

In.CONTROL



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

**Volume 8, Number 3,
September, 2004**

VIRAL GASTROENTERITIS OUTBREAKS

This past Winter saw an increase in the number of reports of viral gastroenteritis cases throughout the state, probably caused by a norovirus. Outbreaks occurred in hospitals, nursing homes and child care centres. Carers, as well as patients, residents and children, were affected.

Viral gastroenteritis outbreaks are more common in Winter. The infection is spread through faeces or vomit, from the hands of an infected person, through contact with contaminated surfaces, or by consuming contaminated food or drink. Ingestion of airborne droplets has been suggested for transmission of norovirus. Hand washing is the best way to reduce the spread of this virus.

The rapid control of outbreaks is vital. Measures include careful review of infection control guidelines and reinforcing the importance of hand washing among staff, patient and visitors. All outbreaks of gastroenteritis affecting two or more people of any age at a residential, educational or health care facility should be reported to the local public health unit. Staff will provide expert advice on outbreak management. Secondary cases should be anticipated in persons exposed to contaminated faeces or vomitus. Staff and residents should be given information about the virus and how to prevent infection and be placed under surveillance.

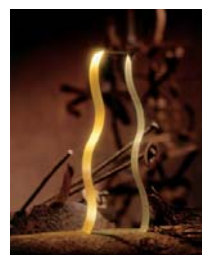
A fact sheet on viral gastroenteritis can be obtained from the NSW Health website:

www.health.nsw.gov.au/living/infect.html#factsheets

In response to the outbreaks, the NSW Infection Control Resource Centre and NSW Health developed an information sheet for health care facilities. The *Noroviruses: Infection Control Implications for Health Care Facilities* information sheet can be obtained by contacting the NSW Infection Control Resource Centre on (02) 9332 9712.

'HANDS FIRST' WINS AWARDS

Hands First, the Johnson & Johnson educational video about hand hygiene in the health care environment, which was produced by Media One in consultation with the NSW Infection Control Resource Centre, was honored with two awards at the 2004 Summit Creative Awards. *Hands First* received a Silver Award in the 'Video – Health and Medicine' Category and the Bronze Award in the 'Video – Training/How To'/Education Category'.



The Summit Creative Award

Based in Portland, Oregon, USA, the Summit Creative Awards were established over ten years ago to celebrate the accomplishments of smaller creative companies throughout the world. Entries are received from creative companies around the globe, including Australia, Canada, Croatia, Denmark, England, Estonia, Germany, India, Israel, Italy, New Zealand, Northern Ireland, Puerto Rico, Russia, Singapore, Ukraine and the United States. Congratulations to Media One and all involved.

Sue Resnik

Director

NSW Infection Control Resource Centre

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NSW DEPARTMENT OF HEALTH: CIRCULARS & INFORMATION BULLETINS (and other related documents)

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

2002/93	COMMUNITY SHARPS DISPOSAL BY PUBLIC HOSPITALS AND AUTHORISED OUTLETS OF THE NSW NEEDLE AND SYRINGE PROGRAM
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>
2003/88	REPORTABLE INCIDENT BRIEFS TO THE NSW DEPARTMENT OF HEALTH <i>(rescinds and replaces Circular 97/97)</i>
2003/91	OCCUPATIONAL SCREENING AND VACCINATION AGAINST INFECTIOUS DISEASES <i>(supersedes Circular 2002/97)</i>
2004/1	USE AND RETENTION OF HUMAN TISSUE INCLUDING ORGAN DONATION, POST-MORTEM EXAMINATION AND CORONIAL MATTERS <i>(fully replaces Circulars 84/11, 84/130, 84/207, 92/17, 94/82, 2000/97, 2001/13)</i>
2004/26	WORKCOVER NSW REPORTING REQUIREMENTS: OCCUPATIONAL EXPOSURES TO BLOOD-BORNE PATHOGENS
2004/32	NOTIFICATION OF INFECTIOUS DISEASES UNDER THE PUBLIC HEALTH ACT 1991 <i>(supersedes Circular 2003/89)</i>
2004/34	NSW HEALTH PRIVACY MANUAL (VERSION 1) 2004 <i>(supersedes Circular 99/18)</i>

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

Three new Circulars have been issued by the NSW Department of Health in recent months that may be of interest to some infection control professionals.

WorkCover NSW Reporting Requirements: Occupational Exposures to Blood-Borne Pathogens – Circular 2004/26

This document is a compliance support policy developed to assist Health Services meet WorkCover NSW reporting requirements under the following:

- Section 44 (2) of the *Workplace Injury Management and Workers Compensation Act 1998*
- Section 86 of the NSW Occupational Health and Safety Act 2000
- Clause 341 of the NSW Occupational Health and Safety Regulation 2001.

In particular, it covers reporting requirements related to occupational exposures to blood-borne pathogens and should be read in conjunction with:

- The sections of the legislation listed above
- WorkCover NSW publication *Notification Requirements for Occupational Exposure to Human Blood-Borne Pathogens 2003* (Catalogue No. 4430)
- *Exemption Order No 003/03 Occupational Health and Safety Regulation 2001* (Appendix One).

Notification of Infectious Diseases Under the Public Health Act 1991 – Circular 2004/32

This Circular supersedes Circular 2003/89 – Notification of Infectious Diseases under the Public Health Act 1991.

The only effective change to circular 2003/89 is the addition of the notifiable conditions, Creutzfeldt-Jakob disease (CJD), variant Creutzfeldt-Jakob disease (vCJD), Smallpox and Tularaemia. Creutzfeldt-Jakob disease (CJD), variant Creutzfeldt-Jakob disease (vCJD) and Smallpox were made notifiable by medical practitioners, laboratories and chief executive officers of hospitals from 16 April 2004. Tularaemia was made notifiable by laboratories from 16 April 2004.

Cancer and several congenital and perinatal conditions and conditions of infants are also notifiable under the Act. Details of notification of these conditions are outlined in separate circulars.

NSW Health Privacy Manual (Version 1) 2004 – Circular 2004/34

This circular supersedes the Information Privacy Code of Practice, Circular 99/18, issued 15 February 1999. The Privacy and Personal Information Protection Act 1998 and

the Health Records and Information Privacy Act 2002 have necessitated the updating of this code.

