

## Message from our Director



Megan Reilly, Director of Hands-On Infection Control

Welcome to our Summer Newsletter which provides you with some light reading as we commence the festive season.

The Hands-On Infection Control team has had another busy year providing advisory, education and immunisation services to a wide variety of clients across WA, SA and Victoria. While we have said goodbye to a few clients after many years, we have welcomed new clients to our business. The diversity of these clients brings with them many infection prevention and management challenges but the passion that we all share ensures that we are striving for the same outcomes – the minimisation of infection.

My attendance at the recent Australasian College for Infection Prevention and Control (ACIPC) in Melbourne was a highlight for the year. So wonderful to meet up with colleagues to talk “shop”, see and hear my heroes present the latest evidence-based research and meet with trade to discuss the latest technologies in cleaning, disinfection and sterilisation, safety sharp devices, surveillance and auditing software, and much, much more. I returned reinvigorated and look forward to sharing and applying this knowledge in 2017 as we work in partnership to maintain and improve your infection prevention and management programs.

As this year draws to a close we would like to wish you all a very Merry Christmas and Happy New Year, and thank you for your valued support and commitment to infection prevention and control in 2016.



*Happy Christmas*



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**HANDS-ON INFECTION CONTROL**

## INVASIVE MENINGOCOCCAL DISEASE (IMD)

Caused by the bacterium *Neisseria meningitidis*, a gram-negative diplococcus. There are 13 known serogroups. Serogroups A, B, C, W and Y most commonly cause disease. *N. meningitidis* can cause meningitis, septicaemia or a combination of the two. It is carried and transmitted only by humans. Asymptomatic respiratory tract carriage is present in approximately 10% of the population.

Those at greatest risk include people who have: exposure to cigarette smoke; recent illness; crowded living conditions; multiple intimate kissing partners, functional or anatomical asplenia. Meningococcal disease can occur in any age group, but a large proportion occur in those < 5 years of age, and in the 15-24 years age group.

The disease is transmitted via droplets and has an incubation period of between 1-10 days, but commonly 3-4 days.

In the past 3 years, corresponding with declines in serogroup B disease, there has been a progressive increase in the number of invasive meningococcal disease (IMD) cases due to serogroup W strains notified in WA, rising from a long-term average of one case per year, to 12 cases in 2016 to date. The highest incidence of IMD is typically seen in children aged 0-4 years (~45 percent of cases) and older teenagers/young adults aged 15-24 years (~25 percent of cases), with an overall case fatality rate of 5%. Compared to serogroup B disease, the emerging serogroup W strains are associated with higher case fatality (10-15%), and are more likely to present atypically.

Children receive serogroup C meningococcal vaccine at 12 months of age as part of the routine schedule. A vaccine against serogroup B disease (Bexsero®) is available on prescription. Conjugate quadrivalent vaccines (4vMenCV) active against 4 meningococcal serogroups (A, C, Y and W) (namely Menveo®, Nimenrix® and Menitorix®) are also available in the private market, and are currently recommended for use in: individuals with particular immune-compromising conditions (e.g. asplenia, complement deficiency, HIV); in contacts of cases; and in travellers to countries with high rates of disease due to these serogroups.

See [Meningococcal disease](#) for further information.

## Food Safety

The warmer weather and eating outdoors brings a higher risk of food poisoning illnesses. To stay safe this festive season there are a few guidelines to follow, whether at work or at home.

### **Purchase foods from reputable sources**

#### **On arrival:**

- Inspect food for damage to packaging;
- Keep food stored at the appropriate temperature;
  - **potentially hazardous foods** at or < 5°C or at or > 60°C;
  - **perishable foods** at a temperature that preserves it from deteriorating; and
  - **frozen food** kept frozen. Frozen food must not be refrozen if thawed.

#### **Cool rooms/refrigerators:**

- temperature is maintained at < 5°C for refrigerators and < -18°C for freezers;
- door seals are in good condition;
- store raw foods in the lower section; and
- cooked food in the upper section.

#### **Equipment and surfaces:**

- Regularly clean floors and horizontal surfaces with detergent and water
- Ensure equipment is kept clean:
  - cutting boards are non-absorbent and colour coded for raw and cooked foods;
  - food contact surfaces are effectively cleaned and sanitised
  - equipment is washed and dried between use;
  - washing and rinsing cycles of dishwashers are at least 60°C and 77°C respectively.

#### **Food handling staff:**

- Prevent unnecessary contact with food which is ready to eat;
- Restrain or cover hair to prevent contamination of exposed food or utensils;
- Do not sneeze, blow nose or cough near food or surfaces likely to contact food;
- Use only waterproof and coloured dressings on non-intact skin surfaces of the body; and
- Keep jewellery to a minimum to ensure effective washing of hands and arms.

#### **Perform hand hygiene:**

- Before handling food;
- Immediately after using the toilet;
- After handling raw food such as meats or vegetables; and
- After coughing, sneezing or using a handkerchief or tissue.

#### **Observe the following:**

- Use tongs/forks/spoons to handle food wherever possible;
- Transport food in temperature controlled or thermal containers to keep food hot (> 60°C) or cold (< 5°C);
- Keep food covered prior to serving;
- Refrigerate prepared food (e.g. salads/sandwiches) until required;
- Do not hold precooked meats at a warm temperature; and
- Keep left over food separate from freshly prepared food.

