with:

- Circular 2002/45 *Infection Control Policy*
- Circular 2002/97 *Occupational Screening and Vaccination Against Infectious Diseases*
- Circular 98/100 *HIV Confidentiality: A Guide to Legal Requirements*

HIV, Hepatitis B Virus (HBV) and Hepatitis C Virus (HCV) may be transmitted by significant exposure to blood and other body substances. Occupational exposure is defined as an incident which occurs during the course of a person's employment and involves contact with blood and other body substances. Such exposures may put the person at risk of acquiring a blood-borne infection.

Adherence to standard infection control practices remains the first line of protection for health care workers against occupational exposure to HIV, HBV or HCV. Knowledge regarding treatment of exposure to HIV, HBV and HCV is evolving rapidly so, in addition to following the guidelines in this Circular, the advice of an appropriate medical specialist should always be sought prior to the commencement of treatment.

Public Health Organisations must ensure that:

- An efficient local system is established for reporting and managing potential exposures of health care workers to blood and body substances;
- The confidentiality of injured health care workers is maintained in accordance with Circular 98/100 *HIV Confidentiality: A Guide to Legal Requirements*;
- Health care workers whose work places them at risk have been offered a course of hepatitis B vaccine as per Circular 2001/91 *Occupational Screening and Vaccination of Health Care Workers Against Infectious Diseases*;
- All staff are aware of the need to comply with Circular 2002/45 *Infection Control Policy*;
- All staff are aware of whom to contact for advice concerning occupational exposures;

- Expert advice is available to all health care workers 24 hours a day and processes are in place to facilitate ready access to appropriate treatment;
- Mechanisms are implemented to educate all health care workers on immediate care of injuries and their rights and responsibilities following an occupational injury/exposure.

Rapid assessment of the health care worker is essential to ensure the timely administration of specific prophylaxis when appropriate.

All occupational exposures must be fully documented to meet relevant legal requirements. Public Health Organisations must ensure that health care workers are able to obtain the support to which they are entitled, including access to workers compensation if appropriate.

The NSW Needlestick Injury Hotline provides assistance to Public Health Organisations in the management of occupational exposure to bloody and body substances. The Hotline provides information, support and a referral service. **THE HOTLINE IS NOT A SUBSTITUTE FOR LOCAL AREA SERVICES.** The Hotline provides a 24-hour service and can be contacted on free-call 1800 804 823 within NSW.

It is recommended that licensed private health care facilities have regard to this Circular in the development of policies on management of occupational exposure to blood-borne viruses.

Copies of this and other NSW Department of Health Circulars can be downloaded from the NSW HealthWeb site:

www.health.nsw.gov.au

INFORMATION SHEETS

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

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

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

MEDIA WATCH AUSTRALIA

In June, the *Sydney Morning Herald* published a fascinating look at interspecies illness caused by viral diseases leaping from animals to humans. The **common cold** is thought to have jumped from horses to humans, **leprosy** from water buffalo, **measles** from the virus that causes distemper in dogs, and **HIV** from monkeys. In the 22 years since its discovery, **HIV** has killed 28 million and infected 42 million people. Dr Dominic Dwyer, a medical virologist at Westmead Hospital, said 75% of emerging viral diseases in humans in the past decade have been passed from animals. "I see no reason why this won't continue," says Dr. Dwyer.

15 YEARS OF VIRUSES

YEAR	VIRUS	SYNDROME	LOCATION
2003	SARS coronavirus*	SARS	Asia, Canada
2001	Metapneumovirus	Respiratory illness	Worldwide
1998	Menangle virus*	Systemic febrile illness	Australia
1998	Nipah virus*	Encephalitis	Malaysia
1997	Influenza H5N1*	Influenza	Hong Kong
1996	Australian bat lyssa virus*	Rabies-like	Australia
1995	Hendra virus*	Pneumonia, encephalitis	Australia
1993	Sin Nombre virus*	Haemorrhagic pul. Syndrome	US
1990	HHV8	Karposi sarcoma, lymphomas	Worldwide
1990	HHV7	Fever, roseola-like rash	Worldwide
1989	Hepatitis C virus	Hepatitis	Worldwide
1988	Bamah Forest virus*	Rash, arthritis, fever	Australia

*zoonotic (from animals)

Source: Dominic Dwyer, Westmead Hospital
The Sydney Morning Herald

A trial involving an Australian-developed **HIV** vaccine was announced, the *Daily Telegraph* reported in June. The trial

will be based at Sydney's St Vincent's Hospital. Stephen Kent from Melbourne University said tests had shown the Australian vaccine was safe and encouraged immune cells which kill **HIV**. It is understood to be based on a "prime and boost" approach using two shots – one modified **HIV** DNA and another of an avian, or bird virus.