The NSW Health Privacy Manual applies to personal health information held by the Department of Health, Area Health Services, the public health system, the NSW Ambulance Service, and non-government organisations receiving funding from the Department where compliance is included in the terms of their Funding Agreement.

This circular comprises Version 1 of the NSW Health Privacy Manual and is issued as a consultation document. Submissions regarding the content of Version 1 of the Manual will be received until 31 January 2005.

The NSW Health Privacy Reference Group comprising clinicians, health information managers, a legal officer and a representative from the NSW Divisions of General Practice have provided detailed practical advice on Version 1 of the Manual and will continue to oversee the further development of the Manual. From July 2004, the Reference Group will be expanded to include additional health and community representation to oversee the consultation phase with a view to finalising a comprehensive Version 2 of the Manual in July 2005.

The NSW Health Privacy Manual has been distributed to core mailing groups, Privacy Contact Officers and Privacy Training Coordinators by the Better Health Centre. Limited copies will be made available to staff attending privacy training. Due to the fact that Version 1 of the Manual is a consultation document, a limited number of hard copies have been printed.

The NSW Health Privacy Manual is available online via the NSW Health intranet on the publications site at: <http://internal.health.nsw.gov.au/pubs/>

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

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In.Control

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Current Circulation: 3000

NEW INFECTION CONTROL GUIDELINES

The Australian Government Department of Health and Ageing recently released the document *Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting*, which is an excellent reference document for NSW infection control professionals and health care facilities.

The 544-page document has been endorsed by the Communicable Diseases Network Australia, the National Public Health Partnership and the Australian Health Ministers Advisory Council. The document is divided into six parts.

Part 1 Principles of Infection Control

This part introduces the concepts necessary for an effective infection control strategy and outlines the basic principles that are applied throughout the remainder of the guidelines.

Part 2 Quality Management

This part describes administrative arrangements for effective infection control and quality management. The ethical and legal considerations that affect quality management are also discussed.

Part 3 Effective Work Practices and Procedures

This part is about personal and environmental hygiene, support services, equipment and instruments, including reprocessing, surveillance, health care worker protection, blood and blood products and transplants.

Part 4 Managing Infectious Diseases in the Health Care Setting

This part identifies the major risk factors and recommends management procedures for patients, health care workers, instruments and the health care environment. A short description is also included of the viral, bacterial and other infectious diseases, and antibiotic-resistant bacteria, that are important in the health care setting.

Part 5 Infection Control in Specific Health Care Settings

This part identifies the major risk factors and management procedures for specialised health care settings. These include operating rooms, office practice including dental practice, midwifery and obstetrics, home and community, and residential aged care.

Part 6 Appendixes and Endmatter

This part includes appendixes providing additional useful information about infection control, information on the production of these guidelines, useful contact addresses and further detailed information about Creutzfeldt-Jakob disease. The endmatter includes a glossary, list of abbreviations and acronyms, reference list and index.

Electronic versions of *Infection Control Guidelines for the Prevention of Transmission of Infectious Diseases in the Health Care Setting* may be accessed from the Department of Health and Ageing website at: www.icg.health.gov.au There is a large file warning prior to printing as the document contains 544 pages.

MEDIA WATCH AUSTRALIA

In May, NSW Health reported a 6% rise in the number of new **HIV** cases in 2003. 412 people were diagnosed with **HIV** in 2003, up from 387 in 2002 and 337 in 2001. The three consecutive years of higher rates of infection represented the first sustained increase since the late 1980s.

Meanwhile, the United Nations 2004 report on **HIV/AIDS** published in July revealed that new cases of **HIV** in the whole of Australia rose from 650 in 1998 to 800 in 2002. Like many other countries, Australia is experiencing difficulties in getting people to sustain safe-sex practices in the long term. The report was published in advance of the International **AIDS** Conference held in Bangkok in July.

A third outbreak of a stomach virus struck the same Sydney-based P&O cruise ship, the Pacific Sky, in five months, the *Daily Telegraph* reported in May. In the first outbreak, almost 200 passengers on a Christmas cruise fell ill with the gastro-intestinal **norovirus**. In May, 51 passengers were infected with the same illness.

Six Australian health care workers have acquired **HIV** in the last 20 years after being injured with contaminated needles. Commenting on the NSW parliamentary committee report into workplace deaths and injuries, the *Sydney Morning Herald* reported the committee recommended that NSW Health and WorkCover investigate the cost of introducing retractable needles, which cost much more than conventional needles.

People who take antibiotics for **colds** and **flu** will only add to the growing tide of antibiotic resistance in the community, Canberra Hospital's Director of Infectious Diseases, Professor Peter Collignon, told the *Health & Science* supplement of the *Sydney Morning Herald* in late May. This means that not only will people spread antibiotic resistant bacteria to healthy people, they will also help render valuable drugs less effective against more serious diseases. Community prescriptions have fallen from a peak of 26 million in 1994-95 to 21.5 million in 2001-02, but Professor Collignon believes we can drop our antibiotic consumption by another 20 to 30 per cent during the next few years.

Researchers believe a program to immunise young adult males against **rubella** would be necessary to eradicate the disease in Australia, the *Sydney Morning Herald* reported in May. More than 10% of men were vulnerable to the virus, compared with just 2% of women, said Heath Kelly of the Victorian Infectious Disease Reference Laboratory. This was a result of immunisation programs of the past in which teenage girls but not boys were immunised to prevent birth defects that occur in 80% of babies whose mothers contract rubella during early pregnancy. This has resulted in men acting as a reservoir for circulating **rubella** virus. Dr Kelly believed this might justify a catch-up program for men aged 17 to 44 – those too young to have become immune after catching “**German measles**” when it was a near-universal disease of childhood, and too old to have been immunised under the current policy of giving a series of injections to all infants.

