

# HANDS UP FOR HANDS-ON!

## Infection Prevention & Control Newsletter



Hands Up for Hands-On  
Summer/Autumn 2011

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**Diary Date 5 May 2011:**  
[International Hand Hygiene Day](#)

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[www.aica.org.au](http://www.aica.org.au)

## INFLUENZA SEASON 2011

### Are you ready?

The influenza season is approaching and healthcare facilities should have commenced planning.

Influenza is a common, highly contagious respiratory illness that can cause serious illness and be potentially fatal in the vulnerable.

Influenza is spread through the air by droplets when an infected person talks, coughs or sneezes.

### What can you do to protect your patients/residents/clients and staff?

1. Encourage as many people as possible to be vaccinated. This helps to reduce transmission. Whilst a vaccinated person may still become infected with influenza, the severity and duration of the infection is usually greatly reduced.

2. Cover your mouth and nose when coughing or sneezing, and perform hand hygiene after coughing or sneezing.



3. Remain at home and not attend work if you have influenza-like symptoms, usually for 5 days.



4. Encourage patients/residents/clients and visitors to practice good respiratory hygiene.

5. Encourage patients/residents/clients and visitors to practice good hand hygiene.



6. Provide tissues, hands free rubbish bin and alcohol-based hand rub in convenient locations for staff and visitors.



7. Place prominent signs at the entrance to your facility asking visitors not to enter if they have respiratory symptoms.

## Influenza Vaccination

### Who should be vaccinated?

- Persons  $\geq$  65 years
- Indigenous Australians  $\geq$  15 years
- Individuals  $\geq$  6 months with cardiac disease, chronic respiratory, neurological & other conditions, impaired immunity, long term aspirin therapy
- Women planning pregnancy or who are pregnant

- Residents & staff in LTCFs
- Providers of home care to people at influenza risk morbidity

**Side Effects:** the most common side effects are soreness and redness at the injection site. "Flu-like" symptoms are reported in less than 1% of people, and are most likely due to another non-specific infection.

The Influenza vaccine CANNOT cause Influenza.

For more information contact:

[www.immunise.health.gov.au](http://www.immunise.health.gov.au)

[www.isg.org.au](http://www.isg.org.au)

[www.ncirs.usyd.edu.au](http://www.ncirs.usyd.edu.au)

[www.influenzacentre.org](http://www.influenzacentre.org)

[www.cdc.gov/flu/whatsnew.htm](http://www.cdc.gov/flu/whatsnew.htm)



**HANDS-ON INFECTION CONTROL**

## WA Vaccination Update

### Pneumococcal Disease

There are currently 2 different types of pneumococcal vaccines available in Australia:

- 7vPCV
- 23vPCV

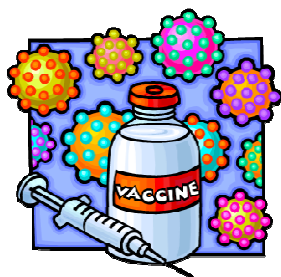
The current WA vaccination schedule is:

7vPCV;

- 2, 4 and 6 months of age
- 12 months of age for medically at risk children.

23vPCV;

- Indigenous children 18 months of age
- Booster dose for medically at risk children 4 years of age
- Indigenous  $\geq 15$  years with a medical at risk condition, Indigenous  $\geq 50$  years, Non-Indigenous  $\geq 65$  years (2 doses, 5 or more years apart).



### What am I?

I am a DNA virus which typically resides in the dorsal root or trigeminal ganglia following primary infection.

Reactivation is thought to be due to a decline in cellular immunity to the virus, and present clinically as a distinct rash. It is often painful and lasts 10-15 days.

In the majority of patients it is an acute and self-limiting disease.

It occurs most commonly with increasing age, impaired immunity and a history of initial infection in childhood.

## Legionnaire's Disease Alert to WA General Practitioners

Following on from our last newsletter, from August to December 2010 there have now been 10 confirmed cases of Legionnaire's Disease associated with Bali travel, 6 of these from Western Australia. All cases stayed in the central area of Kuta.

Legionnaire's disease is a potentially life threatening bacterial lung infection. The most common species associated with human disease in Australia are *Legionella pneumophila* and *Legionella longbeachae*. The cases involving Bali travelers are all *Legionella pneumophila*.

**Symptoms:** the early symptoms of Legionnaire's disease often present like a severe influenza infection and can include; fever, myalgia, headache, tiredness, a dry cough, anorexia, and shortness of breath. Symptoms can appear 2–10 days after exposure to the bacteria, but are usually present after 5-6 days.

**Transmission:** *Legionella pneumophila* can be transmitted through air by inhaling fine droplets of water contaminated with the organism, and are associated with water environments such as; cooling towers, evaporative air conditioners, showers, warm water systems, spa pools, misting or droplet sprays, and fountains.

**Risk Factors:** Legionella infections are more common in the middle aged and elderly, and those who have a weakened immune system. Factors that increase risk include; smoking, existing lung disease, diabetes, HIV/AIDS, cancer, renal disease, use of immunosuppressive medication, excess alcohol consumption, and age over 50 years.

An alert has been sent to all General Practitioners.

For further information contact the Government of WA Department of Health:

T: 9388 4999

Email: [ehinfo@health.wa.gov.au](mailto:ehinfo@health.wa.gov.au)

Website: [www.public.health.wa.gov.au](http://www.public.health.wa.gov.au)



### VRE UPDATE

The Health Department WA has released a Operational Directive for Infection Prevention and Control of Vancomycin-Resistant Enterococci in WA Acute Care facilities (OD 0313/11).

All healthcare facilities are required to ensure that their policies and procedures, including screening requirements are in line with Health Department of WA minimum requirements.

