

# In.CONTROL



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

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## NEW INFECTION CONTROL POLICY

The NSW Health Department has released its revised *Infection Control Policy 2002/45*. The policy can be downloaded from the Department's web site <http://www.health.nsw.gov.au>

Hard copies will be available after August 1 from the **Better Health Centre** by phoning (02) 9816 0452 or faxing (02) 9816 0492. There is a limit of the number of hard copies available to one facility or individual. The NSW ICRC will not be supplying copies of this document but will assist health care workers with any questions relating to the policy.

The NSW ICRC Strategic Planning Day was successful and the draft plan incorporates comments and suggestions from representatives of our key stakeholders.

We welcome Ms Julie Hunt as the new Senior Infection Control Policy Analyst, NSW Health. Julie brings good experience to the position as well as qualifications in nursing and Public Health studies.

In the first week of May, the NSW ICRC with Sydney Hospital and NSW Health co-hosted a course in Epidemiology and Evidence Based Practice for Infection Control Nurses at Sydney Hospital. The three-day course attracted thirty-five statewide Infection Control nurses who participated in the workshop. Participants had the privilege of sharing the course with Ms Barbara Soule, President Elect, Association for Professionals in Infection Control and Epidemiology, from Washington State, USA who was the keynote speaker. A two-day seminar completing the course will be held later in the year.

Commonwealth Department of Health and Aging has published *Guidelines for the Early Clinical and Public*

*Health Management of Meningococcal Disease*. This document can be obtained from the following web site

<http://www.health.gov.au/pubhlth/cdi/pubs/mening/htm>

Hard copies can be obtained by faxing or emailing your name and address to:

(02) 6289 8935 or  
CDI\_editor@health.gov.au



Barbara Soule (left) with Valda Wiles at the course in Epidemiology and Evidence Based Practice for Infection Control Nurses at Sydney Hospital in May

Our guest writer this month is Catherine Lamond, President Infection Control Association NSW Inc and Area Clinical Nurse Consultant, Southern Area Health Service, who offers her reflections on the life of a rural Infection Control nurse.

**SUE RESNIK**  
Editor

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# GUEST WRITER

## REFLECTIONS ON THE LIFE OF A RURAL INFECTION CONTROL NURSE

One sunny morning not long ago, I sat in my dirty hard-working car looking out over the sparkling Moruya River, with a backdrop of steep green mountains and a clear blue-sky overhead. I was answering the messages left on my mobile phone (yes, we do have them, and we can sometimes even produce a passable latte). One of my colleagues in Sydney was telling me how the smog was so bad that she was going to stay in her air-conditioned office all day. I felt very sorry for her, and very, very glad that I was just where I was.

That introduction betrays my feelings about being a rural infection control nurse. I enjoy my job enormously, love the places I get to do it in, and I wouldn't swap it for a job and a life in the city for any price I can think of. And I am not alone, although TV shows would have you believe that the pleasures of country life are something just discovered by a few inner-city types. The recent scoping study by NSW Health showed that small rural facilities form the majority of public health facilities in NSW. As most, if not all, facilities these days have a staff member responsible for infection control, this means that, in reality, rural infection control rules! My current position as President of the NSW Infection Control Association is, I think, another demonstration that rural infection control has something worthwhile to contribute to our speciality. While I see my position as an opportunity to serve all my colleagues around the State, I feel it is an excellent chance for the particular views and interests of rural infection control practitioners to be put forward.

However, country life and work is not all as seen on Sea Change, nor is it all gawping at the landscape. The same range of challenges that confront infection control practitioners in the city, face my colleagues and I on a regular basis, albeit on a smaller scale, and in less available time. Almost without exception, rural infection control nurses are part-time in that role, often combining it with a rotating roster on the ward. The word "versatile" springs to mind. If you have never worked in a country facility, then you may not appreciate the wide repertoire of skills that *all* rural nursing staff need to be able to pull out at the appropriate moment. I admit I did not have any understanding of this myself until I became a resident of what the politicians like to call "rural and regional Australia". I remain full of admiration for the colleagues who can move seamlessly from infection control to aged care to first line management of the victim of a gruesome farm accident.