In June, an article in the *Sun-Herald* reported that the North Coast regularly recorded more than one-third of the **Ross River Fever** in NSW. **Ross River Fever**, a virus, is not fatal and infections usually peak in the summer and autumn. Symptoms include fever, headache, muscle and joint aches. A rash may occur. Symptoms usually show a week after a mosquito bite. The virus is spread by female mosquitoes. Recovery may take weeks, months or in rare cases up to a year. There is no specific treatment, doctors advising rest and healthy eating. To avoid being bitten by mosquitoes, loose clothing covering arms and legs should be worn and a quality insect repellent used.

Australian research has provided new hope for millions of babies around the world with the respiratory condition **bronchiolitis**. Research findings, published in July in the *New England Journal of Medicine*, said drug-free nursing care, with supplemental oxygen and fluid, was a more effective option. Conventional treatment has involved nebulised adrenaline, but the researchers at four southeast Queensland hospitals said the adrenaline drugs may be virtually useless and could even prolong the condition. About 12,000 babies are hospitalised in Australia annually with **bronchiolitis**, which is commonly caused by **respiratory syncytial virus (RSV)**, making babies wheeze and cough.

In August, NSW doctors warned parents to watch for symptoms of **respiratory syncytial virus (RSV) bronchiolitis** in young children. Winter is the prime season for the virus to hit infants. The *Daily Telegraph* reported that Sydney Children's Hospital at Randwick had admitted 80 children for **RSV bronchiolitis** in the past three months and had treated more than 220 in its emergency department. The hospital's head of respiratory medicine, Dr John Morton, said, "Parents need to be aware that any infant developing a cough, fast breathing and poor feeding should be reviewed immediately by their local doctor." Premature babies and those with chronic lung and cardiac problems were most at risk. To reduce the risk of **RSV bronchiolitis** exposure, hands should be washed before handling a baby, and babies should be kept away from smoke, crowds and people with colds.

In July public health experts were waiting for this year's **flu** outbreak to start and advised that it wasn't too late for people to be vaccinated, the *Daily Telegraph* reported. "**Flu** is a highly contagious disease and we strongly advise people, particularly the elderly, to get a vaccine this winter," A/Professor Richard Benn, Head of Microbiology at Royal Prince Alfred Hospital, said. "The risk of hospitalisation or death for older people exposed to **flu** is halved by being vaccinated." The World Health Organisation (WHO)

coordinates a program where scientists from around the world track flu viruses throughout the year. This information is then used by the WHO to make recommendations on the strains to be used in vaccines each winter. The strains are named after the place where the scientists who first discovered them work, not necessarily where the strain developed. This winter, the Australian **flu** vaccine includes Moscow, New Caledonia and Hong Kong strains.

In August, NSW Health reported that the winter **flu** season had started late this year. An increase in cases were detected in late July, officially kicking off the start of the season, the *Daily Telegraph* reported. This year's main **influenza** strain is called A/Fujian, which is very similar to the A/Moscow strain included in this year's batch of **flu** vaccine. New Zealand experienced a moderately severe **flu** in July. Australia normally follows their season a month later.

MEDIA WATCH THE WORLD

In June, 33 people in three midwest states in the US were suspected of being infected with **monkeypox**, a potentially fatal **smallpox**-like virus. All of the cases had contact with sick prairie dogs, a small burrowing rodent believed to be the carrier. **Monkeypox** is a rare, zoonotic, orthopox virus initially limited to rainforests in Central and West Africa. Monkeypox was first identified in African primates in 1958 and in humans in 1970. In addition to nonhuman primates, it typically infects rabbits, squirrels, and some rodents. Human infection is sporadic, with an incubation period of about 12 days (range 7-21 days) and a course of about two to four weeks. Although there were no deaths in the US patients, the mortality rate in Africa is between 1% and 10%.

An opinion poll of some 100,000 people taken during the **SARS** epidemic in China has revealed that spitting is the most hated public habit. It was followed by defecating and urinating in public places.

