

Hands-On Newsletter

October 2014

Spring Issue

Message from our Director



Megan Reilly, Director of Hands-On Infection Control



Yvonne Fletcher, Infection Prevention Advisor

Welcome to our Spring Newsletter which we hope you will find a useful resource to support your infection prevention and management programs.

We are delighted to have Yvonne Fletcher re-join the team in July after 12 months travelling around Australia with her husband. We once again have a full complement of team members who each bring their own unique knowledge, skills and experience to the business.

Earlier this year we established an alliance with Henry Schein® Halas to provide infection prevention service packages to the dental care industry. This is an exciting time in our growth and development and we look forward to our working relationship with the company providing consultancy, education and immunisation services to dental practices in Western Australia.



Further enhancements have been made to our new look website including an events calendar and most excitingly the launch of our online learning portal. We now offer a range of infection prevention and related discipline qualifications and courses through flexible online learning, giving you the opportunity to study in your own time and at your own pace.

Upcoming 2014 events in the infection prevention world include:

- International Infection Prevention Week
19 – 25 October
See page 4 for to access resources
- Antibiotic Awareness Week
17 – 23 November
[Australian Commission on Safety & Quality in Healthcare](#)
- ACIPC Annual Infection Conference
23 – 26 November
Adelaide Convention Centre
<http://www.acipconference.com.au/favicon.ico>



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DoHWA Operational Directives

The Department of WA has recently published the following public health and infection control related operational directives. This is an opportunity to review your policies, procedures and protocols on these issues where indicated:

OD 0553/14

Provision of Sterile Needles and Syringes from Rural and Regional Hospitals to People Who Inject Drugs

OD 0546/14

Guidelines for the Public Health Management of *Haemophilus influenzae* type b Invasive Infection

OD0545/14

National Guidelines for the Public Health Management of Murray Valley Encephalitis Virus

OD 0543/14

Guidelines for the Public Health Management of Rabies and Other Lyssavirus (inc Australian Bat Lyssavirus) Exposures and Infections

OD 0531/14

Re-Use of Single Use Devices

OD 0527/14

Healthcare Associated Infection Surveillance in Western Australian Healthcare Facilities

All operational directives can be downloaded from <http://www.health.wa.gov.au/circularsnew/index.cfm>

WHO AM I?

I am a vaccine preventable viral disease. Antibodies against my surface antigens reduces infection or severe illness due to me. I am transmitted from person to person via aerosols or direct contact.

Severe disease from me is more likely with advanced age, lack of previous exposure, greater virulence of me, chronic health conditions such as diabetes and heart disease, immunocompromised people, pregnancy and smoking. In pandemics, I can cause severe disease in otherwise healthy young adults.

My incubation period is 1-3 days.

My onset is often abrupt and includes systemic features such as: malaise, fever, chills, headache, anorexia, and myalgia. They may be accompanied by a cough, nasal discharge and sneezing.



Vaccine against me is readily available.

EBOLA VIRUS DISEASE

- Ebola virus disease (EVD), formerly known as Ebola haemorrhagic fever, is a severe, often fatal illness in humans
- The average EVD case fatality rate is around 50%. Case fatality rates have varied from 25% to 90% in past outbreaks
- The first EVD outbreaks occurred in remote villages in Central Africa, near tropical rainforests, but the most recent outbreak in West Africa has involved major urban as well as rural areas
- The **incubation period**, that is, the time interval from infection with the virus to onset of symptoms is 2 to 21 days. Humans are not infectious until they develop symptoms
- First **symptoms** are the sudden onset of fever, fatigue, muscle pain, headache and sore throat. This is followed by vomiting, diarrhoea, rash, symptoms of impaired kidney and liver function, and in some cases, both internal and external bleeding (e.g. oozing from the gums, blood in the stools). Laboratory findings include low white blood cell and platelet counts and elevated liver enzymes
- The virus is **transmitted** to people from wild animals and spreads in the human population through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other body fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. People remain infectious as long as their blood and body fluids, including semen and breast milk, contain the virus. Men who have recovered from the disease can still transmit the virus through their semen for up to 7 weeks after recovery from illness
- Health-care workers have frequently been infected while treating patients with suspected or confirmed EVD. ***This has occurred through close contact with patients when infection control precautions are not strictly practiced***
- **Treatment and vaccines:** Supportive care - rehydration with oral or intravenous fluids and treatment of specific symptoms improves survival. There is as yet no proven treatment available for EVD. However, a range of potential treatments including blood products, immune therapies and drug therapies are currently being evaluated. No licensed vaccines are available yet, but 2 potential vaccines are undergoing human safety testing

