

In.CONTROL

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

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NEW INITIATIVES

At this early stage of the year it seems there will be much offered to infection control practitioners and clinician's with an interest in the field. In this editorial I will focus on the promised national and state initiatives and discuss how the NSW ICRC will have a role in the implementation of these products.

The NSW Health Department has advised that it is expecting to release its revised *Infection Control Policy* within the first few months of the year. Expected major changes include clarification of the requirements for managing patients with known or suspected CJD and the introduction of an easy to use table for providing direction on the management of instruments and equipment used in the care of these patients. The document also specifies requirements relating to re-use of single use items.

The Commonwealth Government is also finalising its infection control policy and we are aware that every effort has been made to ensure consistency between Commonwealth and NSW Health policies. The Commonwealth policy includes a new section on CJD.

NSW Health and the NSW ICRC are jointly finalising the *Core Competencies for Sterilization and Disinfection*. A group of experts prepared the first draft of this document, which has subsequently been reviewed from industrial, financial and practical perspectives. NSW Health has funded the NSW ICRC to implement these competencies throughout State. The principal aim of the document is to provide a framework for all staff involved in the reprocessing of used instruments and equipment, including non-CSSD staff.

The NSW Health Department has also approached each Area Health Service for a nominee to represent sterilizing staff on a state expert committee. This committee will meet quarterly at the Department principally to facilitate networking, standardisation and to assist in the definition and promotion of best practice reprocessing.

The development of clinical indicators for specific infections is progressing within NSW and early signs suggests that it is likely that in certain sized facilities it will be a mandatory requirement that periodic infection rate data be reported to the Department to assist in the estimation of benchmark data for like facilities. Resolution of this issue has been problematic and to date has required several years of consideration, piloting and consultation in an attempt to reach consensus and to finalise practical methods.

In early March the ICRC is holding a Strategic Planning Day. The purpose of the day is for representatives of principal stakeholder groups to collaborate and identify practical, cost effective and timely products and services that the ICRC can consider providing to its customers during the next 1-5 years.

Our guest writers this month are Julie Johnston and Fefe Lawson, NSW Health, Private Health Care Branch.

SUE RESNIK
Editor

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GUEST WRITER

POSTCARD FROM BEDLAM BAY

Regulation of the private health sector has a long history in New South Wales. For many years, nursing homes and private hospitals were licensed and inspected under the Private Hospital Act 1908. In these early years, the focus of the Act was on the standard of design and construction of buildings and facilities.

The contemporary emphasis on standards of care came into effect in 1988. Separate legislation for nursing homes and private hospitals followed, with the repeal of the Private Health Establishment Act and 1990 proclamation of the Nursing Homes Act 1988 and the Private Hospitals and Day Procedure Centres Act 1988.

The Director-General of the NSW Department of Health is responsible for the administration of these Acts. The role of the Private Health Care Branch has three core functional teams consisting of licensing, monitoring and complaints investigation.

From a theoretical perspective, regulators navigate the span of compliance to deterrence. The approach adopted by the Private Health Care Branch is compliance-based and aims to encourage excellence in private health care through continuous quality improvement, information sharing, negotiated agreement and innovative regulatory framework to achieve high standards.

Some of the challenges of the compliance approach include:

- change quickly
- regulatory accountability
- acknowledgment of good performance
- positive interactions with diverse stakeholders
- consistent regulatory application
- persistent improvement in desired outcomes
- responsive enforcement action.

Licensing standards relate to a wide range of matters, including the level of safety, care and comfort provided; facilities and equipment; staffing and various operational requirements.

Under the relevant private health sector Regulations, the licensing standard for infection control requires the licensee to have written Infection control policy approved by the Director-General and sufficient resources to ensure compliance with that policy. For the purposes of the Regulation, Infection Control Circular 99/87 is the infection Control policy approved by the Director-General.

Infection control focus inspections of private health care facilities are undertaken by the Private Health Care Branch using the Information Bulletin Number 2000/6 Infection Control Audit Tool. Areas of non-compliance identified at audit are addressed in written recommendations to the licensee and advice of remedial action taken is required within a specified time frame.

Licensed private health care facilities are also required to notify the Private Health Care Branch of any infection control breakdowns or incidents. Local Public Health Units are also notified and joint investigation is undertaken collaboratively with the licensed facility, Private Health Care Branch and the Public Health Unit.