Viral gastroenteritis outbreaks in NSW in May prompted the NSW Department of Health to issue an alert. Reports showed that institutions such as nursing homes, hospitals, child care centres and schools had been particularly affected. **Viral gastroenteritis** outbreaks can occur throughout the year, but cases tend to rise during winter. There are possibly millions of cases per year in Australia. **Viral gastroenteritis** is highly infectious and is often spread via direct contact with an infected person. Common symptoms may include nausea, vomiting, fever, abdominal pain, headache and muscle aches. Symptoms usually last between one and two days. Because dehydration often follows bouts of vomiting and diarrhoea, people with the virus should rest and increase the amounts of fluid they drink. **Viral gastroenteritis** can affect people of all ages, but infants, young children and the elderly should seek medical attention if they start to show symptoms. A fact sheet on **viral gastroenteritis** can be obtained from the NSW Health website:

www.health.nsw.gov.au/living/infect.html#factsheets

In response to the outbreaks, the NSW Infection Control Resource Centre (NSW ICRC) and NSW Health developed an information sheet for health care facilities. The *Noroviruses: Infection Control Implications for Health Care Facilities* information sheet can be obtained by contacting the NSW ICRC on (02) 9332 9712.

As the peak season for **meningococcal** disease approached this year, NSW Health issued a warning to the public in June to be aware of the symptoms of the disease and to seek medical care early if they experience any of the symptoms. **Meningococcal** disease can develop at any time of the year but there is an increase in cases in winter and early spring. The number of **meningococcal** disease cases fluctuates between 180 and 250 per year. The disease is caused by a bacteria carried in the back of the throat which may be found in up to one in five people, with only a few of those becoming ill. The bacteria is transferred from person-to-person through secretions from the nose or throat of an infected person. For the small number of people who do develop symptoms, **meningococcal** disease can be serious

and in about 10% of cases can be fatal. The symptoms of **meningococcal** disease may include:

- Sudden onset of fever
- Severe headache
- Weakness, drowsiness, confusion, or coma
- Nausea and vomiting
- Dislike of bright lights
- Rash of red-purple spots or bruises
- A stiff neck

Children and young adults are most at risk of contracting the disease, although people of any age can be affected. In most cases the infection is effectively treated with antibiotics. The vaccination program implemented last year for school children was a move towards beating the C strain and is expected to result in a lower number of cases. However, there is a need to remain vigilant for symptoms as there is no vaccination for the predominant B strain of **meningococcus**.

In June the *Sydney Morning Herald* reported that the Australian Red Cross had apologised to recipients of tainted blood. The development followed almost three years of campaigning by people infected with **hepatitis C** via blood transfusions before screening for the virus began in 1990. Up to 20,000 people are believed to have been infected with **hepatitis C** through blood transfusions. The action group behind the campaign hoped it would lead to better financial health care for victims. In June, a Senate committee recommended that a fund be established to help infected people access health and related services. Since 1990, the Red Cross has screened all donated blood for **hepatitis C** and the risk of transmission of the virus through transfused blood or blood products is now very low.

A new strain of **methicillin resistant Staphylococcus aureus (MRSA)**, dubbed ‘Queensland staph’, had infected 50 people in south-east Queensland and northern NSW, the *Daily Telegraph* reported in early June. Australia now has three strains of **MRSA**, compared with two in the US and one in Europe.

The Aboriginal community area in Redfern, known as ‘the Block’, was in the news again in June when health officials warned of the potential for an uncontrollable **HIV** epidemic if a service supplying clean needles and syringes to drug users was shut down. The *Sydney Morning Herald* reported that up to 30,000 needles a month are distributed in the Block. A number of the Block’s drug users were known to be **HIV** positive and the majority had **hepatitis C**, which meant an adequate supply of clean injecting equipment was critical. “In the event that such a supply was not available, or withdrawn, the risk of a major outbreak of **HIV** occurring in the location would be extremely serious”, said Dr Greg Stewart, NSW Health’s Chief Health Officer.

More than 1000 cases of **salmonella** had been reported in NSW in the first four months of this year and prompted NSW Health to issue a health alert in June. Compared with last year’s figures, **salmonella** infections had increased by over 12%. The increase was statewide. **Salmonella** is highly

infectious and can be contracted in a number of ways. Infection may occur after eating poorly cooked food made from meat or poultry. Sometimes it can be spread via contact with a person with the infection, or if an infected person has prepared food for others. The best way to avoid contracting **salmonella** infection is to avoid eating undercooked meat and poultry. Poultry and processed meats, such as hamburgers and sausages, should not be eaten if the meat is still pink in the middle. **Salmonella** can be carried on the hands so it is important that hands are washed thoroughly with soap and water for at least 15 seconds before handling or eating food, and after using the toilet. Incorrect food storage can also allow **salmonella** to grow. Cross-contamination can occur when **salmonella** contaminates ready-to-eat food such as salads and sandwiches. To avoid this, different chopping boards, utensils and plates should be used for raw foods and ready-to-eat foods. Symptoms of **salmonella** are:

- Headache
- Fever
- Stomach cramps
- Diarrhoea
- Nausea
- Vomiting

Infection can last for four to seven days. For further information on safe food handling, the NSW Food Authority can be contacted on 1300 552 406. Fact sheets on **salmonella** can be obtained from:

- NSW Health: **Salmonella fact sheet:**
www.health.nsw.gov.au/public-health/cdscu/facts/pdf/salmonellosis.pdf
- NSW Food Authority: **Salmonella fact sheet:**
www.foodauthority.nsw.gov.au/pdf/fs-salmonella.pdf
- NSW Food Authority: **Safe Food Handling fact sheet:**
www.foodauthority.nsw.gov.au/pdf/fs-Safe-Food-Handling.pdf

The National Health and Medical Research Council awarded NSW researchers \$32 million over the next five years, the *Sydney Morning Herald* reported in July. \$6.2 million of the award will go to scientists trying to discover why the human body cannot eradicate viruses such as **HIV**.

The authors of a study in the July issue of the *Journal of Infectious Diseases* believe universal screening for **HIV** for all pregnant women should be enforced. Currently it is 'recommended' that pregnant women are offered **HIV** screening, but a survey of obstetricians found only 51% of them routinely adhered to this recommendation.

MEDIA WATCH THE WORLD

World Health Organisation (WHO) officials are hopeful **polio** will be eradicated by year's end, the *New York Times* reported in May. However, vaccinations will not begin in Nigeria, the world's last big reservoir of the virus, until

September. Last year Nigeria had 305 **polio** cases, 80% of the continent's total and more than any other nation in the world, according to a report in the *Chicago Tribune* in May. Nine African nations where the virus had long vanished had reported new cases, all apparently linked to an outbreak in northern Nigeria. Islamic leaders there have refused to allow vaccinations since August 2003, insisting the drops are designed to sterilize children. "It is unforgivable to allow still more children to be paralyzed because of baseless rumours," Carol Bellamy, the head of UNICEF, said of the situation in Nigeria. Massive synchronised immunisation campaigns are planned for October and November and aimed to reach 74 million children in 22 African countries.