Not that we are complaining. I for one freely admit that I am immensely glad that some of the issues confronting infection control in tertiary referral hospitals are not mine to deal with. If faced with an outbreak of multi-resistant *Acinetobacter*, I would be the one having the nervous breakdown in the corner. However, in the absence of any or all of: on-site medical officer, ID physician, medical microbiologist, 24/7 pathology service, staff health clinic, CSSD manager, hotel services manager, clinical educator and numerous other services and positions, rural infection control nurses mostly pinch hit pretty successfully.

As well as the infrastructure difficulties, infection control poses unique difficulties in small communities where confidentiality can be a difficult concept and an even more difficult practice, where everyone in town knows who is in hospital and why, and where visitors bed-hop constantly. Staff themselves often have family or friendship links with patients and their families. The low turnover of staff in many rural facilities can mean that instituting change is challenging, but also that education does not have to be endlessly repeated for new staff. The multiple roles of the rural infection control nurse can be helpful in keeping a weather eye out, but often they have to take precedence over infection control duties. Release from small facilities for meetings or education is at best difficult, and funding for conferences etc is often from the household budget.

Despite the difficulties, I am frequently struck (and inspired) by the enthusiasm that rural infection control nurses demonstrate for their role. One of our strengths, I believe, is that we network vigorously, not just locally but all over the State. We are drivers undaunted by distance but also enthusiastic telephoners, and now, e-mailers. In facilitating this collegiality, NSW Health's initiative in forming and supporting the Infection Control Practice Group is to be lauded. The advent of the Internet has been an immense advantage to rural health care workers of all persuasions, although often access has to be sought at home as the one or two computers in the facility are in constant use. Resources such as this newsletter, the NSW Infection Control Resource Centre and the Infection Control Association are extremely valuable to, and valued by, isolated, part-time infection control staff.

As infection control nurses, rural and city colleagues have more in common than not. We all face the same types of issues and challenges, and we probably all need the same personal characteristics – once itemised to me as being "nosy, bossy, persistent, pushy and with a loud voice". In the country, we just get to do it all in fresh air and beautiful surroundings – so if you're not already one of the majority, why not come out and see us sometime.

**Catherine Lamond**  
Area CNC Infection Control  
Southern Area Health Service

# NSW HEALTH DEPARTMENT CIRCULARS & INFORMATION BULLETINS

The following are the latest Circulars and Information Bulletins, from June 2001 to going to print, relating to Infection Control issues have been released by the NSW Health Department

- 2001/55** MANAGEMENT OF REPORTABLE INFECTION CONTROL INCIDENTS  
*(to be read in conjunction with Circulars 97/58, 99/88, 2002/45)*
- 2001/70** BACILLE CALMETTE GUERIN VACCINATION  
*(supersedes Circular 94/91 BCG Vaccination)*
- 2001/71** HEALTH CARE WORKER TUBERCULOSIS SCREENING & PROTECTION POLICY  
*(supersedes Circular 94/95, Health Care Worker Screening & Protection Policy)*
- 2001/72** THE ROLE OF TUBERCULOSIS PREVENTION & CONTROL SERVICES – CHEST CLINICS IN NEW SOUTH WALES  
*(supersedes Circular 94/85, The Role of Chest Clinics in NSW)*
- 2001/75** ROLE OF THE AREA TUBERCULOSIS (TB) COORDINATOR  
*(To be read in conjunction with the document Controlling Tuberculosis in NSW 1994)*
- 2001/76** TUBERCULOSIS CONTACT TRACING  
*(supersedes Circular 94/94 Contact Tracing and follow-up)*
- 2001/91** OCCUPATIONAL SCREENING AND VACCINATION OF HEALTH CARE WORKERS AGAINST INFECTIOUS DISEASES  
*(supersedes Circular 96/40 Hepatitis B and Health Care Workers)*
- 2001/92** THE PROVISION OF RABIES IMMUNOGLOBULIN (RIG) AND RABIES VACCINE FOR POST EXPOSURE TREATMENT (PET) FOR RABIES AND AUSTRALIAN BAT LYSSAVIRUS  
*(supersedes Circular 96/104)*
- 2001/101** HEPATITIS B VACCINATION POLICY (This Circular should be read in conjunction with the current edition of the National Health and Medical Research Council (NHMRC) The Australian Immunisation Handbook.  
*(supersedes: Circulars 97/51, 99/48 and 00/43)*
- 2001/104** MANAGEMENT OF PEOPLE WITH HIV INFECTION WHO RISK INFECTING OTHERS  
*(supersedes Circular 97/93 Management of people with HIV infection who risk infecting others.)*
- 2002/7** AUTHORITY FOR REGISTERED NURSES TO PROVIDE IMMUNISATION SERVICES  
*(supersedes Circular 2000/87 Authority for Registered Nurses to Provide Immunisation Services)*
- 2002/19** EFFECTIVE INCIDENT RESPONSE: A FRAMEWORK FOR PREVENTION AND MANAGEMENT IN THE HEALTH WORKPLACE *(rescinds 97/97)*
- 2002/28** MINIMISATION OF NEONATAL EARLY ONSET OF GROUP B STREPTOCOCCAL (EOGBS) INFECTION
- 2002/45** INFECTION CONTROL POLICY  
*(supersedes Circulars 86/7, 97/95, 99/87, IB2000/13)*