There are currently 439 nursing homes, 86 private hospitals and 90 day procedure centres licensed across New South Wales. Both the Nursing Homes Act 1988 and the Private Hospitals and Day Procedure Centres Act 1988 are currently under review. Copies of the Issues Papers on the review of the Acts can be accessed at:
www.health.nsw.gov.au/csd/llsb/legislation/indindex.html#review

Julie Johnston and Fefe Lawson
PRIVATE HEALTH CARE BRANCH

INFECTION CONTROL CONFERENCES

APIC 29th ANNUAL EDUCATIONAL CONFERENCE AND INTERNATIONAL MEETING

May 19-23, 2002
Nashville, Tennessee
E-mail apicinfo@apic.org

AUSTRALIAN INFECTION CONTROL ASSOCIATION (AICA) NATIONAL CONFERENCE

Rethinking Our Vocabulary
June 5 -7, 2002
Sheraton Hotel,
Brisbane, Queensland
E-mail aica2002@im.com.au

5TH INTERNATIONAL CONFERENCE OF THE HOSPITAL INFECTION SOCIETY

September 15 -18, 2002
Edinburgh, Scotland
E-mail his@concorde-uk.com



ALBION STREET CENTRE

INTRODUCTION TO INFECTION CONTROL NURSING

22nd May, 2002

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



ALBION STREET CENTRE

INFECTION CONTROL FOR CLEANERS OF HEALTH CARE FACILITIES

20th MARCH, 2002

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

**A COURSE
IN EPIDEMIOLOGY &
EVIDENCE BASED
PRACTICE FOR
INFECTION CONTROL
NURSES**

Partly funded by NSW Health Department

VENUE:

Claffy Lecture Theatre
Sydney Hospital and Sydney Eye Hospital
Macquarie Street
Sydney

WHEN:

Tuesday 30th April to Thursday 2nd May, 2002

NSW Health, the NSW Infection Control Resource Centre and Sydney Hospital are pleased to offer a five-day Course in Epidemiology and Evidence Based Practice for Registered Nurses. This Course will provide three days of theoretical content followed by a two-day seminar held six months later.

The Course aims to promote the ability to implement nursing practices based on the outcomes of epidemiological findings and other evidence within the research literature.

The Course will offer presentations by international and local experts. The content comprises epidemiology, evidence based practice, nursing research, nursing research projects in progress, publication and legal issues.

Statements of attendance will be presented to all those participants who attend the first phase of the Course and certificates to those who successfully participate in both components of the Course.

**For further information telephone
(02) 9382 7404/3**

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AND
SYDNEY EYE HOSPITAL**

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NURSING COURSES
IN**

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*OPHTHALMOLOGY
*SEXUAL HEALTH &
VENEREOLOGY**

Experience only the best when it comes to specialty based clinical and theoretical nursing Courses

The Courses are all twenty-six week programs involving integrated theory and practice. They are offered to Registered Nurses working or preparing for roles appropriate to each individual speciality.

Course participants receive eight weeks of theoretical content. The Lecturers are experts and are recognised as leaders in each field.

Individual clinical programs are developed in consultation with course participants, relevant to their learning needs.

Graduates of Post Registration Nursing Courses at Sydney Hospital and Sydney Eye Hospital automatically receive 12 credit points (equivalent to one semester) when they apply for Masters of Nursing Courses at the University of Sydney.

Students who do not hold an undergraduate degree are required to demonstrate that they have the necessary background to study at this level.

Course fees apply.

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

**Course Coordinator
Sydney Hospital and Sydney Eye Hospital**

**Tel: (02) 9382 7404 or 9382 7409
or e-mail:**

fordm@sesahs.nsw.gov.au or
moorec@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

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

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.**

HIV NURSING PRACTICE WORKSHOP

This 4-day Workshop is for nurses who work, or are preparing to work, with HIV positive clients and wish to increase their knowledge and skills, as well as network with colleagues.

Formerly called the *Advanced Nursing Practice in HIV Workshop*, the Workshop is now open to those with little experience in HIV care.

PREREQUISITE:

A basic knowledge of HIV/AIDS.

The Workshop is coordinated by a steering committee of nurse educators and nurse consultants.

