

Journal watch

Journal Watch presents a brief description of articles recently published in other journals and thought to be of relevance or interest to the AIC readership. Readers are encouraged to refer to the articles for further information.

CJD and blood supply

This article by Lance Sanders, discusses Transmissible Spongiform Encephalopathies (TSEs), specifically Creutzfeldt-Jacob disease (CJD). While there are documented cases of iatrogenic transmission of CJD through neurosurgical procedures, there have been no recorded cases of new variant (nvCJD) or sporadic CJD (sCJD) transmission via blood or blood products worldwide. However, there is some evidence that blood contamination could occur and is more likely to involve donors with nvCJD rather than sCJD. Recently, the Commonwealth acknowledged the potential risk of cross-transmission of nvCJD through the blood supply, placing restrictions on donors who visited the UK for 6 months or longer between 1980 and 1996. While nvCJD has never been recorded in Australia (only cases of sCJD), Sanders recommends enhanced surveillance to facilitate early identification of nvCJD because of the potential risk to blood supply and public health.

Communicable Diseases Intelligence September 2000 24; 9:265-6.

Surveillance for nvCJD in the USA

A research letter titled, *Creutzfeldt-Jacob Disease in the United States: 1979-1998* (Gibbons *et al.*) reviews the results of the Centers for Disease Control and Prevention's (CDC) CJD surveillance program which has been enhanced in response to concern about nvCJD in Europe. For this purpose, the authors reviewed mortality data which they describe as an efficient and fairly sensitive method of monitoring CJD incidence as more than 85 per cent of patients die within a year. They noted the marked difference in median age at death between people with sCJD (68 years) and those in the United Kingdom with nvCJD (27.5 years). The CDC used the age difference to conduct its enhanced surveillance, targeting younger people dying with CJD in the United States. No cases of nvCJD were discovered among these cases during the period under study.

Journal of the American Medical Association November 8 2000 284; 18:2322-3.

MRSA control measures

Effect of delayed infection control measures on a hospital outbreak of methicillin-resistant Staphylococcus aureus (Harbarth *et al.*), describes a cohort study (n=1771) looking at whether infection

control practices were successful in reducing a hospital-wide MRSA outbreak despite the absence of specific MRSA control measures for a 4 year period. Following implementation of containment measures, their combined effect on the MRSA reservoir and the number of bacteraemic patients was assessed. The conclusion drawn was that despite a delay in implementing control measures, such measures still had a significant impact in reducing both the reservoir of MRSA patients and the attack rate of MRSA bacteraemia.

Journal of Hospital Infection September 2000 46; 1:43-49.

Intravenous catheter related sepsis

This study, *Is hospital-acquired intravascular catheter-related sepsis associated with outbreak strains of coagulase-negative staphylococci?* (Worthington *et al.*) used pulsed field gel electrophoresis (PFGE) to type coagulase-negative staphylococci isolated in 30 cases of intravenous catheter-related sepsis. The results showed that specific epidemic strains of *Staphylococcus epidermidis* may be an important cause of catheter-related sepsis and that this association required PFGE detection as opposed to conventional typing methods such as antibiograms.

Journal of Hospital Infection September 2000 46; 1:130-134.

Cutaneous antiseptics

A study titled, *Prospective randomised trial of 10% povidone-iodine versus 0.5% tincture of chlorhexidine as cutaneous antiseptics for prevention of central venous catheter infection* (Humar *et al.*), reported the results of a multicentre trial conducted on patients undergoing central venous catheter (CVC) insertion in intensive care units. Those patients with CVCs *in situ* for a minimum of 3 days (n=242) were grouped according to length of stay, age, sex, underlying disease, reason for line insertion and baseline APACHE II score. Catheter-related bacteraemia rates were analysed and there was no demonstrable difference between those patients who had 10% povidone-iodine and those who had 0.5% tincture of chlorhexidine used for skin antiseptics at the time of central line insertion.

Clinical Infectious Diseases 2000; 31:1001-1007.

