HANDS UP FOR HANDS-ON!

Infection Prevention & Control Newsletter

The purpose of bringing this biannual newsletter 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.

Hands Up for Hands-On

Autumn/Winter 2010

Inside this issue:

Special Points of Interest

Farewell to a team member

It is with regret that we announce the departure of Michael Bowran, whom many of you will know through the vaccination clinics. We wish him well in his future position and look forward to catching up at meetings, education forums and other related events.

Intradermal Influenza Vaccination

It is now the beginning of winter and your influenza prevention and vaccination campaigns should be well under way.

There have been a number of issues this year, from problems obtaining adequate vaccine supplies to a significant increase in the number of adverse reactions in young children in WA & QLD. The investigation into those adverse reactions is still ongoing and as such a report has yet to be released.

The shortage in vaccination supplies has been relieved by the release of the Intanza vaccine — the first intradermal influenza vaccine.

The dermis is a good site for vaccination for 2 reasons:

1. It has a high concentration of dendritic cells to allow for efficient capture of the antigen, and
2. It has a major vascular network which facilitates rapid migration of antigen to the lymph nodes.

The use of Intanza 9ug is based on the current NHMRC guidelines for influenza vaccination.

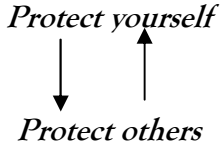
However, Intanza 9ug is only indicated for the prevention of influenza in adults from 18 to 59 years of age. At present insufficient data is available on its safety and efficacy outside this age bracket.

An added bonus is that Intanza appears to be very well tolerated by those people who have a fear of needles.

Respiratory Etiquette for Visitors

Many facilities are running some excellent respiratory etiquette programs at this time of year to complement their influenza vaccination campaign. It is pleasing to see that visitors are also the focus of some facilities.

Prominently displayed signs and posters promoting good respiratory etiquette along with the provision of alcohol-based hand rubs for visitors at the entrance to a facility will help to break the chain of respiratory infection.



Vaccination Update

Tetanus/Diphtheria

Are you up to date with the current Tetanus/Diphtheria guidelines?

Tetanus Toxoid production was ceased in February 2006 and boosters every 10 years are no longer required.

Vaccines for Tetanus are only available in Australia in combination:

Diphtheria/Tetanus (DT or dT)

or

Diphtheria/Tetanus/Pertussis (DTPa or dTpa)

The current vaccination schedule is:

- *2, 4 and 6 months of age*
- *4 years of age*
- *12-17 years of age*
- *50 years of age unless given within 10 years*

For further information see: www.immunise.health.gov.au

What am I?

I am a small elusive parasite that can grow to 4—5mm in length. I am reddish-brown, flattened, oval and wingless with microscopic hairs. I am mainly active at night and feed on the blood of warm blooded animals. I travel the world.

(Answer page 4)

Hypervirulent *Clostridium difficile* Infection in Healthcare Facilities

Definitions:

Clostridium difficile is a spore-forming organism that is transmitted via the faecal-oral route by direct or indirect contact.

Clostridium difficile infection (CDI) is a range of mild to life threatening illnesses characterised by diarrhoea including pseudomembraneous colitis and toxic megacolon. Severe cases may be fatal.

Worldwide CDI remains the most common healthcare associated (HAI) gastrointestinal infection. The emergence of hypervirulent C. *difficile* in North America and Europe has been associated with increased frequency, severity and relapse of CDI as well as a significant increase in mortality and morbidity.

The Australian Infection Control Association (AICA) has released a position statement for healthcare facilities recommending routine surveillance and continuous monitoring for CDI, along with a bundled approach to the management of C. *difficile* associated diarrhoea.

Healthcare facilities caring for patients identified or suspected of having hypervirulent C. *difficile* should use strict contact precautions together with enhanced cleaning practices:

- Handwashing with soap and water to physically remove spores (alcohol based products are ineffective against this organism).
- Single room with dedicated bathroom and care equipment.
- Use of long-sleeved impervious gowns and gloves.
- Cleaning with a neutral detergent and water followed by disinfection with a TGA registered and scientifically validated bactericidal effective against this organism.
- Routine surveillance and monitoring (using ACSQHC definition of CDI) all clients with diarrhoea associated disease.
- A robust multidisciplinary antimicrobial stewardship program in ALL healthcare facilities.