DATES:

29 April – 2 May 2002

VENUE:

Surry Hills, Sydney

COST:

\$450

For more information contact

Maggy Tomkins

(02) 9332 9690

tomkinsm@sesahs.nsw.gov.au

If your mailing details are incorrect, we apologise. Please enter the correct details below and return this form, together with the address label from the envelope to the NSW Infection Control Resource Centre, 150 Albion Street, SURRY HILLS NSW 2010.

Name: Mr/Mrs/Ms

Address:.....

.....

.....Postcode:

Current Workplace:

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. I am presently reviewing this facility's Policy and Procedures in relation to NSW Health Department Circular 2001/91 *Occupational Screening and Vaccination of Health Care Workers Against Infectious Diseases*. How does this apply in a private health care facility?

A. While Area Health Services are responsible for compliance with the Circular, licensed health care facilities should consider developing occupational screening and vaccination policies based on the Circular. Consideration should be given to establishing a program, which includes screening, education and vaccination programs at orientation, as well as for staff currently employed.

A generic Staff Health Form following Circular 2001/91 has been developed by staff at the NSW ICRC and is available through the Centre.

Q. I am the Infection Control Nurse in a Nursing Home and recently a staff member had a splash in the eye with urine from a patient whose urine test results are positive for MRSA and *Pseudomonas aeruginosa*. Immediately following the incident the eye was irrigated well with saline. Should this employee be sent to a medical practice for further action?

A. In this situation there is no need for medical action other than to ensure the incident was well documented and the staff person is instructed to observe for any evidence of infection in the eye so that immediate treatment may be commenced.

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. Infection Control Implications of Extended-Spectrum beta-lactamase (ESBL) Production by Klebsiellae and Other Gram-Negative Bacteria**, Paterson, D., *Australian Infection Control*, vol. 6, no.3, September 2001.
 - 2. Post discharge surveillance methods: a critique**, Noy, D. et al, *Australian Infection Control*, vol. 6, no.3, September 2001.
 - 3. Survival of a Hepatitis C Virus Surrogate in Anaesthetic and Analgesic Drugs**, Druce, J. et al, *Australian Infection Control*, vol. 6, no.3, September 2001.
 - 4. The Management of Contacts Following a Case of Nosocomial Meningococcaemia in a Children's Ward**, Ballantyne, S. et al, *Australian Infection Control*, vol. 6, no.3, September 2001.
 - 5. *Pediculus humanus capitis* Infestations in the Community: a Pilot Study into Transmission, Treatment and Factors Affecting Control**, Bailey, A. & Procriv, P., *Australian Infection Control*, vol. 6, no.3, September 2001.
- 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
- 6. New variant Creutzfeldt-Jacob Disease: the Epidemic that Never Was**, Venters, G, *British Medical Journal*, vol. 323, no. 7317, October 2001.
 - 7. Communicable Disease Outbreaks Involving More Than One Country: Systems Approach to**

