



# HANDS UP FOR HANDS-ON!

Infection Prevention & Control Newsletter



## INFLUENZA SEASON

### Are you ready?

Hands Up for Hands-On

Summer 2011

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The influenza season will be approaching soon. Facilities need to begin planning for it now.

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

Transmission: 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 and staff?

1. Vaccination; 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. Good respiratory hygiene; Covering your mouth and nose when coughing or sneezing, hand hygiene after coughing or sneezing,

3. Staff should remain at home and not attend work if they have symptoms.

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

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

6. Provide tissues, hands free rubbish bin and Alco-

hol 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.

For more information contact:

\*Hands-On Infection Control

Department of Health WA : OD 0294/10 Infection Prevention and Control of Influenza-Like Illnesses in Western Australian Healthcare Facilities

Special points of interest:

- Vaccination Update p2.
- Education Matters p 3.
- Immunisation Education and Training Updates 2011 p 3.

#### Diary Date

**5 May 2011: International Hand Hygiene Day**

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

## Influenza Vaccination

#### Who should be vaccinated?

- pregnant women.
- persons 65 years of age and older.
- indigenous Australians aged 15 years and older.
- individuals with chronic illness eg cardiac, respiratory, diabetes.

-individuals with impaired immunity.

#### **- *healthcare workers***

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 Vaccination CANNOT cause Influenza.

For more information contact:

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

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



**HANDS-ON INFECTION CONTROL**

## Vaccination Update

### Pneumococcal Disease

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

7vPCV for children 6 weeks to 9 years. 23vPCV for adults.

*The current WA vaccination schedule is:*

7vPCV;

- 2, 4 and 6 months of age or indigenous children and children with underlying medical conditions.
- 12 months of age for children with underlying medical conditions.

23vPCV;

- People  $\geq 10$  years of age with underlying medical conditions.
- Aboriginal and Torres Strait Islanders  $\geq 50$  years of age and those 15-49 years of age who have underlying medical conditions.
- All people over 65 years of age.

**NB a maximum of 3 doses of 23vPCV are recommended.**

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

### 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 the first year of life.

Answer page 4

## Legionnaire's Disease Alert to 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 airconditioners, 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 weak 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 aged over 50 years.

An alert has been sent to all General Practitioners.

For further information contact the Government of WA Department of Health; ph 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)

Ref: Communicable Diseases Control Directorate, Government of Western Australia, Department of Health

## VRE UPDATE

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

All HCF are required to ensure that their policies and procedure, 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 and Control Education and Training 2011:** From 1 hour to full day sessions, can be provided on site for your organisation.

**Infection Prevention Study Day Series No 3 for Residential Care**

14 February 2011 (Bunbury)  
15 November 2011 (Adelaide)  
30 November 2011 (Perth)

**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 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)

**For further details or enrolments contact:**

**Hands-On Infection Control**

(See p 4 for contact details)

## Pertussis

Pertussis (whooping cough) is caused by *Bordetella pertussis*, a Gram negative, pleomorphic bacillus. It is generally believed to be significantly under-diagnosed.

**Transmission:** *B. Pertussis* is highly infectious, spreading by respiratory droplets to 80% of susceptible household contacts.

**Symptoms:** 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.

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

### Immunisation Education and Training Updates 2011

**Influenza Vaccination Update for Health Care Workers:** 22 February 2011 10.00 am –12.00 pm

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 9388 4863*

5 OR 6 October 2011 09.00am–1.00pm  
*RSVP 28 September 2011*

**Venue:** Grace Vaughn House, 227 Stubbs Tce, Shenton Park

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

1. **vaolpiilrmsau** – 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 CNS cells
- 4 **nzaliuenf** – a respiratory virus which undergoes frequent changes in their surface antigen

## Infection Prevention & Control - The Responsibility Is In Our

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Visit our updated website at

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

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HANDS-ON INFECTION CONTROL

## 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

## Hepatitis A

Hepatitis A has been a notifiable disease in WA since 1958. In 1994 a hepatitis A vaccine was licenced 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 moist places 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 health care,
- 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 and chills, jaundice. Young children often have no symptoms.

### Prevention;

- Vaccination: 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,
  - People with chronic liver disease (including hepatitis B or C infection).
- Hand Hygiene: Always wash your hands well following 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.

*Ref: [www.cdc.gov/ncidod/diseases/hepatitis](http://www.cdc.gov/ncidod/diseases/hepatitis)*