For full details refer to [www.health.wa.gov.au/circulars](http://www.health.wa.gov.au/circulars) OD 0313/11

## Education Matters

### Infection Prevention & Control Education/Training 2011:

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

2 March 2011 (Perth)  
7 March 2011 (Adelaide)

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

25 July 2011 (Adelaide)  
27 July 2011 (Perth)

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

15 November 2011 (Adelaide)  
30 November 2011 (Perth)

#### Infection Prevention Study Day Update for Residential Care

29 June 2011 (Perth)  
14 November 2011 (Adelaide)

#### Infection Prevention Study Day for Day Hospital/ Procedure Facilities

24 June 2011 (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).



#### For further details or enrolments contact:

Hands-On Infection Control  
Email: [info@handsoninfectioncontrol.com.au](mailto:info@handsoninfectioncontrol.com.au)  
Web: [www.handsoninfectioncontrol.com.au](http://www.handsoninfectioncontrol.com.au)

## Pertussis

Pertussis (whooping cough) is a disease caused by infection of the throat with the bacteria *Bordetella pertussis*. It is generally believed to be significantly under-diagnosed, especially in adults.

**Symptoms:** begins with a runny nose, tiredness and sometimes a mild fever, followed by a cough. The paroxysmal cough with inspiratory whoop seen in unvaccinated children is less common in older children and adults who have varying degrees of immunity from vaccination or infection. But even in adults, the cough can persist for up to 3 months. Pertussis can be very serious in small children, particularly those under < 6 months of age due to their small airways.

**Transmission:** *B. pertussis* is highly infectious, spreading by respiratory droplets from coughing or sneezing. Untreated, an infected person can spread it to other people for up to 21 days after onset of cough. The time between exposure and getting sick is usually 7–10 days, but can be up to 3 weeks.

**Prevention:** Immunisation greatly reduces the risk but reinfection can occur if immunity wanes. Booster vaccination is recommended for parents, grandparents and carers of newborns, healthcare and childcare workers and those who express an interest in being vaccinated.

**Treatment:** early intervention with an antibiotic such as azithromycin for 5 days, or erythromycin or clarithromycin for 7 days. Coughing may continue but the person is no longer infectious after the course of antibiotics.

## Immunisation WA Updates 2011

### Influenza Vaccination Update for Health Care Workers

22 February 2011 10.00 am -12.00 pm OR  
23 February 2011 10.00 am -12.00 pm  
RSVP 16 February 2011 on ph 9388 4863

NIP Schedule Vaccine Update  
30 OR 31 March 2011 09.00am-1.00 pm  
RSVP 24 March 2011 on ph 9388 4863  
5 OR 6 October 2011 09.00am-1.00pm  
RSVP 28 September 2011

Brain Teaser—what disease am I? Unscramble me using the clue:

1. **vaolpiilrmpsau** — the human form has been associated with cervical cancer and genital warts
2. **smpum** — a vaccine preventable human disease found worldwide, transmitted by droplets or direct contact with saliva and possibly urine
3. **Istypiloeml** — from the Picornaviridae family, a virus which invades local lymphoid tissue, blood stream and may infect central nervous system cells
4. **nzaliuenf**—a respiratory virus which undergoes frequent changes in their surface antigen

Answers page 4

Infection Prevention & Control  
The Responsibility Is In Our Hands

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Or

Visit our updated website at

[www.handsoninfectioncontrol.com.au](http://www.handsoninfectioncontrol.com.au)

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## Puzzle Answers:

### What am I (page 2):

Herpes Zoster.

The lifetime risk of reactivation of Varicella-zoster virus causing Herpes Zoster is estimated to be approximately 20-30%. It affects half of those who live to age 85 years.

### Brain Teaser (page 3)

1. Papillomavirus
2. Mumps
3. Poliomyelitis
4. Influenza

Did you get all correct?

## Hepatitis A

Hepatitis A has been a notifiable disease in WA since 1958. In 1994 a hepatitis A vaccine was licensed for use in Australia. In 2000 vaccination recommendations were extended resulting in a significant decrease in notification rates in the past decade.

Infection is caused by the hepatitis A virus. It is transmitted by the faecal-oral route, with person to person contact and ingestion of contaminated food or water the most common means of infection. The hepatitis A virus can survive in a moist environment for weeks.

People most at risk are those who:

- share a house or have sexual contact with someone infected with hepatitis A;
- Travel to other countries where hepatitis A is common (most developing countries);
- Have jobs where they may be exposed to the virus, such as child care and healthcare;
- Have lifestyles that put them at risk, such as men who have sex with men and injecting drug users.

### Signs and Symptoms

Usually appear about 4 weeks after becoming infected, and include tiredness, loss of appetite, nausea and vomiting, body aches and pains, upper stomach pain (right sided), fever, chills and jaundice. Young children often have no symptoms.

### Prevention

Vaccination is recommended for:

- Those travelling to countries where hepatitis A is common;
- All Aboriginal children at 12 and 18 months of age;
- People living or working in remote Aboriginal communities;
- Healthcare workers who regularly provide care to Aboriginal children,
- Staff in child care, family day care centres or working with people with intellectual disabilities;
- Intellectually disabled people;
- Plumbers and sewerage workers;
- Sex workers;
- People whose lifestyle puts them at risk; and
- People with chronic liver disease (including hepatitis B or C infection).

### Hand Hygiene

Always wash your hands well in accordance with the 5 moments of hand hygiene.

If you have hepatitis A, avoid preparing or handling other people's food. People with hepatitis A should not go to work, school or child care for at least one week after the onset of symptoms or two weeks after the onset of jaundice. This is especially important for those who work as food or drink handlers, in child care or health care.