- Evaluating the Response, MacLehose, L., *British Medical Journal*, vol. 323, no.7317, October 2001.
8. **Antibacterial Prescribing and Antibacterial Resistance in English General Practice: Cross Sectional Study**, Priest, P. et al, *British Medical Journal*, vol. 323, no.7320, October 2001.
 9. **ABC of the Upper Gastrointestinal Tract: Management of Helicobacter pylori Infection**, Harris, A. & Misiewicz, J. *British Medical Journal*, vol. 323, no.7320, October 2001.
 10. **General Outbreaks of Infectious Intestinal Diseases Linked With Private Residences in England and Wales, 1992-9: Questionnaire Study**, Gillespie, I. et al, *British Medical Journal*, vol. 323, no.7321, November 2001.
 11. **Regular Review: Treatment of Chronic Hepatitis**, Gow, P. & Mutimer, D., *British Medical Journal*, vol. 323, no.7322, November 2001.
 12. **Reducing Antibiotic Use for Acute Bronchitis in Primary Care: Blinded, Randomised Controlled Trial of Patient Information Leaflet**, Macfarlane, J. et al, & *British Medical Journal*, vol. 324, no.7329, January 2002.
 13. **Commentary: More Self Reliance in Patients and Fewer Antibiotics: Still Room for Improvement**, Weel, C., *British Medical Journal*, vol. 324, no.7329, January 2002.
 14. **A Test of Tuberculin Quality: Tried and True or Tired and Tattered? (editorial)**, Jones, T. & Schaffner, M.D., *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 15. **Tuberculosis and Tuberculin Quality: Best Intentions, Misleading Results**, Rangel-Frausto, M. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 16. **Postdischarge Nosocomial Infections in Primary Care**, Letrilliart, L. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 17. **Etiology of Fever and Opportunities for Reduction of Antibiotic Use in a Pediatric Intensive Care Unit**, Toltzis, P. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 18. **Methicillin-Resistant Staphylococcus aureus in Geriatric Patients: Usefulness of Screening in a Chronic-Care Setting**, Talon, D. & Bertrand, X. *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 19. **Negative-Pressure Monitoring of Tuberculosis Isolation Rooms Within New York State Hospitals**, Pavelchak, N. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 20. **Improved Compliance With Universal Precautions in Operating Room Following an Educational Intervention**, Kim, L. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 21. **Using Epidemiology to Target Staff Influenza Vaccination Programs**, Russell, M. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 22. **Glove Reinforcement: An Alternative to Double Gloving**, Alrawi et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.8, August 2001.
 23. **Requiem for Reuse of Single-Use Devices in US Hospitals (editorial)**, Favero, M. *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
 24. **Decontaminated Single-Use Devices: An Oxymoron That May Be Placing Patients at Risk for Cross-Contamination**, Heeg, P. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
 25. **Infection Control Practices Among Correctional Healthcare Workers: Effect of Management Attitudes and Availability of Protective Equipment and Engineering Controls**, Green-McKenzie, J. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
 26. **Contamination of Gowns, Gloves, and Stethoscopes With Vancomycin-Resistant Enterococci**, Zachary, K. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
 27. **Quinolone Use as a Risk Factor for Nosocomial Clostridium difficile-Associated Diarrhea**, Yip, C. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
 28. **The Prevalence of Fecal Colonization With VRE Among Residents of Long-Term-Care Facilities in Melbourne, Australia**, Padiglione, A. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
 29. **Topical Mupirocin for Eradication of MRSA Colonization With Mupirocin-Resistant Strains**, Semret, M. & Miller, M., *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.

30. **The Association of Diabetes and Glucose Control With Surgical-Site Infections Among Cardiothoracic Surgery Patients**, Latham, R. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
31. **Risk Factors for Surgical-Site Infections Following Cesarean Section**, Killian, C. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
32. **Risk Factors for Colonization With Vancomycin-Resistant Enterococci in a Melbourne Hospital**, MacIntyre, C. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
33. **Molecular Epidemiology of an Outbreak of Serratia marcescens in a Neonatal Intensive Care Unit**, Villari, P. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
34. **An In-Use Evaluation of an Alcohol-Based Pre-Surgical Hand Disinfectant**, Bryce, E. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
35. **In Vitro and In Vivo Efficacy of Catheters Impregnated With Antiseptics or Antibiotics: Evaluation of the Risk of Bacterial Resistance to the Antimicrobials in the Catheters**, Sampath, L. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
36. **Appropriateness of Use of Indwelling Urinary Catheters in Patients Admitted to the Medical Service**, Munasinghe, R. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.
37. **Bacterial Contamination of Fabric Stethoscope Covers: The Velveteen Rabbit of Health Care?**, Milam, M. et al, *Infection Control and Hospital Epidemiology*, vol. 22, no.9, September 2001.

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

AUSTRALIAN COLLEGE OF
 OPERATING ROOM NURSES (ACORN)
 NATIONAL CONFERENCE
 2002

22-25th MAY, 2002
 MELBOURNE CONVENTION CENTRE

CONTACT:
 Margaret Manning
acornconference@senet.com.au

INFECTION CONTROL RESOURCE PACKAGES

The bound Infection Control Resource Packages are again available. Previous Packages have been updated and include suggested further reading, videos and websites. As well as the 17 up-dated Packages, there are also 4 new Packages included containing valuable information.

The new topics include:

- Latex Allergies
- Legionellosis
- Pediculosis Capitis (Head Lice)
- Scabies

Order your copy by contacting us at:
 NSW Infection Control Resource Centre
 150 Albion Street
 SURRY HILLS NSW 2010

Tel: 9332 9712 Fax : 9332 4219
 E-mail: albicr@sesahs.nsw.gov.au

UNITED DENTAL HOSPITAL

INFECTION CONTROL UPDATE FRIDAY 21st JUNE 2002

The United Dental Hospital is offering a one-day common-sense infection control update especially designed for teams of dentists and their auxiliary staff.