The Journal of the Royal Society of Medicine in July said that **influenza** could easily be turned into the next weapon of mass destruction. They made their warning as researchers come close to completing the blueprint for the virus of the 1918 **flu** epidemic that killed up to 40 million people globally.

People with **Hepatitis C** may make their condition worse if they drink alcohol, according to new research published in the July edition of *Hepatology*. Research leader Dr Wen-Zhe Ho, director of retroviral research at the Children's Hospital of Philadelphia, says his team found that the alcohol increased a protein that causes the **hepatitis C** virus to replicate in liver cells. It also found that alcohol interfered

with the activity of interferon-alpha, the main therapy used to treat the disease.

Sleeping sickness, leishmaniasis and **Chagas** disease are unheard of in the Western world, but they threaten more than 350 million people in developing countries each year. With the likes of **malaria, tuberculosis** and **HIV**, they account for up to 90% of the world's disease burden, yet attract just 10% of health research efforts, says the aid group Medecins Sans Frontieres (MSF). A new not-for-profit drug research organisation plan to change all that, harnessing some of the world's best research institutes to develop new medicines, according to a report in the *Sydney Morning Herald* in July. The Drugs for Neglected Diseases Initiative (DNDi) links MSF with public health bodies from several countries in an attempt to bridge the gap between drug development and global illness. It includes research institutes in Brazil, France, India, Kenya and Malaysia. DNDi planned to spend about \$US250 million (\$370 million) over 12 years to develop six drugs and get several others in the pipeline. The drugs used to treat these neglected diseases are decades old, the side-effects are significant, and their effectiveness is diminished by resistance.

- **Visceral leishmaniasis or kala-azar:**
transmitted via sandfly bites in Asia and East Africa, it affects the immune system, killing people in months.
- **Chagas disease:**
transmitted via blood-sucking insects in Latin America. Causes heart failure and serious oesophagus and colon dysfunction.
- **Sleeping sickness:**
transmitted via tsetse flies in sub-Saharan Africa. Invades the central nervous system; patients lapse into a coma and die.

The World Health Organisation (WHO) announced in early July that the global outbreak of **Severe Acute Respiratory Syndrome (SARS)** had been contained. "We do not mark the end of **SARS** today, but we observe a milestone: the global **SARS** outbreak has been contained," the WHO Director-General Gro Harlem Brundtland said. **SARS** has killed more than 800 of about 8,400 people infected worldwide since it appeared in southern China last November. However, in mid-August a 44-year-old patient died of **SARS** in Toronto, according to a report in the *Daily Telegraph*. The death from **SARS** was the 43rd in Canada's largest city. At the time, nine people were still hospitalised in Toronto where 250 cases were recorded in two outbreaks earlier this year.

SARS showed the stunning efficiency of modern medicine, according to the Executive Director of the Genome Institute of Singapore, Edison Liu, the *Sydney Morning Herald* reported in July. Diseases such as **tuberculosis** were untreatable for hundreds of years before therapy was developed at the end of World War II, he said. **HIV** was similarly untreatable for about five years in the 1980s. Yet **SARS** was almost immediately detected by health authorities in February, its genetic code mapped by the end

of April, and developed a diagnostic tool shortly after. Dr Liu admitted, however, that rigid quarantine and other public health measures had been the main defence against the spread of SARS.

In August, the *Shanghai Morning Post* reported that the Chinese Academy of Sciences had developed a "robonurse" to treat patients in the event of future SARS outbreaks. It can monitor highly infectious patients, dispense medication, dispose of medical garbage and deliver meals and other daily necessities.

In July, the media widely covered US President George Bush visit to Nigeria where he pledged \$US15 billion to fight AIDS in Africa and the Caribbean. The President visited a hospital in Abuja, where he posed for photographs with HIV-infected women and their children.

Meanwhile, Nelson Mandela appealed for European countries to put more money into fighting HIV/AIDS to turn the tide of "the greatest health crisis in human history".

WORDWIDE IMPACT OF HIV/AIDS

People estimated to be living with HIV/AIDS:

• Australia & New Zealand	15,000
• Caribbean	440,000
• North Africa & Middle East	550,000
• Western Europe	570,000
• North America	980,000
• Latin America	1.5 million
• East Asia & Pacific	1.2 million
• Eastern Europe & Central Asia	1.2 million
• South and South-East Asia	6 million
• Sub-Saharan Africa	29.4 million

Source: Sydney Morning Herald

HAND WASHING POSTERS

The NSW Infection Control Resource Centre (NSW ICRC), with funding from NSW Health, has developed a series of seven hand washing posters.