***Clostridium difficile* spores may remain viable in the environment for months.**

For further information or updates see: www.aica.org.au or www.safetyandquality.gov.au

New TGA Registered Disinfection Options

Technology is changing. Instead of traditional disinfectants such as sodium hypochlorite a number of new products have been released based on compounds such as hydrogen peroxide, peracteic acid, cocoalkyl dimethylbenzyl ammonium chloride, or a combinations of these.

All claim to be effective against a wide spectrum of pathogens .

All come ready to use which eliminates dilution errors, some are available in wipes and/or solutions. None require surfaces to be rinsed following use, thus saving time and resources.

Some do not require PPE for routine use (note: PPE may still be required for protection against particular pathogens).

Investigate the options of this new technology or see the trade display at the **National AICA 2010 Conference in Perth** from 4 to 6 October.

Education Matters

National AICA 2010 Conference in Perth from 4 to 6 October. For information and details see www.aicaconference.org.au

Hands-On Education Activities July—December 2010

Infection Prevention Study Day Series (No. 1) for Residential Care Staff

28 July 2010 (Perth)

Infection Prevention Study Day Series (No. 3) for Residential Care Staff

13 September 2010 (Adelaide)

Infection Prevention Study Day Series (No. 2) for Residential Care Staff

13 October 2010 (Perth)

Infection Prevention Study Day for Day Hospitals/Procedure Facilities

14 November 2010 (Perth)

Our educational courses have been endorsed by APEC No 070523701 as authorised by Royal College *of* Nursing, *Australia* (RCNA) according to approved criteria. Attendance attracts RCNA CNE points as part of RCNA's Life Long Learning Program (3LP).

All education topics and Study Day information is available on our website.

Pertussis (whooping cough)

A severe, sometimes fatal, disease caused by the Gram-negative coccobacillus *Bordetella pertussis*. It is highly contagious and spreads from person to person by respiratory droplets. Despite the availability of a vaccine, epidemics tend to occur every 3 — 5 years. 90% of cases occur in adults. HCWs are at 1.7 times higher risk than the general adult population.

Incubation period: 7—20 days

Clinical features: the initial illness resembles a cold, characterised by runny nose, infrequent cold and mild fever (This is the most infectious period). The cough gradually becomes more irritating and paroxysmal over the next 1—2 weeks. The characteristic 'whoop' may be absent in some people, particularly very young infants and adults.

Possible complications: include cerebral hypoxia which can result in brain damage, bronchopneumonia and secondary pneumonia, death.

Prevention: immunisation as per the current vaccination schedule, **including all healthcare workers.**

For further information see: www.immunise.health.gov.au

Measles Alert for Perth

The Department of Health WA has issued a measles alert (8 June 2010) to GP's and emergency departments asking all health practitioners to be alert for possible measles infections in persons symptomatic of febrile respiratory illnesses following the identification of 2 confirmed measles infections. One case appears to have been contracted overseas but the second appears to have been contracted locally via exposure to the first patient.

Symptoms: Measles is characterised by a morbiliform, non-pruritic rash (usually beginning on the head or neck), cough and fever. Other symptoms include sore throat, fatigue, conjunctivitis and coryza.

Notify the Communicable Disease Control Directorate of the Department of Health urgently by phone 08 9388 4852 (office hours) or 08 9328 0553 (after hours) if you suspect a patient may have measles.

Further information is available from: http:/www.public.health.wa.gov.au/3/336/3/measles.pm

Brain Teaser—what disease am I ?