The full-day program includes workshop sessions in the United Dental Hospital clinics and sterilising rooms, as well as demonstrations of the latest in personal protection, handpiece care and autoclave maintenance.

TOPICS:

Update on policy, guidelines and regulations; cross-infection pathways; providing appropriate protection in your practice; cleaning, disinfecting and sterilising; sharps handling; managing skin breach injuries; waste management; and how to construct an infection control manual.

COURSE DETAILS:

Course #84402
 Friday 21 June, 2002
 Furma Hotel & United Dental Hospital,
 SURRY HILLS

\$370 dentist + 1 auxiliary staff
 \$225 auxiliary staff
 8 Credit Hours

LLIMITED TO 50 PARTICIPANTS

REGISTER BY PHONE

(02) 9351 8948

REGISTER BY FAX

9351 8310

MEDIA WATCH AUSTRALIA

More than 40 healthy volunteers will be injected with DNA from the **AIDS** virus in Australia's first human trial of a new kind of vaccine to begin in Sydney in August, the *Sydney Morning Herald* reported in December. The hope is that it will work in the same way that it has in monkeys and stimulate the volunteers immune systems to make white blood cells, known as killer T cells, that can find and destroy **HIV**-infected cells. The new vaccine contains a lot of genes – about 60 per cent of the virus's total DNA, modified to ensure that it is safe and cannot replicate. DNA vaccines are looking promising in the fight against three of the biggest global scourges – **tuberculosis**, **malaria** and **HIV**.

Twelve cattle died from the nation's first **anthrax** outbreak in four years on two southern Queensland properties in December. There were no cases of humans being infected. Health officials stressed the agricultural outbreak was vastly different to the **anthrax** scare in the US, where the bacteria was sent through the mail in powder form, killing five people.

The Optometrists Association Australia said that Australian children who do not wear sunglasses double their chances of later suffering serious diseases of the eye, according to an article in the *Daily Telegraph*. Australian children are in a high-risk category because of our position under one of the world's largest ozone layer holes and the amount of time spent outdoors.

THE ICU at Queen Elizabeth Hospital, Adelaide, was closed in December after the most serious variety of the **pseudomonas** bacteria was found in three patients, one of whom died. The outbreak sparked a decontamination process and the hospital said further screening revealed no new cases.

A Canberra study found antibiotics commonly prescribed to treat sore throats and ear infections in early childhood can make future illnesses potentially much more dangerous, the *Sydney Morning Herald* reported in January. The team discovered that children who had a recent course of antibiotics were twice as likely as others to harbour low levels of drug-resistant bacteria. The leader of the study, Associate Professor Peter Collignon, said the study should send a strong message about antibiotics: "If you take them when you don't need them, they do harm not only to you, but to other members of community."

Australian babies are expected to be immunised against **chickenpox** from next year and receive their **polio** vaccination as an injection instead of orally, in a major

shake up of the national infant immunisation program, according to a January article in the *Sydney Morning Herald*. The proposed changes continue a radical expansion of the scheme and mean that babies will be protected from 10 diseases – up from seven a decade ago. Global eradication of **polio** is expected within five years. It is necessary to continue vaccinating until the **polio** virus was extinct, to avoid the possibility of an unexpected epidemic.

Tennant Creek's residents were told not to use tap water in January after the town's water supply was apparently sabotaged. Ventilators had been removed from the water storage tank and the openings contaminated.

In February the *Sydney Morning Herald* reported that findings from the National Food Handling Benchmark report, released by the Australia New Zealand Food Authority (ANZFA), revealed an alarming lax attitude to hygiene in restaurants, cafes, schools, child-care centres and hospitals. Half of Australia's food businesses would let staff with **diarrhoea** handle and serve food. 26% did not offer staff food safety training, 17% lacked sufficient hand-washing facilities, 14% had no running water and 7% had no soap or hand cleaner available to staff.