The posters are in colour and A3 in size (297mm x 420mm). The posters can be viewed on the NSW ICRC website:

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

To order posters, contact the NSW Infection Control Resource Centre:

tel: (02) 9332 9712

fax: (02) 9380 6572

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

HISTORY:

Twenty Years of HIV

"The Greatest Health Crisis in Human History"

Nelson Mandela

It was twenty years ago, on July 10th 1983, when a 43-year-old man became the first person in Australia to die from Acquired Immune Deficiency Syndrome (AIDS) at Prince Henry Hospital in Melbourne. Two years earlier, on June 5 1981, the Centre for Disease Control in Atlanta published the first report of the epidemic, citing five cases of a rare pneumonia among gay men in Los Angeles. It was virtually ignored.

It was not until 1983 that AIDS was known to be the result of infection by HIV: human immunodeficiency virus. Retrospective tests showed that HIV, the virus that can lead to AIDS, had been present in the Belgian Congo since 1959.

The first case of AIDS in Australia was reported in Sydney in March 1983 and involved an American visitor. In July 1983, Australian authorities confirmed an additional four AIDS cases, with a further 15 cases under investigation. By April 1985, the Health Minister announced that Australia would be the first country to test immediately all blood donated to blood banks for HIV.

It was 1986 before American public health authorities and scientific research establishments were geared to fight the spreading disease, which was initially considered to be a homosexual problem. When movie star Rock Hudson died of AIDS on October 2, 1985, some 12,000 Americans were already dead or dying and hundreds of thousands more were infected with HIV. Rock Hudson's friend, fellow movie star Elizabeth Taylor, spoke out against hypocrisy and discrimination and became the founding chairperson of the American Foundation for AIDS Research (AmFAR).

For much of the first decade, HIV/AIDS was cloaked in silence, fear of the unknown and discrimination against gay men who were blamed for the disease. Many infected people were ostracised by society. It took celebrities such as Diana, Princess of Wales, visiting patients suffering from HIV/AIDS, publicly shaking hands and cuddling children, that did much to dissolve the fear and ignorance of how the killer disease was spread and brought much-needed compassion.

Through public education campaigns and harm-reduction strategies, combined with the committed organisations and community groups, Australia was credited with doing the most of any country to stem the spread of HIV.

Until 1987 there was no treatment against HIV itself. Without treatment, half of those diagnosed with AIDS died within a year of diagnosis and few lived more than three

years. In Third-World Countries, such as Africa, the survival time was far less.

This year the World Health Organisation estimated more than 40 million people worldwide have the disease - 30 million in Africa. Although there is still no cure for HIV/AIDS, the disease can now largely be controlled by drugs in countries that can afford them.

In the two decades since it began, Australia has totalled 22,548 cases of HIV with 6,258 lives lost. This compares with the 15,000 new cases that occur daily in the world. Without the success of education campaigns and other measures the number of HIV infections and deaths in Australia could have been much higher.

VIDEO & CD-ROM LIBRARY

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

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

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

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

The following video has been added to the video library catalogue since the last issue of **In.Control**.

SARS: The True Story (55 minutes) 2003

In April 2003, there was a global panic over a mysterious illness. How did this killer virus become an epidemic? The Facts about SARS is revealed in a series of exclusive interviews with key figures at the World Health Organization.

Compiled by the BBC, and broadcast by the ABC in Australia, *SARS: The True Story* will take you on a quest to help uncover the origins of this deadly virus. From identification of the first (index) SARS case, through to coordination of a mass global effort to identify and contain the virus, all is revealed in this video.

QUESTIONS AND ANSWERS

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

Q. What is the correct disposal method for IV giving sets and flasks?

A. Many healthcare facilities have different policies regarding the disposal of used IV equipment. Some facilities dispose of the entire giving set intact – set, line and flask, while other facilities cut the line and dispose of the spike in a sharps container with the remainder of the giving set being disposed in general waste.

Cutting giving sets has the potential to cause injury to their staff, either from the spike or a splash exposure. Certainly, if staff cut lines they should be wearing protective apparel, such as gloves and eye protection while carrying out the procedure. Staff should be aware that if scissors are used to remove the IV line spike, the scissors may become contaminated and should be cleaned following use (refer to Circular 2002/45 *Infection Control Policy*).