Nineteen cases of **Ebola** virus were confirmed in southern Sudan WHO announced in May. *Reuters* news agency reported in May that five of the victims had died and health care workers were monitoring 120 people believed to have had close contact with the victims. **Ebola** can kill up to 90% of its victims. First identified in Sudan in 1976, **Ebola** starts with a high fever and headache and can lead to massive internal bleeding. It is passed on by infected body fluids.

A Russian scientist at a former Soviet biological weapons laboratory in Siberia died in May after accidentally sticking herself with a needle laced with **Ebola**, according to a report in the *New York Times*. The accident occurred at the State Research Centre of Virology and Biotechnology – known as Vector. Vector, which is also one of the two repositories of the **smallpox** virus – the other is in Atlanta – was a leading centre for studying and developing weapons from the deadliest viruses during the Soviet era. Since the Soviet Union collapsed, the US has helped convert such laboratories to peaceful research, including spending about \$US10 million at Vector alone.

Still on the subject of **Ebola**, the Dutch company Crucell announced in June that a single dose of its **Ebola** vaccine had successfully protected monkeys from the infection, *Reuters* reported. Clinical trials would now begin. Crucell could benefit from \$5.6 billion the US Senate has voted to spend on the development of countermeasures against chemical and biological weapons. The United States believes **Ebola** could be used as a biological weapon.

Also in May, a study published in the *Journal of Pathology* suggested that thousands of people worldwide may be carriers of **variant Creutzfeldt-Jakob disease (vCJD)**. 12,500 excised appendices and tonsils were examined for the prion protein with three testing positive. Calculated on these findings, the report estimates up to 4000 British people could unwittingly become spreaders of the disease. Worldwide there have been more than 150 definite or probable deaths from **vCJD**, mainly in Britain.

China reported four new confirmed or suspected cases of **Severe Acute Respiratory Syndrome (SARS)** in April, one of whom died. *The Associated Foreign Press* in May reported that the initial testing of a Chinese **SARS** vaccine had been successful. Seventy-two hours after receiving their

injections, the three men and one woman had shown no adverse reactions. The initial part of the trial still has at least another six months to go. Meanwhile, a study published in *The Lancet* in June reported that an experimental nasal immunisation for **SARS** had tested well on monkeys and suggests a vaccine for humans might be most effectively delivered through the nose.

A report published in the June issue of the *New England Journal of Medicine* showed that transmission of **SARS** during the outbreak in Toronto last year was largely confined to hospitals and to households with direct patient contact. A total of 225 Toronto residents met the definition of **SARS** and nearly all cases were linked to the index patient from Hong Kong.

Up to 200 women may have been infected with **HIV** in what is believed to be the largest case of deliberate infection of the virus, the *Daily Telegraph* reported in June. The 28 year-old man from Windsor, Ontario is believed to have infected 200 women since 1994 by not telling his sexual partners he was **HIV** positive. The man met women at strip clubs in Canada and Detroit and traveled through Europe and Central America, specifically to Cuba, Mexico and the Dominican Republic, where many of his victims may go untreated. The man was charged with 18 counts of aggravated sexual assault, a number that is expected to grow as more cases are found.

A study presented at the American Society for Microbiology found that just under half of doctors neckties at a New York teaching hospital harboured disease-causing bacteria and may be facilitating the spread of infectious organisms. The *Sydney Morning Herald* reported that the researchers also sampled the hospital's security personnel and concluded the doctors were eight times more likely to be wearing a necktie harbouring pathogens than the security staff.

Three US transplant patients died after receiving organs from a donor who was infected with **rabies**, the first time the disease has been spread via transplanted organs, the *Washington Post* reported in July. US officials said the infections went undetected because the donor had shown no signs of **rabies** at the time of his death from a brain haemorrhage. US hospitals do not routinely screen for **rabies** prior to organ transplants. **Rabies** is a rare but virulent disease usually transmitted through an animal bite or contact with secretions of infected animals with open wounds. To prevent death, cases need to be treated early. Although **rabies** had not been known to spread through organ transplants, it has been transmitted to a handful of people during cornea transplant operations.

British scientists have identified that the virus that caused the **Spanish Flu** in 1918 became lethal when its surface structure was altered, according to a report in the *Daily Telegraph*. It went on to sweep rapidly across the world and claimed 40-50 million lives. Experts are concerned another animal virus could attach itself to the human **influenza** virus and again produce a lethal virus that no one has immunity.

The United Nations 2004 global report on **HIV/AIDS**, prepared for the International **AIDS** conference in Bangkok in July, showed that 5 million people became infected with the virus last year – more than in any single year since the pandemic began. The global number of people living with **HIV/AIDS** is estimated to be 37.8 million. More than 20 million people have died since the disease was first diagnosed in 1981. About 3 million people are dying each year.

The **HIV/AIDS** Global Infection Toll:

Western Europe	580,000
North Africa & Middle East	480,000
Sub-Saharan Africa	25 million
Eastern Europe & Central Asia	1.3 million
East Asia	900,000
South & South East Asia	6.5 million
Oceania	32,000
North America	1 million
Caribbean	430,000
Latin America	1.6 million

In July, *Agence France-Presse* reported that millions of people in Eastern Europe, Asia and Africa may have been injected with a former Soviet Union **polio** vaccine that was contaminated with a monkey virus – simian virus 40 – that has now been linked to cancer. In 1960, SV40 was found in monkeys and soon after was detected in **polio** vaccines. In 1963 it was supposed to have been eliminated from all new vaccines worldwide. However poor standards in Soviet vaccine plants meant that for 20 years the Soviet Union continued to ship potentially infected **polio** vaccines to its Eastern European allies and elsewhere. Opinion is divided about the dangers of the SV40 virus.

Avian influenza H5N1 again appeared in poultry in South-East Asia in July. 78,000 chickens, ducks and other birds were slaughtered in an attempt to halt the spread of the disease. **Influenza** authorities are alarmed by the **flu's** rapid occurrence only four months after it subsided in March, the *Associated Press* reported.