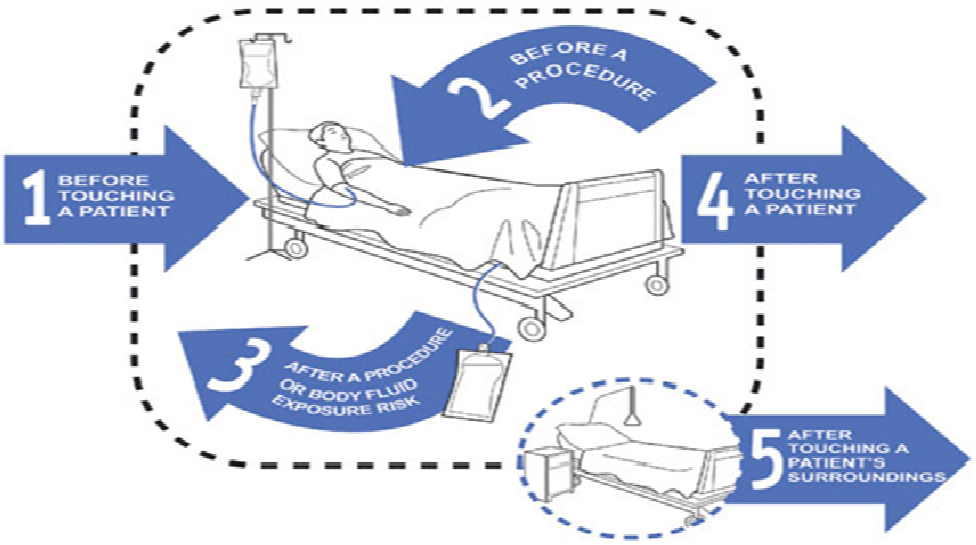
Unscramble me using the clue:

1. **tvuarirso** predominant agent of severe dehydrating gastroenteritis in infants and young children.
2. **sbrelutioscu** airborne lung disease
3. **loehrac** motile, curved gram-negative bacillus causing disease characterised by sudden onset of painless, profuse, watery diarrhoea
4. **irelavacl** highly contagious infection spread by airborne transmission of droplets or from vesicle fluid of skin lesions

Answers page 4

Hand Hygiene Refresher: 5 Moments

Data was collected nationally in 2009 from a total of 182 hospitals from both the public and private sectors by Hand Hygiene Australia. The average compliance rate was 63.5%.



Have you got your "How to Handwash " and "How to Handrub" posters displayed? Are you better than the national average?

Go to **www.hha.org.au** for information and ideas on how to improve the hand hygiene compliance in your facility.

National Strategies for Blood Borne Viruses and Sexually Transmissible Infections

The Australian Health Ministers' Conference have endorsed five new national strategies for blood borne viruses (BBVs) and sexually transmissible infections (STIs). For the next three years, these documents will guide policies in relation to the prevention, testing, treatment and more in relation to BBVs and STIs. The documents were developed in a spirit of cooperation with significant contributions from community stakeholders, research organisations, medical professionals and state and territory health departments. The five strategies are:

The Sixth National HIV Strategy;
The First National Hepatitis B Strategy
The Second National Sexually Transmissible Infections Strategy;
The Third National Hepatitis C Virus (HCV) Strategy;
The Third National Aboriginal and Torres Strait Islander Blood Borne Viruses and Sexually Transmissible Infections Strategy.
An HTML version of this document is currently being prepared.

In the meantime, please go to www.health.gov.au or contact ohp.webmaster@health.gov.au for any further information.

Answers to:

What am I? (page 2): Bed bug (Cimicidae)

Transmission – not person to person. Tend not to live on humans. Respond to warmth and carbon dioxide of human host. Generally feed at night, seeking shelter (mattresses, floorboards, paintings, carpets, behind skirting, cracks and crevices of walls, within bed frames, behind loose wallpaper) during the day. Stay in close contact with one another. Produce distinctive sweet sickly smell, blood spotting on mattresses and nearby furnishings indicates infestation. Transported by luggage, clothing, bedding and furniture.

Management – Careful inspection and treatment with an approved insecticide by licensed pest controller. Clothes washed in hot water and dried on hot cycle in clothes drier. Delicates placed in freezer. Good housekeeping practices and reducing harbourages such as cracks and crevices.

Useful website: The Department of Medical Entomology Bed Bug Web Site. http://medent.usyd.edu.au/bedbug

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Brain Teaser (page 3) *1.Rotavirus 2. Tuberculosis 3.Cholera 4.Varicella*