Some facilities only cut lines when there is no visible blood in the set. When visible blood can be seen anywhere in the line and the sharp remains protected, the entire set is disposed intact into a clinical waste bin.

Blood giving sets should never be cut.

Whether you decide to cut sets and segregate the spikes from the rest of the set, or dispose the giving set intact, is deemed a 'local' issue for each facility to decide which method is best for them.

Q. The staff working in our cafeteria wear plastic sandwich bags over their hands instead of gloves to make sandwiches. Is this ok?

A. I am unsure what the rationale is for the use of plastic bags instead of seamed plastic or vinyl gloves. I doubt there would be much, if any, cost saving. It is not considered best practice. The NSW Health Department *Infection Control Policy*, Circular 2002/45, page 9, states "Seamed plastic or vinyl gloves should be worn during food preparation." I recommend that you order

plastic seamed or vinyl gloves that are designed for the task. The use of gloves does not eliminate the need for hand washing. Hands should be washed after removal of gloves.

Q. Are there any Infection Control implications for staff who wear nail polish and artificial nails?

A. Yes. Nail polish should be discouraged as it can obscure the subungual space and reduce the likelihood of careful cleaning. Chipped and old nail polish may support the growth of larger numbers of microorganisms, particularly transient flora on the periungual skin adjacent to the nail even after careful hand washing. Chipped nail polish provides optimal reservoirs for microbial colonisation.

Artificial fingernails also pose a potential concern. It has been demonstrated that health care workers who wear artificial nails are more likely to harbour gram-negative pathogens on their fingertips. The use of artificial and long fingernails has also been indicated in an outbreak of *Pseudomonas aeruginosa* in a neonatal intensive care unit in the United States. Artificial nails or extenders should not be worn when having contact with patients at high risk or when surgical hand washing is required. It is recommended that natural fingernails be kept clean and short.

Additional information on this topic can be found in *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*, published in the *American Journal Of Infection Control*, volume 30, issue 8, supplement 1, 2002.

Q. Can you tell me how metal dressing forceps should be processed? I currently work for an Age Care Facility where we do a lot of ulcer dressings and the standard practice here is soaking forceps in a disinfectant solution between patient use.

A. Dressing forceps can be considered either a critical or semi-critical item. The classification of the item as either critical or semi-critical is dependant on the type of procedure performed. If the dressing forceps enter tissue that would normally be considered sterile, then the forceps must be sterile. Forceps that come into contact with non-sterile tissue (other than intact skin) must be disinfected after use. All instruments must be cleaned prior to disinfection and sterilization – refer to Circular 2002/45 *Infection Control Policy* for further information on cleaning, disinfection and sterilization.

An alternative to sterilizing dressing forceps between patient use is to use pre-packaged dressing packs that contain sterile single-use-only dressing forceps.

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. **The Infection Control Practitioner and Bioterrorism: Threats, Planning, Preparedness**, McCall, B. J. & Looke, D., *Australian Infection Control*, vol. 8, no.2, June 2003.
2. **A Review of the Royal Perth Hospital Bali Experience: An Infection Control Perspective**, Heath, C. et al, *Australian Infection Control*, vol. 8, no.2, June 2003.
3. **A Study of the Rates of Infection and Phlebitis Associated with Peripheral Intravenous Therapy at the Royal Hobart Hospital**, Taylor, F., *Australian Infection Control*, vol. 8, no.2, June 2003.

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

For discussion of infection prevention and control issues,
contact the

Australian Infection Control Association listserv:
hunter.infconlist@hunter.health.nsw.gov.au

4. **Inadequacy of Manual Cleaning for Reprocessing Single-Use, Triple-Lumen Sphincteromes: Simulated-use Testing Comparing Manual With Automated Cleaning Methods**, Alfa, M. & Nemes, R., *American Journal of Infection Control*, vol. 31, no.4, June 2003.
5. **Persistent Silver Disinfectant for the Environmental Control of Pathogenic Bacteria**, Brady, M. et al, *American Journal of Infection Control*, vol. 31, no.4, June 2003.
6. **Investigation of Infection Control Practices and Knowledge of Hepatitis C Among Body-Piercing Practitioners**, Hellard, M. et al, *American Journal of Infection Control*, vol. 31, no.4, June 2003.