Copies of NSW Health Department Circulars and Information Bulletins can be obtained from the NSW Health Department Health Web site:  
<http://www.health.nsw.gov.au>

or

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

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



ALBION STREET CENTRE

**INTRODUCTION  
TO  
INFECTION CONTROL  
NURSING**

**13<sup>th</sup> AUGUST  
6<sup>th</sup> NOVEMBER**

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:**

**\$125 (plus GST if applicable)  
Tel: (02) 9332 9720  
Fax: (02) 9360 4387**

**E-mail:**

**[albeducation@sesahs.nsw.gov.au](mailto:albeducation@sesahs.nsw.gov.au)**



ALBION STREET CENTRE

**INFECTION CONTROL  
FOR  
CLEANERS  
OF  
HEALTH CARE  
FACILITIES**

**30<sup>th</sup> OCTOBER**

This is a half-day (morning) Workshop 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:**

**\$65 (plus GST if applicable)  
Tel: (02) 9332 9720  
Fax: (02) 9360 4387**

**E-mail:**

**[albeducation@sesahs.nsw.gov.au](mailto:albeducation@sesahs.nsw.gov.au)**



ALBION STREET CENTRE

## INTRODUCTION TO INFECTION CONTROL FOR DENTAL ASSISTANTS

**11<sup>th</sup> September**  
**21<sup>st</sup> November**

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

### TOPICS COVERED INCLUDE:

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

### VENUE

The Albion Street Centre  
150 Albion Street  
SURRY HILLS NSW 2010

### COURSE DETAILS:

**\$125 (plus GST if applicable)**  
**Tel: (02) 9332 9720**  
**Fax: (02) 9360 4387**

### E-mail:

[albeducation@sesahs.nsw.gov.au](mailto:albeducation@sesahs.nsw.gov.au)

# In.Control VIA E-MAIL

A reminder to any readers who would like to receive an electronic copy of *In.Control* via e-mail, rather than a hard-copy through the post, send your e-mail details, plus info which is currently on your addressograph label to us at the following address:

[albicr@sesahs.nsw.gov.au](mailto:albicr@sesahs.nsw.gov.au)

Requests for materials, videos, packages, queries etc. can also be made through the above address.

Please contact us if your email address is **changed**.

If you receive more than one copy of the newsletter please let us know so that we can adjust our database.

The NSW Infection Control Resource Centre also has a web site that includes the latest newsletter. This can be accessed at:

[www.sesahs.nsw.gov.au/albionstcentre](http://www.sesahs.nsw.gov.au/albionstcentre)

## VIDEO & CD-ROM LIBRARY

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

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

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

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

## INFECTION CONTROL CONFERENCES

**PUBLIC HEALTH LABORATORY SERVICE  
(PHLS)**

**27<sup>th</sup> ANNUAL SCIENTIFIC CONFERENCE**

8–11 September,

University of Warwick, UK

For fill program information visit:

Website: <http://www.phlsnorth.co.uk/asc2001/index.htm>

**5<sup>th</sup> INTERNATIONAL CONFERENCE  
OF THE**

**HOSPITAL INFECTION SOCIETY**

September 15–18, 2002

Edinburgh, Scotland

E-mail [his@concorde-uk.com](mailto:his@concorde-uk.com)