The company that makes Kleenex, Kimberly-Clark Corporation, has been working to produce an antiviral tissue which should be on the shelves in the US before the end of the year, according to a report by the *Associated Press* in July. The company believes the antiviral tissue will prove popular with customers based on the huge popularity of other antibacterial products. The success of antibacterial products has raised some controversy, however, amid concern in the medical profession that their widespread use could help spawn strains of resistant bacteria. Kimberly-Clark have patented the design of a new three-ply tissue which has a middle layer treated with an acidic antiviral formula of citric acid and sodium lauryl sulphate.

The 15th International **AIDS** Conference in Bangkok was covered by all major news media in mid-July. Australia announced it would more than double its funding, from \$250 million to \$600 million by 2010, to tackle the

HIV/AIDS crisis in the Asia-Pacific. The Bill and Melinda Gates Foundation also provided a \$US45 million grant to fund studies of strategies to control TB in areas with high HIV rates. Controversy about US payments and US AIDS policies overshadowed the week's talks attended by 17,000 people.

INFORMATION SHEETS

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

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

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

NSW ICRC MULTI-MEDIA LIBRARY

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

A catalogue of the library's contents is available to assist you in deciding which items are suitable for your target audience. To borrow items or to obtain a copy of the library catalogue, contact:

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

INFECTION CONTROL

Education on the Road

The NSW Infection Control Resource Centre has been offering a variety of courses relating to infection control since the late 1990s. The courses aim to skill health care workers in the many areas of infection control.

In addition to the courses currently provided, the Centre is now offering specific education sessions that can be tailored to the individual requirements of your facility. 'Education on the road' has been designed as a mobile program, so the important issues surrounding infection control are now even more accessible to you and your facility.

Sessions may be of interest to aged care facilities, day procedure centres, or small private or public health-care facilities.

Enquire about some of our standard education sessions or nominate a topic of your choice. Sessions can range from a 60-minute presentation through to a half or full-day workshop.

Topics may include:

- Principles of infection control
- Basic microbiology
- Specific infectious diseases
- Management of occupational exposures
- Staff health and immunisation
- Waste management
- Hand washing

Please note: It is advisable that a suitable room, preferably dedicated to delivery of education sessions, is made available. It is also equally important that staff attending sessions are promptly seated by the session commencement time. This ensures that all sessions are delivered within the specified time and in a manner conducive to learning.

For more information on **INFECTION CONTROL: EDUCATION ON THE ROAD**, please contact the NSW Infection Control Resource Centre on 9332 9712 or email saidp@sesahs.nsw.gov.au



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 Please would you supply me with information about pityriasis rosea, especially regarding its transmission and infection control requirements.

A Pityriasis rosea does not seem to spread from person to person. Therefore, in the health care setting Standard Precautions are adequate when caring for a patient with this condition.

Pityriasis rosea is a rash that occurs most commonly in people between the ages of 10 and 35, but may occur at any age. The rash can last from several weeks to several months. Usually there are no permanent marks as a result of this condition, although those with darker skin may develop flat brown spots that eventually fade. Pityriasis rosea is most common in the spring and autumn, but may occur at any time of the year.

Pityriasis rosea usually begins with a large, scaly, pink patch on the chest or back, known as the "herald" or "mother" patch. It is frequently confused with ringworm, but antifungal creams won't help because it is not a fungus.

Within a week or two, more pink patches appear on the chest, back, arms and legs. Patches may also occur on the neck, but rarely on the face. The patches are oval and may form a pattern over the back that resembles the outline of a Christmas tree. Sometimes the disease can produce a very severe and widespread skin eruption.

About half of those affected will experience some itching, especially when they become warm. Physical activities like jogging and running, or bathing in hot water, may cause the rash to temporarily worsen or become more obvious. Other symptoms include fatigue and aching.

The cause is unknown. Pityriasis rosea is not a sign of any internal disease, nor is it caused by a fungus, a bacteria, or an allergy. Recent evidence suggest that it may be caused by a virus since the rash resembles certain viral illnesses, and occasionally a person feels slightly ill just before the rash appears. However, this has not been proven. Pityriasis rosea

does not seem to spread from person to person and usually occurs only once in a lifetime.

The diagnosis should be made by a dermatologist who may order blood tests, scrape the skin, or take a skin biopsy to make the diagnosis, or to distinguish the rash from secondary syphilis as the rash is similar in appearance.

Pityriasis rosea affects the back, neck, chest, abdomen, upper arms, and legs, but the rash may differ from person to person making the diagnosis more difficult. The numbers and sizes of the spots can also vary, and occasionally the rash can be found in an unusual location such as the lower body, or on the face. This usually occurs in older individuals. Reactions to certain medications, such as antibiotics, "water pills," and heart medications can also look the same as pityriasis rosea.

Pityriasis rosea often requires no treatment and usually goes away by itself. However, treatment may include external or internal medications for itching, soothing medicated lotions and lubricants, lukewarm rather than hot baths, ultraviolet light treatments given under the supervision of a dermatologist and Occasionally, anti-inflammatory medications such as corticosteroids may be necessary to stop itching or make the rash go away.

Patients should be reassured that this disease is not a dangerous skin condition even if it occurs during pregnancy. Pityriasis rosea is a common skin disorder and is usually mild.

Q Please advise me on the alternatives to glutaraldehyde for reprocessing transvaginal ultrasound probes?

A Peracetic acid (PAA) and hydrogen peroxide plasma (HPP) are the processing methods of choice.

Q I am employed in a day surgery and want to know what routine pathology tests are required of gastroscopes, colonoscopes and bronchoscopes. In which documents are the tests referred to?

A Reference should be made to the Australian/New Zealand Standard 4187:2003 *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, appendix C 'Care and handling of flexible and rigid endoscopes, accessory items and associated equipment', page 102; and *Gastroenterological Society of Australia, Infection Control in Endoscopy – Guidelines 1999*, 'Microbiological Testing of Endoscopes (including Bronchoscopes) and Automatic Endoscope Disinfectors', page 65.

QI believe there are guidelines somewhere regarding how high sterile stock needs to be stored above the floor and away from the ceiling. Am I correct and can you tell me where I can find this information?