The Sydney Star Observer in February reported that **Hepatitis A** is on the rise in the Sydney gay community. A new campaign by ACON urged all gay men who haven't had the infection to get vaccinated. **Hepatitis A** causes vomiting, abdominal pain and jaundice and can last for upwards of eight weeks. It can be very serious for people with **HIV**. The **Hepatitis A** vaccine is highly effective, lasts for life and is very safe.

Up to 68 nurses and doctors at the Royal Hospital for Women in Sydney were treated with antibiotics in early February after a premature baby became infected with a weak strain of **meningococcal** bacteria, according to a report in the *Sydney Morning Herald*. Staff who had had significant contact with the child were given the medication to prevent any possibility of further infection. A spokesman for South East Health, which administers the hospital, said other babies in the neonatal intensive care unit would not be given drugs because they were not considered at risk of infection. Parents of babies who were in the same area of the hospital as the infected child but had now gone home would also be contacted, the spokesman said.

The media in mid-February widely reported the release of a new vaccine in Australia against the potentially deadly **meningococcal** bacteria. The vaccine protects against the bacteria's C strain, which results in 35 per cent of **meningococcal** cases in NSW. The vaccine, approved by the Australian Therapeutics Goods Administration, is not available on the pharmaceutical benefits scheme and costs \$50 to \$70 per dose. Distributed by Wyeth Australia, it has been available in the UK since 1999 and is part of the immunisation schedule.

MEDIA WATCH THE WORLD

International agencies have launched a campaign to eradicate Africa's harmful tsetse fly by releasing millions of sterilised male flies, thereby preventing millions of males from ever producing young. Infections spread by the large black flies may cause as many as 500,000 new cases of **sleeping sickness** among humans, mostly children, in Africa every year according to the World Health Organisation (WHO). Although the disease is treatable, most victims died before they were diagnosed, the WHO said.

Belgium based r.plus Technology, a specialist in reconditioning disposable gloves, plans to use its Thailand operation as a springboard to tap into the Asia-Pacific market, aiming to earn at least US\$25 million over the next five years from the region, according to an article in the November edition of the *Bangkok Post*. Gloves sent to the factory are put through a proprietary sanitising process and inspected for defects. Once approved, they are repacked and sent back to the customers. A typical glove can be reused two or three times. Any gloves that are not reusable because of holes or tears are discarded and recycled into plastic blocks. r.plus plans a partnership with an unnamed company to market the plastic blocks. The reconditioning plant enabled clients to reduce the cost of gloves by up to 30% without affecting quality. They can also eliminate waste management costs and cut energy consumption by as much as 80%, and reduce inventory requirements by more than 60%. Worldwide disposable glove consumption is estimated at 50 billion gloves a year generating 500,000 tons of waste. About one billion gloves are used in the clean-room industry, with Asia-Pacific making up 30% of the total.

In December doctors feared an outbreak of the **Ebola** virus might have killed 28 people in the Democratic Republic of Congo. There is no known cure and no vaccine for **Ebola**, which eats through veins and arteries, causing massive internal and external hemorrhaging.

Also in December an out-break of **Ebola** in Gabon claimed 11 lives. Some 95 people died in three **Ebola** outbreaks in the same province between 1994 and 1997.

From Chicago in December the Associated Foreign Press reported that the first pill developed to combat the **common cold** reduces symptoms within 24 hours and could become an important alternative to over-the-counter medications. A study conducted at the University of Virginia found the fast-acting experimental drug significantly eases sniffles, sore throats, coughs, muscle

aches and congestion, and reduces the length of infection by a day on average.

Also in December, researchers said an **influenza** vaccine delivered through a nasal spray could be ready for widespread use by next year. Nasalflu, marketed since October in Switzerland, has passed rigorous comparative testing with the traditional method of vaccination by injection and has come through with flying colours, according to researchers who conducted the tests.

Research published in the January edition of the journal *Nature* fears that up to 100,000 Britons could die from eating lamb products infected with the human variant of **mad cow disease**. Researchers also estimated that 50,000 could die from eating infected beef products in "worst-case" figures for **bovine spongiform encephalopathy (BSE)** and the related fatal human variant, **Creutzfeldt-Jakob disease (vCJD)**, entering the human food chain in Britain. Australians have little to fear from potentially **BSE**-infected sheep products unless they have emigrated from Britain in the past decade or have travelled there and eaten mutton or lamb. The **vCJD** infection rate is low, however. 113 British deaths since 1995 have occurred in a population of more than 60 million. Three people have died in France and one in Ireland. The Australian Quarantine and Inspection Service stressed that Australia has never had a case of **BSE** and did not have the related disease, scarpie, in sheep.