**THE AUSTRALIAN SOCIETY FOR  
MICROBIOLOGY INC.**

**2002 ANNUAL SCIENTIFIC MEETING**

29 September–3 October, 2002

Melbourne, Victoria

Website: <http://www.theasm.com.au/>

**AUSTRALASIAN SOCIETY FOR  
HIV MEDICINE INC.**

*CONFERENCE 2002:*

*COMPLEX PROBLEMS: EMERGING SOLUTIONS*

23–26 October, 2002

Sydney, NSW

Website: <http://www.ash.org.au/>

**INFECTION CONTROL ASSOCIATION NSW  
25<sup>th</sup> ANNUAL CONFERENCE**

30 October–1 November, 2002

*“A BUG STORY”*

*CHAPTER ONE: REVIEWING THE PAST,  
CONSIDERING THE FUTURE*

Central Coast Leagues Convention Centre

Gosford, Central Coast, NSW

Registration will be available on the website from June

<http://www.aica.org.au>

or contact

The Conference Organiser/Co-ordinator

Leanne Hicks

Central Coast Tourism & Convention Bureau

PO Box 576, Terrigal, NSW 2260

Ph: (02) 4385 4074 Fax: (02) 4385 4203

E-mail: [thecoast@cctourism.com.au](mailto:thecoast@cctourism.com.au)

**WESTERN PACIFIC CONGRESS OF  
CHEMOTHERAPY AND INFECTIOUS DISEASES**

1–5 December, 2002

Burswood Resort, Perth WA

Website: <http://www.icms.com.au/wpccid/>

# 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.** We are a small day-surgery practice that offers patients sandwiches post op. We would like some references to the temperature that our fridge should be maintained at. We currently record the temperature and we have audited the facility where the sandwiches are prepared.

**A.** The temperature recommended to maintain cold food storage is 5°C or below. Storing food at incorrect temperatures can allow multiplication of food-poisoning bacteria.

The temperature range between 5°C and 60°C is known as the *temperature danger zone*. Bacteria grow and multiply faster in this temperature range. For this reason, you must ensure that food spends only the minimum possible time between 5°C and 60°C. Keeping food at the correct temperature will not only help reduce the risk of causing illness, but it will also reduce food spoilage and maximise the shelf life of the food. Refrigerators should not be higher than 5°C, with adequate air around the food ensuring an even temperature distribution. Cover all foods before storing in the refrigerator to protect them from contamination.

Temperature abuse, cross-contamination, and sloppy hand washing practices can lead to food related illness. If in doubt about the quality or safety of a particular food, the old saying applies, “If in doubt throw it out”. This information is from the NSW Health Department Fact Sheet *Food Borne Illness* obtainable from The Better Health Centre (02) 9816 0452 or from the NSW Health Department Website [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

The NSW ICRC has three excellent videos on food hygiene and food safety. *Food Poisoning: The Choice Is Yours!*, *The Importance of Food Safety* and *Kitchen Care* can be borrowed by contacting the NSW ICRC.

**Q.** I am the Infection Control Nurse in a High Care Facility for seniors and I have recently been asked to accept a resident suffering from Vancomycin Resistant Enterococci (VRE). Can you please tell me where I can find an outline of the infection control requirements for this type of infection to ensure it does not spread within the facility.

**A.** “Table 1: Summary of recommended infection control precautions” (page 7) in the latest NSW Health Department *Infection Control Policy*, Circular 2002/45, outlines the infection control requirements when caring for a patient or resident with VRE. Contact Transmission-Based Precautions are required in addition to Standard Precautions.

The NSW ICRC bound Resource Packages contain a section on VRE. Please call (02) 9332 9712 to arrange for a copy to be sent to you.

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**NSW HEALTH DEPARTMENT  
COMMUNICABLE DISEASES  
FACT SHEETS**

The NSW Health Department has produced a range of health Fact Sheets on Communicable Diseases that are updated regularly. Copies can be downloaded from the NSW Health Web-site [www.health.nsw.gov.au](http://www.health.nsw.gov.au) or by contacting the Better Health Centre (02) 9816 0452. Topics covered include Anthrax, Chickenpox, Creutzfeldt-Jakob Disease, Cryptosporidiosis, Food-Borne Illness, Giardiasis, Headlice, Hepatitis A, B, and C, Influenza, Legionnaires Disease, Listeriosis, Measles, Meningococcal Disease, Murray Valley Encephalitis, Parvovirus B19 and Fifth Disease, Psittacosis, Ross River Fever, Rubella, Sexually Transmissible Diseases, Some Infectious Diseases of Children, Tuberculosis, and Whooping Cough – Pertussis.