A Yes you are correct. The information is listed in Australian/New Zealand Standard 4187:2003 *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*, Section 9.2 Storage Areas for Sterile Items (page 72). The document states:

“Sterile storage areas shall be controlled to prevent contamination of sterilized items, and shall be dedicated for that purpose only. The storage area shall be free of dust, insects and vermin. For open shelving, all items shall be stored above floor level by at least 250mm, and from ceiling fixtures by at least 440mm, and protected from direct sunlight.”

The Standard AS/NZS 4187:2003 should be used by those responsible for sterilizing items in health care facilities to work towards a situation of excellence and adapt it to the special needs of their particular facility.

Copies of AS/NZS 4187:2003 can be obtained from Standards Australia:
Phone: 1300 65 46 46
Fax: 1300 65 49 49
Email: sales@standards.com.au
Internet: www.standards.com.au

The Guidelines for Storage and Handling of Sterile Consumables, NSW Health Peak Purchasing Council (April 2003) also provide details on the storage and handling requirements for sterile goods.

Website: www.ppc.health.nsw.gov.au
Intranet: internal.health.nsw.gov.au/business/ppc/

QIs there a requirement for staff working in our kitchens to wear hats? And why is it that kitchen staff do not wear hats in restaurants on cooking and reality television shows?

A There is actually no direct requirement for food handlers to wear hats, hair coverings or hair nets if their hair is short or tied back and they have good hygiene.

However, many facilities do make it their policy for food handlers and people entering food preparation areas wear hats. This is because an across the board policy for everyone to wear hair protection removes time consuming policing, debate and disagreement regarding who should and who should not wear hair protection. Hair covering also reduces the risk of staff touching their hair and possibly contaminating food and the wearing of hair protection is considered to be good practice.

The following is an extract from *Safe Food Australia: A Guide to the Food Safety Standards, 2nd Edition, January 2001*, section 15, Hygiene of Food Handlers, (page 88):

“Consumers are particularly sensitive to food contaminated by hair (US Food Code 1999). Hair can contaminate food directly if it is in the food or indirectly if persons touch their hair and then food. Requiring persons to restrain hair keeps dislodged hair from ending up in the food and may deter persons from touching their hair (US FOOD Code 1999).

All food handlers who are in contact with exposed food or surfaces likely to come into contact with food must at a minimum tie hair back if it is long. There is no direct requirement for food handlers to wear hats, hair coverings or nets, beard restraints or other coverings. However, these may be necessary depending on the type of food the food handler is preparing.

Hair in food is usually more of a food suitability concern than a food safety concern. Hair may be a food safety concern if it is present in potentially hazardous food that is being stored for long periods as the hair may contaminate the food with food-borne pathogens and there may be sufficient time for the pathogens to grow. This is of particular concern for potentially hazardous foods that rely on aseptic packaging for their safety. Where there is a food safety issue, there is a greater need for hair to be restrained by hairnets and the like. If food that is being prepared for immediate consumption becomes contaminated with hair, there is no food safety issue but it may cause concern to the consumer. The food would also be unsuitable.”

The document *Safe Food Australia: A Guide to the Food Safety Standards, 2nd Edition, January 2001*, is published by the Australia New Zealand Food Authority and can be accessed online at: www.foodstandards.gov.au (click on the publications section).

Large document warning: the document is 233 pages long. The contact details for the Food Safety Standards Australia New Zealand are:

Tel: 6271 2222
Fax 6271 2278

The NSW Food Authority has set up a Consumer and Industry Contact Centre for food related complaints or enquiries on 1300 552 406

EMAIL REMINDER!

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

HAND WASHING POSTERS

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

www.sesahs.nsw.gov.au/albionstcentre

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

COSTS MAY APPLY

CURRENT JOURNAL AWARENESS

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

1. **Guest Editorial: Needlestick Injuries (NSIs): An Ongoing Problem**, Whitby, M., *Australian Infection Control*, vol. 9, no.2, June 2004.
2. **Evaluation of a Program Designed to Reduce Occupational Exposures from Steel-Winged Butterfly Needles in the Clinical Setting**, Smollen, P., *Australian Infection Control*, vol. 9, no.2, June 2004.
3. **Measurement of Nursing Staff Occupational Exposures in the Operating Suite Following Introduction of a Prevention Programme**, Hunt, J. & Murphy, C., *Australian Infection Control*, vol. 9, no.2, June 2004.
4. **MRSA Control: A Simple Approach Using Triclosan Antiseptic Wash**, Brittain, B., *Australian Infection Control*, vol. 9, no.2, June 2004.

The website address for the
Australian Infection Control Association
www.aica.org.au

For discussion of infection prevention and control issues,
contact the

Australian Infection Control Association listserv:

Hunter.inconlist@hunter.health.nsw.gov.au

5. **Special article: APIC position paper: Improving health care worker influenza immunization rates**, 2004 APIC Immunization Practices Working Group, *American Journal of Infection Control*, vol. 32, no.3, May 2004.
6. **Prospective surveillance study for risk factors of central venous catheter-related bloodstream infections**, Hosoglu, S. et al, *American Journal of Infection Control*, vol. 32, no.3, May 2004.
7. **Prospective study of the impact of open and closed infusion systems on rates of central venous catheter-associated bacteremia**, Rosenthal, D. et al, *American Journal of Infection Control*, vol. 32, no.3, May 2004.
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9. **Monitoring and educational feedback to improve the compliance of tattooists and body piercers with infection control standards: A randomized controlled trial**, Oberdorfer, A. et al, *American Journal of Infection Control*, vol. 32, no.3, May 2004.
10. **Survey of oral care practices in US intensive care units**, Binkley, C. et al, *American Journal of Infection Control*, vol. 32, no.3, May 2004.
11. **Removal of biofilm from endoscopes: Evaluation of detergent efficiency**, Vickery, K. et al, *American Journal of Infection Control*, vol. 32, no.1, February 2004.
12. **Role of biofilm in catheter-associated urinary tract infection**, Barbara W. et al, *American Journal of Infection Control*, vol. 32, no.3, May 2004.
13. **Antibiotic susceptibility of glutaraldehyde-tolerant *Mycobacterium chelonae* from bronchoscope washing machines**, Nomura, K. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
14. **Enteric gram-negative bacilli bloodstream infections: 17 years' experience in a neonatal intensive care unit**, Cordero, L. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
15. **Inappropriate use of urinary catheters in elderly patients at a midwestern community teaching hospital**, Gokula, R. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.

