

HANDS UP FOR HANDS-ON!

Infection Prevention & Control Newsletter

The purpose of bringing this 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.

Introducing Team Member

Sandra Peroni

Sandra completed her nursing degree at Curtin University in 1992. After several years in Perth, she moved to the United Kingdom in 1996 where she remained for the next eight years, practising in both the NHS and private system, and the maritime industry. Her extensive travels through third-world regions subsequently nurtured an interest in vaccine preventable diseases.

Since 2008, Sandra has worked within the day surgery environment in both clinical and management roles, and completed a Graduate Certificate in Infection Prevention and Control in 2011.

She joined the Hands-On team in May 2012, and is currently a member of the Australasian College for Infection Prevention and Control, Australian Ophthalmic Nurses Association and the Australian College of Nursing.



Hands Up for Hands-On

Winter 2013

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INFLUENZA SEASON 2013

Are you ready?

The influenza vaccination season is upon us and healthcare facilities should have completed their influenza vaccination programs. One way you can help protect your patients/residents/clients and staff is to 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.

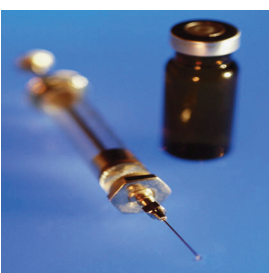
Who should still be vaccinated?

- * Persons > 65 years
- * Indigenous Australians > 15 years
- * Individuals > 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 residential care facilities
- * 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



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HANDS-ON INFECTION CONTROL

Vaccination Update—Tetanus

Tetanus vaccination is usually given as a combination vaccine with diphtheria (dT), or diphtheria and acellular pertussis (dTpa).

For children <10 years of age :

Infanrix hexa is diphtheria, tetanus, acellular pertussis, hepatitis B and inactivated poliovirus.

Infanrix IPV is diphtheria, tetanus, acellular pertussis and inactivated poliovirus.

Pediacel is diphtheria, tetanus, acellular pertussis, inactivated poliovirus and *Haemophilus influenza* type b.

Quadracel is diphtheria, tetanus, acellular pertussis combined and inactivated poliovirus.

Tripacel is diphtheria, tetanus and acellular pertussis.

For people >10 years of age

ADT Booster is diphtheria and tetanus.

Adacel is diphtheria, tetanus and acellular pertussis.

Adacel Polio is diphtheria, tetanus, acellular pertussis and inactivated poliovirus.

Boostrix is diphtheria, tetanus and acellular pertussis.

Boostrix IPV is diphtheria, tetanus, acellular pertussis and inactivated poliovirus.

The current WA vaccination schedule is:

2, 4 and 6 months of age

4 years of age (1st booster)

10-17 years of age (2nd booster)

50 years of age.

Routine 10 yearly booster doses for adults who have completed 5 doses of tetanus containing vaccine have not been recommended in Australia since 2000. Adults who receive a tetanus prone injury should receive a booster dose of ADT Booster if >5 years has elapsed since their last dose.

Influenza Vaccination – why do we need it annually?

Influenza types A and B are clinically important in human disease. Influenza viruses possess two surface antigens, the haemagglutinin (H) which is involved in cell attachment during infection, and the neuroaminidase (N) which facilitates the release of newly synthesised virus from the cell.

Antibodies against the surface antigens, particularly the haemagglutinin (H) reduces infection or severe illness due to influenza.

Both influenza A and influenza B viruses undergo frequent changes in their surface antigens. Both influenza A and B undergo stepwise mutations of genes coding for H and N. This results in cumulative changes in influenza antigens and is responsible for annual outbreaks and epidemics of influenza. Because of these frequent changes, the composition of influenza vaccines is reviewed annually. ***The 2013 Influenza vaccine has a different composition to the 2012 vaccine.***

The administration of influenza vaccine annually to individuals at risk of complications of infection is the single most important measure in preventing or attenuating influenza infection and preventing mortality.



Listeria

Listeria is an aerobic non-spore forming bacilli. The two species responsible for infection in humans are *L. monocytogenes* and *L. ivanovii*.

Listeria infections are not common but can have serious outcomes, including fatality. People at particular risk are neonates, pregnant women and immunocompromised individuals (including the elderly).

Incubation period: variable, 1-70 days depending on dose and health of the individual.

Sources: Listeria can affect a range of food products despite strict hygiene and manufacturing controls. In particular, soft ripened cheeses, pate, cook-chill meats, prepared salads, raw milk.