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**NSW ICRC  
INFECTION CONTROL  
FACT SHEETS**

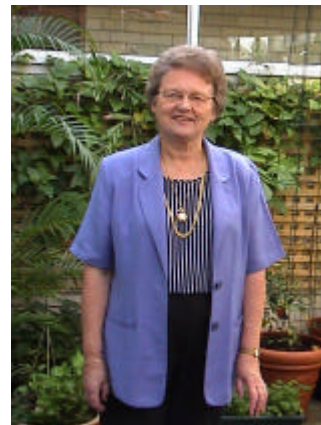
The NSW ICRC has developed five Infection Control Fact Sheets in the same style as the NSW Health Communicable Diseases Fact Sheets. These double-sided A4 sheets are ideal for orientation or inservices. Copies of these Infection Control Information Sheets can be obtained by contacting the NSW ICRC (02) 9332 9712. Topics covered are:

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

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**FAREWELL BETTY!**

Betty Rees, with whom many of you will have spoken to over the phone, retired from the NSW Infection Control Resource Centre at the end of April. Betty’s contribution to the growth and day-to-day running of the ICRC was immense. Betty brought a wealth of Infection Control knowledge and expertise to the ICRC, as well as personal warmth, a ready smile and good humour. She will be sorely missed. In typical Betty style, however, she is not putting up her feet and taking a well deserved rest but keeping herself busy and embarking on new adventures. We are sure you will all join us in wishing Betty all the best in her retirement.



Betty Rees

**WELCOME LAURA!**

It gives us great pleasure to introduce you to Laura Quinn who recently joined the ICRC. Laura’s role is to provide the ICRC with clerical support and administrative duties. Laura will not be answering questions relating to Infection Control issues and will forward such calls to Philip or myself, Sue. Please make Laura welcome to our department.



Sue Resnik, Philip Melling and Laura Quinn



ALBION STREET CENTRE

**HIV  
PRE & POST TEST  
COUNSELLING**

**1<sup>st</sup> - 4<sup>th</sup> October**

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

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

**PREREQUISITE:**

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

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

**VENUE**

The Albion Street Centre  
150 Albion Street  
SURRY HILLS NSW 2010

**COURSE DETAILS:**

**\$350 (plus GST if applicable)**  
**Tel: (02) 9332 9720**  
**Fax: (02) 9360 4387**

**E-mail:**

**[albeducation@sesahs.nsw.gov.au](mailto:albeducation@sesahs.nsw.gov.au)**



ALBION STREET CENTRE

**MANAGEMENT  
OF  
NEEDLE-STICK INJURIES  
AND  
OTHER EXPOSURES TO  
BLOOD-BORNE PATHOGENS**

**28<sup>th</sup> - 29<sup>th</sup> October**

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 INCLUDE:**

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

**VENUE**

The Albion Street Centre  
150 Albion Street  
SURRY HILLS NSW 2010

**COURSE DETAILS:**

**\$200 (plus GST if applicable)**  
**Tel: (02) 9332 9720**  
**Fax: (02) 9360 4387**

**E-mail:**

**[albeducation@sesahs.nsw.gov.au](mailto:albeducation@sesahs.nsw.gov.au)**

# 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. **Infections in Aged Care Facilities**, Reilly, M. et al, *Australian Infection Control*, vol. 6, no.4, December 2001.
2. **MRSA Screening of Nursing Home Residents Admitted to Hospital on the NSW Central Coast**, Friedewald, M. & de Wit, D., *Australian Infection Control*, vol. 6, no.4, December 2001.
3. **Infection Control in Queensland Long-Term Care Facilities**, Geary, A. et al, *Australian Infection Control*, vol. 6, no.4, December 2001.
4. **Managing the Challenge of an Acute Gastroenteritis Outbreak Caused by a Norwalk-Like Virus in a 239 Bed Long-Term Facility**, Hoyle, J., *Australian Infection Control*, vol. 6, no.4, December 2001.
5. **Improving Hospital Antibiotic Use**, Dartnell, J. & Korman, T., *Australian Infection Control*, vol. 7, no.1, March 2002
6. **Nosocomial *Acinetobacter baumannii* and *Pseudomonas aeruginosa* Bacteraemia: Clinical Characteristics and Risk Factor Analysis Compared**, Chen, C.H. et al, *Australian Infection Control*, vol. 7, no.1, March 2002
7. **Improving Infection Control Practices Through Staff Link Programmes**, Lene, M., *Australian Infection Control*, vol. 7, no.1, March 2002
8. **Efficacy of Patient Isolation for the Control of MRSA in the Acute Hospital Setting**, Fernandez, R. et al, *Australian Infection Control*, vol. 7, no.1, March 2002