16. **Comparative in vitro and in vivo study of nine alcohol-based handrubs**, Rochon-Edouard, S. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
17. **Disinfection and the prevention of infectious disease: No adverse effects?** Daschner, F. & Schuster, A., *American Journal of Infection Control*, vol. 32, no.4, June 2004.
18. **The benefits of surface disinfection**, Rutala, W. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
19. **Evaluation of a patient education model for increasing hand hygiene compliance in an inpatient rehabilitation unit**, McGuckin, M. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
20. **Clinical nurse specialists and nurse practitioners: Complementary roles for infectious disease and infection control**, Gail, C. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
21. **The use of systematic reviews and meta-analyses in infection control and hospital epidemiology**, Bent, S. et al, *American Journal of Infection Control*, vol. 32, no.4, June 2004.
- Visit the *American Journal of Infection Control* online at:
www.mosby.com/ajic
22. **Effect of the Increasing Use of Piperacillin/Tazobactam on the Incidence of Vancomycin-Resistant Enterococci in Four Academic Medical Centers**, Stiefel, U. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
23. **Eradication of a Large Outbreak of a Single Strain of vanB Vancomycin-Resistant *Enterococcus faecium* at a Major Australian Teaching Hospital**, Christiansen, K. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
24. **Do Infection Control Measures Work for Methicillin-Resistant *Staphylococcus aureus*?** Boyce, J. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
25. **Intervention to Reduce the Incidence of Methicillin-Resistant *Staphylococcus aureus* Skin Infections in a Correctional Facility in Georgia**, Wootton, S. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
26. **Emergence of Vancomycin-Resistant Enterococci in San Francisco Bay Area Hospitals During 1994 to 1998**, Rosenberg, J. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
27. **A Cost-Benefit Analysis of Gown Use in Controlling Vancomycin-Resistant *Enterococcus* Transmission: Is It Worth the Price?** Puzniak, L. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.2, February 2004.
28. **Risk Factors and Costs Associated With Methicillin-Resistant *Staphylococcus aureus* Bloodstream Infections**, McHugh, C. & Riley, L., *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
29. **Emergence of Resistant Staphylococci on the Hands of New Graduate Nurses**, Cimiotti, J. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.5, May 2004.
30. **Surgical-Site Infection Due to *Staphylococcus aureus* Among Elderly Patients: Mortality, Duration of Hospitalization, and Cost**, McGarry, S. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
31. **Surgical-Site Infection Rates and Risk Factor Analysis in Coronary Artery Bypass Graft Surgery**, Harrington, G. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
32. **Risk Factors for Surgical-Site Infection Following Primary Total Knee Arthroplasty**, Minnema, B. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
33. **Preoperative Risk Factors for Nasal Carriage of *Staphylococcus aureus***, Herwaldt, L. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
34. ***Staphylococcus aureus* Nasal Carriage in a Student Community: Prevalence, Clonal Relationships, and Risk Factors**, Bischoff, W. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
35. **Prevention of Infections Associated With Permanent Cardiac Antiarrhythmic Devices by Implementation of a Comprehensive Infection Control Program**, Borer, A. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
36. **A Protracted Outbreak of *Staphylococcus epidermidis* Infections Among Patients Undergoing Valve Replacement**, Bou, R. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
37. **The Value of Bacterial Culture During Clean Orthopedic Surgery: A Prospective Study of 1,036**

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38. **Prevalence of Methicillin-Resistant *Staphylococcus aureus* Nasal Carriage Among Patients With Femoral Neck Fractures: Implication for Antibiotic Prophylaxis**, Merrer, J. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
39. **Is It Necessary to Shave the Pubic and Genital Regions of Patients Undergoing Endoscopic Urological Surgery?** Menéndez, V. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.6, June 2004.
40. **Editorial: How're We Doin'?** Preventing Occupational Infections With Blood-Borne Pathogens in Healthcare, Henderson, D., *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
41. **Effect of Implementing Safety-Engineered Devices on Percutaneous Injury Epidemiology**, Sohn, S. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
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44. **Cost-Effectiveness of Hepatitis A–B Vaccine Versus Hepatitis B Vaccine for Healthcare and Public Safety Workers in the Western United States**, Jacobs, R. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
45. **A Large Nosocomial Outbreak of Hepatitis C and Hepatitis B Among Patients Receiving Pain Remediation Treatments**, Comstock, R. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
46. **Confirmation of Nosocomial Hepatitis C Virus Infection in a Hemodialysis Unit**, Furusyo, N. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
47. **Screening Healthcare Workers for Varicella-Zoster Virus: Can We Trust the History?** Almuneef, M. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
48. **Infections in Immunocompromised Patients Risk to Cancer Patients From Nosocomial Hepatitis C Virus**, Sepkowitz, K., *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
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50. **Implications of Postvaccination Hepatitis B Surface Antigenemia in the Management of Exposures to Body Fluids**, Martín-Ancel, A. et al, *Infection Control and Hospital Epidemiology*, vol. 25, no.7, July 2004.
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can be viewed at:
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53. **Surgical-site infections within 60 days of coronary artery by-pass graft surgery**, Swenne, L. et al, *The Journal of Hospital Infection*, vol.57, no.1, May 2004.
54. **Surgical-site infections after orthopaedic surgery: statewide surveillance using linked administrative databases**, Thomas, C. et al, *The Journal of Hospital Infection*, vol.57, no.1, May 2004.
55. **Tackling contamination of the hospital environment by methicillin-resistant *Staphylococcus aureus* (MRSA): a comparison between conventional terminal cleaning and hydrogen peroxide vapour decontamination**, French, G. et al, *The Journal of Hospital Infection*, vol.57, no.1, May 2004.
56. **Investigation of a pyoderma outbreak caused by methicillin-susceptible *Staphylococcus aureus* in a nursery for newborns**, Lin, M. et al, *The Journal of Hospital Infection*, vol.57, no.1, May 2004.
57. **The procedures of hygiene to control hospital-acquired diarrhoea in paediatric wards: a multicentre audit**, Jusot, J. et al, *The Journal of Hospital Infection*, vol.57, no.1, May 2004.
58. **Outbreak of *Pseudomonas putida* bacteraemia in a neonatal intensive care unit**, Bouallègue, O. et al, *The Journal of Hospital Infection*, vol.57, no.1, May 2004.
59. **Bacterial adaptation and resistance to antiseptics, disinfectants and preservatives is not a new**