7. **Role of Fecal Incontinence in Contamination of the Environment with Vancomycin-Resistant Enterococci**, Mayer, R. et al, *American Journal of Infection Control*, vol. 31, no.4, June 2003.
8. **Needlestick Injuries Among Medical Students**, Patterson, J. et al, *American Journal of Infection Control*, vol. 31, no.4, June 2003.
9. **Comparison of US and Non-US Central Venous Catheter Infection Rates: Evaluation of Processes and Indicators in Infection Control Study**, Memish, Z. et al, *American Journal of Infection Control*, vol. 31, no.4, June 2003.
10. **Disinfection and the Prevention of Infectious Disease**, Cozad, A & Jones, R., *American Journal of Infection Control*, vol. 31, no.4, June 2003.
- Visit the *American Journal of Infection Control* online at:
www.mosby.com/ajic
11. **An Outbreak of Community-Onset Methicillin-Resistant *Staphylococcus aureus* Skin Infections in Southwestern Alaska**, Baggett, H. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.6, June 2003.
12. **Antimicrobial Resistance in *Staphylococcus aureus* at the University of Chicago Hospitals: A 15-Year Longitudinal Assessment in a Large University-Based Hospital**, Seal, J. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.6, June 2003.
13. **Prevalence of and Risk Factors for Colonization With Methicillin-Resistant *Staphylococcus aureus* at the Time of Hospital Admission**, Jernigan, J. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.6, June 2003.
14. **Nosocomial Transmission of Methicillin-Resistant *Staphylococcus aureus*: A Blinded Study to Establish Baseline Acquisition Rates**, Fishbain, J. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.6, June 2003.
15. **Spread of Methicillin-Resistant *Staphylococcus aureus* (MRSA) Among Household Contacts of Individuals With Nosocomially Acquired MRSA**, Calfee, D. et al, *Infection Control and Hospital Epidemiology*, vol. 24, no.6, June 2003.
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INFECTION CONTROL CONFERENCES

FEDERATION STERILIZATION RESEARCH & ADVISORY COUNCIL OF AUSTRALIA NATIONAL CONFERENCE

Fire and Ice

11-13 September

Hilton Hotel, Brisbane

Contact:

FSRACA 2003 National Conference

C/o Frances Holmes Event Management

PO Box 164

Drayton North, QLD. 4350

Tel: 07 4613 4000 Fax: 07 4630 1743

Email: frances@eventmanagement.com.au

WESTERN AUSTRALIA ICWA & WAWCA ANNUAL STATE CONFERENCE

15-16 September

Burswood Convention Centre

Contact:

Alison Thrum

C/o PO Box 674

Claremont, WA 6910

Tel: 0422 944 606

Email: thrum@bigpond.com

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

A Gold Standard – Promoting the Future

9-11 October, 2003

Surfers Paradise Marriott Resort, Queensland

Contact: WIC 2003

C/- Intermedia Convention & Event Management

PO Box 1280

Milton QLD. 4046

Email: wic03@im.com.au

Fax: (07) 3858 5510

Tel: (07) 3858 5538

INFECTION CONTROL ASSOCIATION NSW Inc. 26th ANNUAL CONFERENCE

A Bug Story: Improving Safety Through Infection Control

6-7 November, 2003

Sydney SuperDome, Sydney Olympic Park

Contact:

Jan O'Hara

PO Box 242

Ryde, NSW 1680

Fax: 9818 5712

EMAIL REMINDER

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

**INAUGURAL NATIONAL PRACTICE NURSE
CONFERENCE**

6-8 November, 2003
New Roads to Travel
Royal College of Nursing
Bunbury, WA

Contact:
Fabiola Guzman
Freecall: 1800 061 660
Email: fabiola@rcna.org.au

**8th WORLD CONGRESS FOR INFECTIONS &
IMMUNOLOGICAL DISEASES IN OBSTETRICS &
GYNAECOLOGY**

8-11 November, 2003
Venice, Italy

Contact:
Key Congressi srl
Tel: (39) 040 660 352
Fax: (39) 040 660 353
Email: venice2003@keycongressi.it

**4th CONGRESS OF THE INTERNATIONAL
FEDERATION OF INFECTION CONTROL**

9-12 November 2003
Business Centre, The Hilton
St Julians, Malta

Contact:
Infection Control Unit, St Luke's Hospital
G'Mangia MSD08, Malta
Tel/Fax: (356) 235447
Email: infection.control@gov.mt
Website: <http://slh.gov.mt/ific2003.htm>