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

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

9. **What Action Should Be Taken to Prevent Spread of Vancomycin Resistant Enterococci in European Hospitals**, Ridwan, B. et al, *British Medical Journal*, vol. 324, no. 7338, March 2002.
10. **Treatment of Imported Malaria in an Ambulatory setting: Prospective Study**, D'Acremont, V. et al, *British Medical Journal*, vol. 324, no. 7342, March 2002.
11. **Commentary: Should Patients With Imported Malaria Routinely Be admitted?**, Whitty, C. & Lockwood, D., *British Medical Journal*, vol. 324, no. 7338, March 2002.
12. **Hepatitis B Immunisation in Renal Units in the United Kingdom: Questionnaire Study**, Ray, S. et al, *British Medical Journal*, vol. 324, no. 7338, March 2002.
13. **Age at Acquisition of *Helicobacter pylori* infection**, Malaty, H., *The Lancet*, vol. 359, number 9310, March 2002
14. **The Best Hospital Practices for Controlling Methicillin-Resistant *Staphylococcus aureus*: On the Cutting Edge**, Arnold, M. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
15. **An Outbreak of *Staphylococcus aureus* in a Pediatric Cardiothoracic Surgery Unit**, Weber, S. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
16. **The Effectiveness of Influenza Vaccine Against Influenza A (H3N2) Virus Infections in Nursing Homes in Niigata, Japan, During the 1998-1999 and 1999-2000 Seasons**, Saito, R. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
17. **Intradermal Recombinant Hepatitis B Vaccine for Healthcare Workers Who Fail to Respond to Intramuscular Vaccine**, Playford, E. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
18. **A Quality Management Project in 8 Selected Hospitals to Reduce Nosocomial Infections: A Prospective, Controlled Study**, Gastmeier, P. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.

19. **Assessment of and Intervention for the Misuse of Aldehyde Disinfectants in Japan**, Oie, S. & Kamiya, A., *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
20. **Central Venous Catheter-Associated Bloodstream Infections in Pediatric Oncology Home Care**, Shah, S. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
21. **Risk Factors for Vancomycin-Resistant Enterococcus (VRE) Infection in Colonized Patients With Cancer**, Husni, R. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
22. **Outbreak of *Burkholderia cepacia* in the Adult Intensive Care Unit Traced to Contaminated Indigo-Carmine Dye**, Gravel, D. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
23. **The Cost of Antibiotic Resistance: Effect of Resistance Among *Staphylococcus aureus*, *Klebsiella pneumoniae*, *Acinetobacter baumannii*, and *Pseudomonas aeruginosa* on Length of Hospital Stay**, The Brooklyn Antibiotic Task Force, *Infection Control and Hospital Epidemiology*, vol. 23, no.2, February 2002.
24. **Limited Impact of Sustained Simple Feedback Based on Soap and Paper Towel Consumption on the Frequency of Hand Washing in an Adult Intensive Care Unit**, Bittner, M. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.3, March 2002.
25. **How Many Nosocomial Infections Are Associated With Cross-Transmission? A Prospective Cohort Study in a Surgical Intensive Care Unit**, Weist, K. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.3, March 2002.
26. **The Role of Nurse Understaffing in Nosocomial Viral Gastrointestinal Infections on a General Pediatrics Ward**, Stegenga J. et al, *Infection Control and Hospital Epidemiology*, vol. 23, no.3, March 2002.
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 can be viewed on the Internet at:  
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# MEDIA WATCH AUSTRALIA

According to a report in the *Sun-Herald* in March, thousands of young Australian women are being rendered infertile by **chlamydia**. The incidence of **chlamydia** in NSW has almost doubled in the past three years and continues to climb, with 4500 cases among men and women reported last year. The disease can damage the reproductive system, causing pelvic inflammatory disease and infertility if undetected. Young women in their late teens and 20s are most at risk. **Chlamydia** is spread through unprotected vaginal and anal sex. Limiting the number of sex partners and using condoms can prevent it. An estimated 25,000 young women in Australia had the disease without knowing it.