Transmission: Listeria can multiply at refrigeration temperatures, so if not killed in processed foods can multiply to dangerous levels even in the fridge. Infections are increasing due to the growing use of ready prepared or take away foods.

Listeria crosses the placental barrier and can therefore be transmitted from mother to baby in utero or during delivery. This can result in spontaneous abortion or stillbirth. Neonatal infections within the first 4 days of birth have 50% mortality.

Symptoms: starts with flu like symptoms. “weaker” hosts develop full blown Listeriosis – fever septicaemia, meningitis, abortion/stillbirth. The host resistance is of great importance.

Prevention:

1. Avoidance of risky foods by susceptible individuals (as foods contaminated with Listeria often look, smell and taste normal).
2. Strict adherence to good Food Safety practices.
3. Adequate hand hygiene when working with food.

What am I?

I am a frequently occurring infectious, healthcare associated infection causing diarrhoea with a high fatality rate. I am usually associated with prolonged antibiotic use which destroys the normal bowel flora and allows me to flourish. Most cases of me occur in individuals over 60 years of age.

My major reservoir is infected patients in hospitals and long term care facilities. I form resistant spores and can survive for long periods in the healthcare environment. I am transmitted via the faecal/oral route. Poor hand hygiene practices amongst HCWs assist my transmission.

Education Matters

Infection Prevention & Control Education & Training Program 2013

Western Australia

Graduate Certificate in Infection Prevention & Control Course 2013

Adult Influenza Immunisation for RNs & ENs 12 February 2012

Infection Prevention Study Day Series (No. 1) for Residential Care 27 March 2013

Infection Prevention Seminar for Residential Cleaning & Laundry Services Staff 24 April or 9 October 2013

Infection Prevention Update for Day Hospital Procedure Facilities 24 May 2013

Infection Prevention Study Day Series (No. 2) for Residential Care 19 June 2013

Infection Prevention Study Day Update for Residential Care 14 August 2013

Infection Prevention Study Day for Community Care 11 September 2013

South Australia

Infection Prevention Study Day for Residential Care 3 June 2013

Infection Prevention Seminar for Residential Cleaning & Laundry Services Staff 4 June 2013

Infection Prevention Study Day Update for Residential Care 2 September 2013

Infection Prevention Study Day for Community Care 4 November 2013

Hands-On Infection Control offers a broad range of education and training programs in infection prevention and management. Programs can be tailored to suit the specific needs of individual organisations, specialities, 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.

Education and training can be provided on or off site for your organisation using the latest technology and delivered by accredited trainers and assessors.

Hands-On Infection Control educational activities have been endorsed by APEC number 070523701 as authorised by Royal College of Nursing, *Australia* (RCNA) Life Long Learning Program (3LP).



For details of any study days, to obtain registration forms, or discuss your training needs contact us :

Hands-On Infection Control, PO Box 233, North Perth, WA 6906

Phone: 9227 1132 Facsimile: 08 9227 1134

Email: info@handsoninfectioncontrol.com.au

Web: www.handsoninfectioncontrol.com.au

ACIPC ANNUAL CONFERENCE

The Australasian College for Infection Prevention and Control (ACIPC) Annual Conference is being held at the [Gold Coast Convention & Exhibition Centre](#), Gold Coast, QLD.

30 September – 2 October 2013

<http://www.acipconference.com.au/>

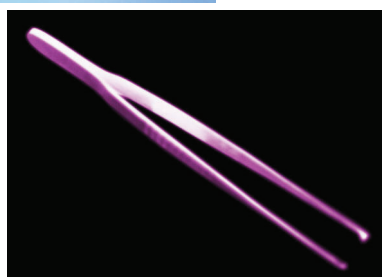
Brain Teaser—what am I? Unscramble me using the clue:

Answers This Page

1. RFEESTINRNO: A group of immunological proteins that carry signals between cells.
2. LOCCCCASBUOLI: A short oval rod, i.e. between a coccus and a bacillus in shape.
3. BUNCIMMCELAO: Refers to a disease that can be transmitted from one person to another.
4. TONXAUM: A tuberculin skin test.

ANSWERS CSSD CROSSWORD (in last edition)

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Answers:

What am I? Clostridi-
um difficile

Brain Teaser

1. Interferons
2. Coccobacillus
3. Communicable
4. Mantoux