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60. Surveillance of multi-drug resistant *Pseudomonas aeruginosa* in an urban tertiary-care teaching hospital, Jung, R. et al, *The Journal of Hospital Infection*, vol.57, no.2, June 2004.
61. Risk factors and clinical outcomes of nosocomial multi-drug resistant *Pseudomonas aeruginosa*, Cao, B. et al, *The Journal of Hospital Infection*, vol.57, no.2, June 2004.
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64. Environmental investigations and molecular typing of *Aspergillus flavus* during an outbreak of postoperative infections, Heinemann, S. et al, *The Journal of Hospital Infection*, vol.57, no.2, June 2004.
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67. Antiseptic impregnated endotracheal tubes for the prevention of bacterial colonization, Pacheco-Fowler, V. et al, *The Journal of Hospital Infection*, vol.57, no.2, June 2004.
68. Benefits of a rapid HIV test for evaluation of the source patient after occupational exposure of healthcare workers, Puro, V. et al, *The Journal of Hospital Infection*, vol.57, no.2, June 2004.
69. A comparison of competing methods for the detection of surgical-site infections in patients undergoing total arthroplasty of the knee, partial and total arthroplasty of hip and femoral or similar vascular bypass, Curtis, M. et al, *The Journal of Hospital Infection*, vol.57, no.3, July 2004.
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RESOURCE PACKAGES REVIEWED AND REVISED

The NSW Infection Control Resource Centre's reviewed and revised Resource Packages and are now available. Packages cover 21 topics relating to infection control issues and diseases and contain historical overviews, recent developments and future trends. Modes of transmission, incubation period and preventative measures are also included for diseases. Each package contains a reference list for further reading, suggested educational videos and websites. Topics include Standard and Transmission Based Precautions; Hand Washing; Hepatitis A, B, C; Tuberculosis; HIV/AIDS; MRSA; Varicella; Rubella; Measles; Pertussis; Safe Handling, Usage and Disposal of Sharp Objects; VRE; Scabies; Meningococcal Disease; Herpes Zoster; Legionellosis; Head Lice; and Latex Allergies.

The Resource Packages are presented in a flat folder to allow for easy photocopying and inserting future up-dated or new resources.

To order your copy, contact the NSW Infection Control Resource Centre, tel: 9332 9712.

COSTS MAY APPLY



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**INTRODUCTION TO INFECTION CONTROL
FOR DENTAL ASSISTANTS****5 October, 2004
23 November, 2004**

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
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Processing Instruments and Equipment
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**INFECTION CONTROL FOR
CLEANERS OF HEALTH CARE FACILITIES****26 October (morning), 2004**

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

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

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STAPHYLOCOCCUS & STAPHYLOCOCCAL
INFECTIONS****24-27 OCTOBER 2004**

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Charleston, South Carolina, USA

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E-Mail:

jnelson@uc@4u.com

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www.uemeded.com/rsvp/invitation/invistation.asp**6th INTERNATIONAL CONFERENCE OF THE
HOSPITAL INFECTION SOCIETY****15-18 OCTOBER, 2006**

Amsterdam, Netherlands

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Tel: (44) 141 331 0123
Fax: (44) 141 331 0234

Email:

info@his2006.com

Website:

www.his2006.com

Worried about the management of MRSA? Frustrated by ambiguous MRSA guidelines? Confused by the varied interpretation of policies? Who do you isolate? What do you do if you don't have enough isolation rooms? Are Contact Precautions being implemented correctly? Would good hand hygiene be just as effective? How do you determine when a patient is clear of MRSA? Are our MRSA policies working? And are MRSA policies REALLY evidence-based?

MRSA remains endemic in NSW hospitals and continues to be a cause of frustration for many infection control professionals. Hospital-based Infection Control Professionals are invited to join the NSW Infection Control Resource Centre for an afternoon of discussion and exchange of information on issues relating to the management of MRSA at the

MRSA FORUM

25 November, 2004

1-5pm

Albion Street Centre, Surry Hills, NSW 2010

The afternoon will include presentations from four NSW Hospitals (two public, two private) outlining their MRSA management program, strengths and weaknesses; MRSA from a microbiologist's viewpoint; a review of the current literature, policies and guidelines; hypothetical scenarios and group work; and will conclude with a panel discussion.

Places will be strictly limited to 20 on a "first in, best-dressed" basis - *No costs involved!*

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THE UNIVERSITY OF SYDNEY CONTINUING EDUCATION IN DENISTRY

Infectious Diseases: Update for the General Dental Practitioner

Friday 26 November 2004

8:00 am - 12:00 noon

Cost: \$275

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28 Albion Street, Surry Hills

To register contact:

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Topics covered:

- * The human herpes viruses - HHV-1 to HHV-8 common pathogens of the oro-dental complex
- * HIV / AIDS - What's new?
- * The hepatitis alphabet - A to G and even X
- * Prion diseases - incl Creutzfeldt - Jacob Disease (CJD)
- * Tuberculosis - old disease - new problems
- * Vaccinations

Speakers:

Dr Mark Schifter, Staff Specialist Oral Medicine ,
Westmead Centre for Oral Health
Prof Laurie Walsh - Dean Uni Qld Dental School
Dr Sheena Chan, Westmead Centre for Oral Health (dentist)
Dr David Mitchell, Westmead Hospital (medical GP)

THE UNIVERSITY OF SYDNEY CONTINUING EDUCATION IN DENISTRY

Infectious Disease Update for the Dental Assistant

Friday 26 November 2004

8:00 am - 12:00 noon

Cost: \$150

Venue:

Citigate Sebel Sydney
28 Albion Street
Surry Hills

To register contact:

Continuing Education in Dentistry
Tel: (02) 9351 8348 Fax: (02) 9351 8310
Email: dentalce@dentistry.usyd.edu.au
www.dentistry.usyd.edu.au/ce

Topics covered:

- * Infectious diseases: What's new?
- * Protecting the patient: common sense infection control
- * Protecting yourself - vaccination, health checks
- * The pregnant health care worker - protecting you and your baby

Speakers:

Prof Laurie Walsh - Dean Uni Qld Dental School
Dr David Mitchell, Westmead Hospital (medical GP)
Dr Suzie Dracopoulos, Westmead Centre for Oral Health
(dentist)