In March seven people were hospitalized on the North Coast after suffering **ciguatera**, an usual type of sea food poisoning, according to a report in the *Sydney Morning Herald*. The seven were treated for **ciguatera** after eating barred Spanish mackerel bought from a fish market at Brunswick Heads, north of Byron Bay. **Ciguatera** has neurological effects causing vomiting, diarrhoea, tingling sensations, numbness and dizziness.

More than 3000 **anthrax** scares, all of them false alarms, kept Australia's emergency services busy in the aftermath of September 11, the *Daily Telegraph* reported in March. More than half of the hoaxes occurred in NSW.

A Melbourne hospital implemented its disaster plan in March to cope with a food poisoning outbreak that affected more than 150 people after a lunch at a city mosque.

People at high risk of complications from the **influenza** virus in April were urged to vaccinate following recent deaths from the **A/Moscow** strain in Melbourne. The *Daily Telegraph* reported that although 80% of elderly people were being vaccinated, two-thirds of young people with underlying disease such as diabetes, asthma, chronic lung disease and heart disease are not being vaccinated. This year's vaccine is the same as 2001 and contains cover for three types of **influenza** virus, **A/Moscow**, **A New Caledonia** and **B/Sichuan**. An average of 2000 people died each year before the **influenza** vaccine. It takes two weeks after vaccination to develop antibodies.

In March it was reported that the longest stretch in the State's history without any reported cases of **measles** had come to an end. According to the *Daily Telegraph*, two people had caught the contagious disease while overseas. They are the first cases since October 2001.

The *Medical Journal of Australia* reported in April that **hepatitis C** has become a national epidemic. 150,000 Australians are known to be infected and there are about 11,000 new cases each year. The article stated that the rate of infection is increasing, in large part, because an increasing number of people are choosing to commence injecting drug use. According to the Australian National Council on AIDS, Hepatitis C and Related Diseases (ANCAHRD), **hepatitis C** is the most commonly notified communicable disease in Australia with 91% of all new infections related to sharing equipment. According to ANCAHRD, 80% of **hepatitis C** infections in Australia are due to sharing drug injecting equipment. Infection is also possible through dental procedures, tattooing or body piercing and needle-stick injuries.

A five-month old baby died from **meningococcal** disease in April, the *Daily Telegraph* reported in April. The baby's death, as a result of severe blood poisoning, brought to four the number of deaths attributed to **meningococcal** disease this year. As of 22<sup>nd</sup> April there had been 33 cases of **meningococcal** disease across NSW, including four deaths. There were 64 **meningococcal** cases between January and March last year, but no deaths until June. There were a total of seven deaths between June and December.

In South Australia an Adelaide teenager died from meningococcal disease in April. The 15-year-old girl died in hospital. The death was the second from meningococcal disease in Adelaide in April. "Even with modern treatment, this is a lethal disease", a South Australian Department of Human Services spokesman said. Health officials were talking to about 100 people who had contact with the girl and many were likely to receive preventative medication.

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# MEDIA WATCH THE WORLD

In February, the World Health Organisation (WHO) reported there had been a recent increase in the number of deaths of poultry in a retail poultry market. Preliminary tests on samples were positive for **influenza A(H5)** viruses. As a result, the government slaughtered all chickens in the affected retail market and 23 farms were quarantined. No human cases of **influenza**-like illness related to this outbreak have been detected. The situation is being monitored closely.

Also in February, the Ministry of Health of Gabon reported 49 confirmed cases of **Ebola** including 42 deaths.

In March, *The Daily Telegraph* reported that an Australian-based scientist had solved the mystery of a

deadly, baffling illness plaguing parts of Papua New Guinea. The malady, known only as "Mysterious Disease" by villagers, has killed 65 people in PNG's southern highlands since 1998. James Cook University associate professor Tukutau Taufa took a team to the area and used local knowledge to guide its investigations. Dr Taufa found there was no mysterious disease, but rather contaminated water and a range of tropical ailments such as **dengue fever** and **Japanese encephalitis**. Many villagers also tested positive for **scrub typhus**, **tsutsugamushi**, **spotted fever** and **R. australis**.