Twenty-two people who unknowingly received blood donations from victims of **vCJD** are to be told that they may have been infected with the fatal disease, *The Guardian* reported in January. The individuals will be asked to collaborate with medical authorities, advised not to try to donate blood or organs, and to tell doctors if they are about to undergo medical, optical or dental surgery. Special precautions are already taken with relatives of known **vCJD** victims.

In January the *Washington Post* reported that lab specimens of **anthrax spores**, the **Ebola** virus and other pathogens disappeared from the US Army's biological warfare research facility in the early 1990s. The incidents revealed the disorganisation and lack of security in some quarters of the US Army Medical Research Institute of Infectious Diseases at Fort Detrick, Maryland, in the 1990s. Fort Detrick is believed to be the original source of the Ames strain of **anthrax** used in the mail attacks after September 11th.

According to the *New England Journal of Medicine* in February, scientists have developed the first vaccine that could ward off **staphylococcus aureus** infections which are frequently fatal in hospitals among patients whose immune systems are compromised. The US mortality rate of such infections may be as high as 25 per cent.

NSW HEALTH DEPARTMENT CIRCULARS

The following are the latest Circulars and Information Bulletins relating to Infection Control issues have been released by the NSW Health Department

2001/ 2002

- 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 LYSSVIRUS** *(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. This circular supersedes Circulars 97/51, 99/48 and 00/4)
- 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 FRO REGISTERED NURSES TO PROVIDE IMMUNISATION SERVICES** *(supersedes Circular 2000/87 Authority for Registered Nurses to Provide Immunisation Services)*

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 fourteen-page list of current 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

IMMUNISATION FOR REGISTERED NURSES COURSE

This 75-hour subject is designed for Registered Nurse working in health areas where the administration of immunisation is part of their role. Successful completion of this course is a prerequisite for authorisation to administer immunisations without a doctor's order within New South Wales.

The course has been developed so the Registered Nurse can become thoroughly familiar with the processes and procedures that are involved in the safe and correct administration of immunisations. The Course is based on the national guidelines for immunisation education for Registered Nurses.

Content includes the theoretical foundations of immunisation, the immune system and vaccination, epidemiology and vaccine preventable diseases, myths and realities of immunisation, legal aspects, and adverse events following immunisation. Other issues explored include handling and storage, administration of vaccines, and health promotional resources.

There is an optional specialty section for Nurses involved in TB immunisation which includes a clinical component (with approval from the Area TB coordinator).

A current First Aid Certificate or CPR certificate is a prerequisite for this subject.

ACCREDITING INTERSTATE IMMUNISATION CERTIFICATION

If you have previously completed a course that meets the National Guidelines for Immunisation for Registered Nurses in another State of Australia, you may apply to the Director, Education Services, Dr Lorraine Ferguson, for recognition of your prior learning (RPL).

In order for your application to be considered, you will need to provide the College with a course outline, course hours and content covered, results of assessments undertaken in the accredited course and proof of authorisation. You also need to supply a current authority to practice in NSW and a current statement of Proficiency in CPR.

A fee of \$55 will be charged for RPL and issuance of authority to provide immunisation services in NSW without direct medical supervision under the *Poisons and Therapeutic Goods Act 1966*.

On receipt of these materials the Immunisation Curriculum Committee will review the application and grant authority to those applicants who fulfil the requirements under NSW Health *Circular No. 2000/87*.

Successful applicants of both the distance education subject and the recognition of your prior learning process will then be placed on the Register of persons authorised to administer immunisation services without direct medical supervision, maintained by the New South Wales College of Nursing. Personal details of successful applicants may be released to the Manager, Immunisation NSW Health upon official request from NSW Health.

ENQUIRES/APPLICATIONS

Student Administrative Services
The New South Wales College of Nursing
Locked Bag 3030
BURWOOD NSW 1805

Tel: 9745 7517 Fax: 9745 7501 E-mail: sas@nursing.aust.edu.au

A copy of the Distance Education Application form may be found on The New South Wales College of Nursing web-site: www.nursing.aust.edu.au/courses.html