Further information is available from
[Department of Health Ebolavirus Disease \(EVD\)](#)
[Outbreaks in West Africa](#)

Measles Update

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A number of cases of Measles have been reported in recent months

The Disease: Measles is a highly infectious, acute viral disease. It is infectious from the beginning of the prodromal period and for up to 4 days after the appearance of the rash. The prodrome, lasting 2-4 days, is characterised by fever and malaise, followed by a cough, coryza and conjunctivitis. The maculopapular rash typically begins on the face and upper neck, then becomes generalised.

Transmission: Measles is spread by respiratory secretions, including aerosol transmission (airborne transmission).

Incubation period: 10-14 days.

Complications: Measles is often a severe disease. Complications include; otitis media (9%); pneumonia (6%); diarrhoea (8%). Acute encephalitis occurs in 1:1000 cases and has a mortality rate of 10-15%, with a high proportion of survivors suffering permanent brain damage. Sub-acute sclerosing panencephalitis (SSPE) is a late complication occurring on average 7 years after infection. It occurs in 0.5-1 per 10 000 measles cases and is always fatal. Complications from encephalitis are more commonly seen in adults. Measles infection during pregnancy can result in miscarriage and premature delivery, but has not been associated with congenital malformation.

Vaccination Remains Your Best Defence!

DID YOU KNOW?

Evidence suggests that endemic measles has been eliminated from Australia, however cases continue to occur, particularly in returning non-immune travelers and their contacts

High level vaccination coverage is imperative to maintain measles elimination

I'M PREGNANT – IS IT OKAY TO HAVE AN MMR SHOT?

MMR containing vaccines are contraindicated in pregnant women. Pregnancy should be avoided for 28 days after vaccination

There is no risk to pregnant women from contact with recently vaccinated persons

MMR vaccines can be given to breastfeeding women

Ref: NHMRC. Australian Immunisation Handbook, 9th ed., 2013

Can I Still get The Measles Even if I'm Vaccinated?

2 doses of vaccine provides >95% protection against measles.

No vaccination is required for persons born before 1966 (unless serological testing indicates otherwise), as circulating virus and disease were prevalent before this time, suggesting most persons would have acquired natural immunity.

Measles is a notifiable disease.

**“FOR CONTINUING PROTECTION,
MAKE SURE YOUR VACCINATIONS
ARE UP TO DATE”**

Education and Training

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There is still time to register your interest for the Hand-On Infection Control professional development events in Adelaide and Perth during 2014.

We have a couple of seminars and workshops scheduled for residential and community care in the coming months.

3 November 2014

[Infection Prevention Seminars for Residential and Community Care](#)

Topics covered include:

- Improving hand hygiene compliance
- MRSA & CRE – What's new?
- Bacterial impact on wound healing
- Norovirus – A challenging pathogen
- Antimicrobial wipes – Do they work?
- Influenza
- Environmental infection control issues
- Nuts and bolts of surveillance
- Outbreak investigation and management

5 December 2014

[Infection Prevention Workshop for Residential Cleaning Services Staff](#)

Topics covered include:

- Chain of infection model
- Risk management approach
- The why, where, when and how of cleaning
- New technologies
- Evaluating cleaning effectiveness
- Occupational safety and health issues

Have you seen this?

Hands-On Infection Control's portal to online courses and learning opportunities.

Follow the link below and explore the options available.

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



The freedom to learn at your own pace in your own time!

INTERNATIONAL INFECTION PREVENTION WEEK

19-25 OCTOBER 2014

The Australasian College for Infection Prevention and Control ([ACIPC](#)) has partnered with [APIC](#) as a Supporting Partner for International Infection Prevention Week (IIPW) 2014.

This was to provide a focal point for infection professionals, consumers, organisations, and industry partners to shine a light on infection prevention and its power to save lives.

A number of activities have been held including a focus on hand hygiene and Ebola.

Go to the APIC website for more information about Infection Prevention Week www.acipc.org.au

Unscramble Me:

1. RLIVCAAEL
(a member of the herpes virus family)
2. VOTURRISA
(causes severe dehydrating gastroenteritis in infants and young children)
3. SIPRSUSTE
(a highly infectious respiratory infection)

Quiz Answers:
What Am I? (page 2)
: Influenza
Unscramble me:
1. Varicella
2. Rotavirus
3. Pertussis