**2nd INTERNATIONAL SYMPOSIUM ON RESISTANT
GRAM-POSITIVE INFECTIONS**

14-16 November, 2003
Berlin, Germany

Contact:
Congress Secretariat
Tel: (49) 03 024 603 240
Fax: (49) 03 024 603 310
Email: rgpi@kit.de

**11th INTERNATIONAL CONGRESS ON
INFECTIOUS DISEASES**

4-7 March, 2004
Cancun, Mexico

Contact:
ISID, 181 Longwood Avenue
Boston, MA 02115, USA
Tel: (1) 617 277 0551
Fax: (1) 617 731 1541
Email: info@isid.org

**14th EUROPEAN CONGRESS OF CLINICAL
MICROBIOLOGY & INFECTIOUS DISEASES**

1-4 May, 2004
Prague, Czech Republic

Contact:
ESCMID-Executive Office,
PO Box 6

CH-4005 Basel, Switzerland
Tel: (41) 616 867 799
Fax: (41) 616 867 798
Email: escmid-eo@escmid.org

**APIC '04 – 31st ANNUAL EDUCATION
CONFERENCE & INTERNATIONAL MEETING**

6-10 June
Phoenix, Arizona, USA

Contact:
APIC, 1275 K Street, NW, Suite 1000
Washington, DC, 20005-4006, USA
Te: (1) 202 789 1890
Fax: (1) 202 789 1899
Email: APICinfo@apic.org

**AUSTRALIAN
INFECTION CONTROL ASSOCIATION (AICA)
NATIONAL CONFERENCE**

9-11 June 2004
Wrest Point Casino, Hobart

**6th INTERNATIONAL CONFERENCE OF THE
HOSPITAL INFECTION SOCIETY**

15-18 OCTOBER, 2006
Amsterdam, Netherlands

Contact:
Congress Secretariat, HIS 2006, Concorde Services Ltd,
4B/50 Speirs Wharf, Glasgow, G4 9TB
Tel: (44) 141 331 0123
Fax: (44) 141 331 0234
Email: info@his2006.com
Web: www.his2006.com

**INFECTION CONTROL
UPDATE**

**Aimed at Dentists, Dental Assistants
and all Dental Auxiliary Staff
28th November, 2003**

VENUE

Citigate Sebel Sydney
28 Albion Street
SURRY HILLS NSW 2016

CONTACT

Continuing Education in Dentistry
The University of Sydney
Level 6, 2 Chalmers Street Sydney
Tel: (02) 9351 8348
Fax: (02) 9351 8310
Website: www.dentistry.usyd.edu.au/ce

**15th ANNUAL CONFERENCE OF THE
AUSTRALASIAN SOCIETY FOR
HIV MEDICINE (ASHM)**

**Cairns Convention Centre
22-25 October, 2003**

CONFERENCE THEME & PROGRAM

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

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

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

**WHY SHOULD YOU ATTEND THE ASHM
CONFERENCE?**

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

FURTHER INFORMATION AND REGISTRATION

For further information or to register online visit:

www.ashm.org.au/conference2003

or contact us on

conferenceinfo@ashm.org.au

**INFECTION CONTROL
ASSOCIATION NSW Inc.
26th ANNUAL CONFERENCE**

**SYDNEY SUPERDOME,
SYDNEY OLYMPIC PARK
6-7th NOVEMBER 2003**

A Bug Story: Improving Safety Through Infection Control

INVITATION TO PARTICIPATE

Dear Colleagues,

It is my pleasure to bring to your attention the forthcoming 26th annual conference of the NSW Infection Control Association Inc. Once again, this conference promises to be the highlight of the Infection Control calendar in NSW. For many years the State Conference has been the premier annual event in our profession, and 2003 will be no exception.

This year the conference is being organised under the auspices of the State Executive. The scientific program of the conference will provide the stimulating mix that our members have come to expect – new research findings, further exploration of current issues, fresh angles on perennial topics and lots of good tips and ideas for getting the infection control message across. The social program is equally important, allowing delegates to catch up with old friends, make some new ones and strengthen the vital professional networks so vital to our profession.

Once again, our good friends and colleagues in industry will show their support of and interest in infection control by participating in a strong trade exhibition for the benefit of delegates.

On behalf of the State Executive, I urge you plan your attendance at the conference now. Your participation, either as a presenter (paper or poster), trade exhibitor or delegate, is important to the success of the conference. ICA NSW Inc is particularly keen to encourage new members and those who have not previously attended or presented at a conference to take the step this year – to come along, look, listen, talk and have fun.

We look forward to seeing you there.