Stay FoodSafe this Summer

**Clinical features:** Measles is a highly infectious, acute viral illness spread by respiratory secretions. The prodrome, lasting 2-4 days is characterized by fever and malaise, followed by a cough, coryza and conjunctivitis. The maculopapular rash typically begins on the face and neck, then becomes generalised.

**Transmission:** Aerosol transmission of respiratory secretions.

**Epidemiology:** Endemic measles has been eliminated from Australia. However sporadic cases continue to occur, particularly from non-immune travelers and their contacts.

**Risk factors:** Measles is often a severe disease, frequently complicated by otitis media (9%), pneumonia (6%) and diarrhoea (8%). Acute encephalitis occurs in 1 per 1000 cases and has a mortality rate of 10-15%. Complications are more common and more severe in the chronically ill, children <5years of age, and in adults. Measles infection in pregnancy can result in miscarriage and premature delivery.

**Vaccines:** Measles vaccination in Australia is provided using either measles-mumps-rubella (MMR) or measles-mumps-rubella-varicella (MMRV) vaccines.

**Current schedule:** All children -  
12 month of age: MMR  
18 months of age: MMRV  
4 years of age: MMR ONLY if not not already received 2 doses of MMR containing vaccine

Adults: Those born before 1966 do not need vaccinating (unless serological evidence indicates otherwise) as circulating virus and disease were prevalent before this time. All adults born after 1966 should have received 2 doses of MMR.

MMR containing vaccines should not be given to pregnant women, and pregnancy should be avoided for 28 days after vaccination.

MMR vaccines can be given to breastfeeding women.

See [Measles](#) for further information

**2 cases of measles have been reported in Perth this week (December 2016) so health care personnel are advised to be alert and ensure they are adequately vaccinated in accordance with the above schedule**



*All healthcare workers have a responsibility to know their immunisation status:*

- *what vaccinations they have had;*
- *if their vaccinations are up-to-date; and*
- *what they are not immune to.*

***Do you know your vaccination status?***

Operational Directive / Guideline Updates

**WA Health has recently published the following public health and infection control related documents. This is an opportunity to review your policies, procedures and protocols on these issues where indicated.**

Department of Health Government of Western Australia. (2016). *MP 0038/16 Insertion and management of peripheral intravenous cannulae in Western Australian healthcare facilities policy*. Perth, Australia: Department of Health Government of Western Australia.

Available from: [www.health.wa.gov.au/circularsnew](http://www.health.wa.gov.au/circularsnew).

Department of Health Government of Western Australia. (2016). *Communicable disease guidelines for teachers, child care workers, local government authorities and medical practitioners*. Perth, Australia: Department of Health Government of Western Australia.

Available from: [Communicable disease guidelines](#)

Australia New Zealand Food Authority. (2016). *Food standards code*. Canberra, Australia: Australia New Zealand Food Authority.

Available from: [Food Standards Code](#)

WHO AM I?

My infection usually results from ingestion of the bacteria from contaminated food, water or hands. Eggs, milk, meat or poultry are particularly high risk foods. Fruit and vegetables may also be contaminated, especially if manure has been used as fertiliser.

People may become infected if they transfer animal faeces containing me from their hands to their mouths, for example, if eating after touching animals and failing to wash their hands.

Person-to-person spread may occur when hands, objects or food become contaminated with faeces from people who are infected and the bacteria are then taken in by mouth by another person.

Symptoms may include: fever, diarrhoea, loss of appetite, headache, stomach cramps, nausea and vomiting. Sometimes there may be blood or mucus in the faeces. Dehydration is a serious complication. The illness may be particularly severe in young children, the elderly and people with immune suppression. A small percentage of people may develop arthritis after having a being infected by me.

My incubation period is 6 to 72 hours, usually 12 to 36 hours. The faeces are always infectious when symptoms are present. Some people continue to carry me in their bowel and shed them in the faeces for months after recovering.

Recovery from me usually occurs within a week, and antibiotics are not usually required.

## Hand-On Infection Control Professional Development Events for 2017

Hands-On Infection Control offers a broad range of education and training programs in infection prevention, management and related areas. Programs can be tailored to suit the specific needs of individual organisations, specialties, environments and staff/volunteer groups. These programs can be incorporated into existing induction/orientation, inservice, professional development and targeted programs for all categories of clinical, support and ancillary staff.

## Newsletters

The purpose of bringing our seasonal newsletters to you is to provide you with information and updates on contemporary infection prevention and control issues that may be relevant to your workplace. We hope you find the information informative and useful.

If there are any particular topics you would like covering, or any comments you would like to make, please let us know by contacting us at:

[info@handsoninfectioncontrol.com.au](mailto:info@handsoninfectioncontrol.com.au)

Have you visited our portal to online courses and learning opportunities yet?

<http://handsoninfectioncontrol.e3learning.com.au/content/store/>



### Courses available cover the following topics:

*First Aid Food Safety Hazard Guides (Biological and Use of PPE)  
Health and Aged Care Infection Control Invasive Procedures  
Manual Handling Workplace Health and Safety Wound Care*

The freedom to learn at your own pace in your own time!  
Please give us your feedback

## ACIPC 2017 Conference

20-22 November 2017  
in

**Canberra**



### Quiz Answers:

[Who am I?](#) Salmonella