Exposure prone procedures

Lawrence Gostin reviews ethical issues related to infected health care workers (HCWs) in his paper, *A proposed national*

policy on health care workers living with HIV/AIDS and other blood-borne pathogens. He discusses the recommendation by the CDC for infected HCWs to inform patients of their status prior to undergoing exposure-prone procedures. The author cites data that demonstrate an "exceedingly low" risk of transmission from infected HCWs to patients and suggests that the national policy requires revision to avoid unnecessary invasion of HCW privacy and possible discrimination. He states that the current policy "poses significant human rights burdens on HCWs but does not improve patient safety". He proposes a new policy focusing on injury prevention, encouraging infected HCWs to promote their own health and wellbeing, ceasing use of expert review panels and restrictions on exposure-prone procedures, discontinuing mandatory disclosure in low-risk procedures and applying practice restrictions only when patients are exposed to significant risks. He posits that these measures would increase patient safety while maintaining the privacy of infected HCWs. *Journal of the American Medical Association* October 18 2000 284; 15:1965-1970.

Hospital acquired diarrhoea

Chang and Nelson discuss *The role of physical proximity in nosocomial diarrhoea* through their retrospective study of 2859 patients admitted to hospital over a period of 6 months. They

looked at patients with *Clostridium difficile* and antibiotic-associated diarrhoea. For those with *C. difficile* associated diarrhoea (CDAD), physical proximity to a patient with CDAD, exposure to clindamycin and the number of antibiotics administered were significant risk factors for acquisition. For antibiotic associated diarrhoea (AAD), exposure to a roommate with AAD, a stay in ICU or CCU and the number of antibiotics taken were significant risk factors. The authors conclude that physical proximity may be an important risk factor for hospital-acquired diarrhoea.

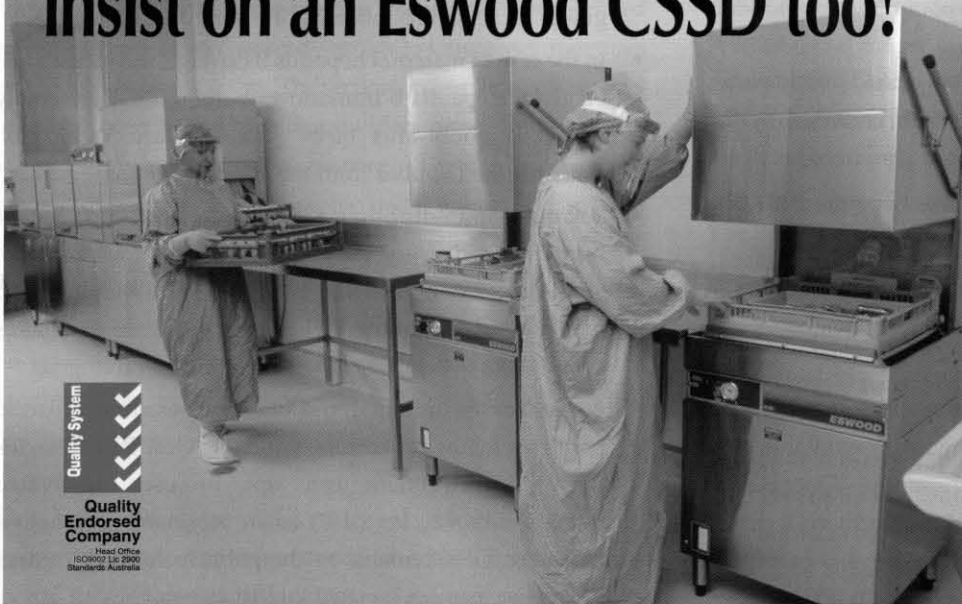
Clinical Infectious Diseases 2000; 31:717-722.

Impact of VRE

Karen Birchard reports that an Irish hospital experiencing an outbreak of vancomycin-resistant *Enterococcus* (VRE) in the National Bone Marrow Transplant Unit was forced to close the unit and seek assistance for its patients in facilities in Europe and North America. Hospital management conceded that the shortage of senior nurses coupled with the presence of junior medical staff had resulted in stressful working conditions which contributed to "a lapse in hygiene standards that led to the spread of the infection".

The Lancet September 16 2000; 356:1012.

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