Catherine Lamond (President, ICA NSW Inc)

WHO SHOULD ATTEND

Anyone interested in Infection Control is welcome as well as: Infection Control Practitioners, Nurses, Hospital & Aged Care Administrators, Dentists & Dental Assistants, General Practitioners & Office Practice staff, Podiatrists, OH&S staff, Students.

For a Conference Registration Brochure contact:

Jan O'Hara

PO Box 242

RYDE, NSW 1680

Fax: 9818 5712



**HIV/HEPATITIS C
PRE & POST TEST COUNSELLING
13th-16th October, 2003**

This four-day workshop is designed specifically for counselors and health care professionals who will be providing pre and post HIV and Hepatitis C test counseling. This is a highly interactive, 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 case discussions and micro skills practice in small groups.

PREREQUISITE:

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

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

VENUE

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

COURSE DETAILS:

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



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

This two-day workshop 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



**INFECTION CONTROL FOR CLEANERS OF
HEALTH CARE FACILITIES
29th October (morning), 2003**

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



**INTRODUCTION TO
INFECTION CONTROL NURSING
12th November, 2003**

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

TOPICS

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

VENUE

The Albion Street Centre
150 Albion Street
SURRY HILLS NSW 2010

COURSE DETAILS:

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

THE NSW NEEDLESTICK INJURY HOTLINE

The **NSW Needlestick Injury Hotline**, an initiative of the NSW Health Department and the Albion Street Centre, has been operating successfully since 1995.

The 24-hour, seven-day-a-week service, is an immediate response information, support and referral service for healthcare workers, staff that are employed in healthcare facilities (general services staff), paramedical personnel, allied health professionals, custodial officers, rangers and emergency service personnel (ambulance, police, fire), who sustain a needlestick injury and/or occupational exposure to blood or body substances in the course of their work.

The service is not available to the general public.

The aim of the Service is NOT to replace or substitute local management of occupational exposures, but rather to augment them and provide an adjunct to existing local systems dealing with needlestick injuries and exposures to blood and/or body substances. The Hotline will provide local services with a resource of the highest level of expertise in Australia. The Hotline is not a reporting or surveillance service.

Staff of the Albion Street Centre in Sydney coordinate the Hotline. Calls to the Hotline are answered by a team of Nurses and Medical Officers who provide expert advice for the person at risk and/or their supervisor or treating Medical Officer. Referral to a local service for further risk assessment, counselling and management is offered where relevant.

Within 15 minutes of calling the **free-call 1-800 804 823** Hotline, the on-call officer will answer the call and after assessment will provide information and advice for the management of the exposure.

The team is able to provide:

- risk assessment;
- management strategies
- prophylaxis information
- basic counselling
- details of appropriate referral (a database of regional services is kept for referral purposes).

A4-size posters (as seen below) and pamphlets promoting the service can be obtained free-of-charge by contacting:

The NSW Infection Control Resource Centre
Phone: (02) 9332 9712
Fax: (02) 9332 4219
E-mail: albicr@sesahs.nsw.gov.au

**The NSW Needlestick Injury Hotline number is
1-800-804-823**

**AFTER A NEEDLESTICK INJURY
OR OTHER EXPOSURE...**

Step 1 CLEAN/DECONTAMINATE

SKIN:
Wash with soap and water.

MOUTH, NOSE, EYES:
Rinse well with water or saline.

Step 2 REPORT INCIDENT

Follow your Workplace Occupational Exposure Protocol

**TREATMENT OR MANAGEMENT QUESTIONS?
CONFUSED? ANXIOUS?**

Call the NSW Health Needlestick Hotline
1800 804 823

FREE 24 HOUR ON CALL SERVICE

We provide confidential post exposure expertise in the following areas:

- Risk assessment
- Management strategies
- Prophylaxis information
- Counselling
- Appropriate referral

An initiative of the **NSW HEALTH** Department and the Albion Street Centre

infection control: education on the road... we bring the classroom to you

Sessions may include:

- **Principles of infection control**
- **Basic microbiology**
- **Infectious diseases**
- **Waste management**
- **Food handling**
- **Hand washing**
- **Staff health and immunisation**

**Whether you are an Aged Care Facility,
Day Procedure Centre, Private or Public Facility,
an education session can be tailored to your requirements**

**For more information call Peter at the
NSW Infection Control Resource Centre on 9332 9712 or
Email: saidp@sesahs.nsw.gov.au**