*The Guardian* newspaper in March reported that up to a million people in Rio de Janeiro could be infected with **dengue fever** when the latest outbreak of the disease peaks.

According to *The Sunday Times* in March, some British restaurants are forcing customers who like their meat rare to sign a disclaimer form before eating due to fears over the risk of **E-coli** and **salmonella** poisoning.

In March it was widely reported in the electronic and print media that former Baywatch star Pamela Anderson had revealed she had contracted **hepatitis C** by sharing a tattoo needle with ex-husband Tommy Lee. Anderson, whose barbed-wire tattoo rings her left arm, said in a statement she had been undergoing treatment at the University of California, Los Angeles Medical Centre.

In the April edition of *Nature Medicine* it was reported that new drugs to fight the **herpes**, the virus that causes cold sores and a painful sexually transmitted disease that affects millions, have been developed by two US companies. The new drugs, Bayer Ag's BAY 57-1293 and Boehringer Ingelheim's BILS 179 BS, are members of a new class of drugs called helicaseprimase inhibitors.

It was reported in the *Sydney Morning Herald* in April that children were dying at a central Papua New Guinea hospital because of a lack of intravenous fluid. The hospital was losing its battle against a three-month **measles** epidemic. Vital medical supplies were stranded on wharves across PNG in an administrative crisis blamed by doctors for a death toll at the Mount Hagen General Hospital of 91 children in three months.

Authorities are deeply concerned that the potentially fatal screw-worm fly will find its way to Australia, according to a report on PNG and Torres Strait Islanders in the *Sydney Morning Herald*. The fly's flesh-burrowing maggots cause horrific disfigurements in large numbers of Papua New Guineans. The fly is a parasite of warm-blooded animals and travels up to 50 kilometres in search of hosts. The Queensland Government estimates it would cost livestock industries \$700 million a year if it became established. Some experts believe it is a question of when, not if, the fly will take hold on the Australian mainland.

AMA (NSW)  
**OCCUPATIONAL  
 HEALTH & SAFETY  
 WORKSHOPS**

*Dealing with the new  
 Occupational Health and Safety Act 2000 and  
 Occupational Health and Safety Regulations 2001*

Designed for supervisors in private medical practice including doctors and practice managers, the workshops will deliver all of the essential information on occupational health and safety for medical practices as well as providing a practical guide to implementing the minimum legal requirements.

The presentations, to be delivered by experienced AMA (NSW) presenters and OH&S specialists, will cover a range of areas including the new requirements arising from the Occupational Health and Safety Act 2000 and Regulations 2001, infection control including sterilization and workers compensation from the point of view of doctors and staff members.

Workshops will be held on Saturdays at the following locations starting from 10.00am and finishing at 3.30pm:

|   |           |
|---|-----------|
| <b>Sydney</b> – AMA House                           | 15 June   |
| <b>Batemans Bay</b> – Catalina Country Club         | 22 June   |
| <b>Wollongong</b> – Quality Hotel City Pacific      | 29 June   |
| <b>Sydney</b> – AMA House                           | 10 July*  |
| <b>Tamworth</b> – West Tamworth Leagues Club        | 20 July   |
| <b>Gosford</b> – Central Coast Leagues Club         | 27 July   |
| <b>Port Macquarie</b> – Port Macquarie Panthers     | 3 August  |
| <b>Grafton</b> – South Grafton Ex-Servicemen's Club | 10 August |
| <b>Orange</b> – Orange Ex-Services Club             | 17 August |
| <b>Wagga Wagga</b> – Carriage House Motor Inn       | 24 August |

\*This seminar will be held on Wednesday commencing at 9.00am finishing at 2.30pm

The workshops are **FREE** for doctors and practice managers.

**However, numbers are limited and initial restrictions of two representatives per practice will be applied. Registrations are essential.**

Attendees will receive an Occupational Health and Safety Manual. AMA members not able to attend the workshop can obtain a copy (available June 2002) by contacting the Association – limit 1 per practice.

**For more information or a registration form please phone Alicia Speer at AMA (NSW) (02) 9439 8822**

*These workshops are being run as part of the  
 AMA (NSW) – WorkCover Assist Program*