

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.

Bacteriuria in residents of long-term care facilities

Nicolle estimates that between 5-10 per cent of residents in long-term care facilities have indwelling urinary drainage devices *in situ* on a long-term basis. The author notes that residents with chronic indwelling catheters are always bacteriuric, with between two and five organisms isolated from their urine. Biofilm in the catheter increases the risk of catheter obstruction, predisposing them to infection.

The frequency of urinary tract infection (UTI) in people with indwelling catheters is higher and associated with greater morbidity than UTI in residents without such devices. Nicolle recommends avoiding treatment of asymptomatic bacteriuria and ensuring that treatment in the presence of symptoms is based on clinical and microbiological evaluation.

Practices such as early management of catheter obstruction and prevention of catheter trauma may reduce symptomatic infection. While infection control practices and catheter care are recommended to prevent UTI, their effectiveness has not been evaluated.

Nicolle LE. Long-term care facility residents. Infect Cont Hosp Epid 2001; 22:316-321.

Antibiotic resistant organisms in long-term care facility residents

This article reports the prevalence of resistant organisms among long-term care facility (LTCF) residents admitted to an in-patient geriatric service. Two studies are discussed.

The first involves a retrospective survey of the bacteriology records of 727 admissions to the service. The authors reviewed the results of all cultures collected within 72 hours of admission to determine the number of antibiotic resistant

isolates (Methicillin-resistant *Staphylococcus aureus* (MRSA), vancomycin resistant Enterococci (VRE) and resistant Gram-negative bacilli) in these cultures. Wound, sputum, urine and blood specimens yielded resistant organisms; the most common was MRSA.

The second study involved a prospective study of all residents (n=92) admitted to the service over a 2 month period. Surveillance cultures were collected from a number of body sites within 72 hours of admission. Seventeen per cent of residents had a resistant organism; the most common was MRSA.

The authors conclude that less than 20 per cent of people coming from LTCF are colonised or infected with resistant organisms and MRSA is the most common antibiotic resistant isolate in this population.

Mylotte JM, Goodnough S, Tayara, A. Antibiotic-resistant organisms among long term care facility residents on admission to an inpatient geriatrics unit: retrospective and prospective surveillance. Am J Infect Cont 2001; 29:139-44.

Nosocomial candiduria

Lundstrom & Sobel report that nosocomial candiduria is a condition which used to be largely ignored, partly because of a lack of appreciation of its significance but also because of a lack of therapeutic options. Over the last 10-15 years, this condition has increased in incidence; however, antifungal agents available to treat it have improved, notably fluconazole.

In most patients, the organisms ascend via the urinary tract; a minority are haematogenously derived. It is rare to find candiduria in an otherwise healthy person. The three major risk factors are: diabetes mellitus, antibiotic use and indwelling urinary catheters (IDCs).

Gastrointestinal colonisation by *Candida* spp. is found in approximately 30 per cent of healthy adults; this approaches 100 per cent with antibiotic use. Both asymptomatic and symptomatic candiduria patients require attention to their relevant risk factors – optimal control of diabetes, minimisation of antibiotic use and changing or removal of an IDC. Therapy is rarely indicated in asymptomatic patients; they can usually be considered colonised rather than infected. The authors suggest exceptions should be made in renal transplant and neutropaenic patients and low birth weight infants.

Lundstrom T & Sobel J. Nosocomial candiduria: a review. Clin Infect Dis 2001; 32:1602-7.

Mantoux testing of health care workers

This study examined the risk of exposure for health care workers (HCW) to tuberculosis (TB). A comparison was made between the results of Mantoux testing in 4070 HCW (defined as nursing, medical, bronchoscopy, physiotherapy and mortuary staff) and 4298 non-HCW (laboratory, radiology, catering and administration staff).

HCWs were more likely to be Mantoux positive than non-HCWs (19.3% vs 13.7%, $p < 0.001$) with nurses having a higher incidence than other groups (20.5 per cent). Factors predictive of Mantoux positivity included increasing age, country of birth, previous BCG and longer duration of work as a HCW.

There was considerable variation in HCW Mantoux positivity between the 14 public hospitals in the study with a range of 6-35 per cent which was not correlated with a hospital's TB load. The hospital with the highest incidence of Mantoux positivity among its HCW staff was notable for its lack of negative pressure isolation rooms.

The authors recommend more attention be paid to the risk of HCW-associated TB in Australia but leave it to the individual public health units and hospitals to formulate guidelines. They make no recommendation in relation to the use of BCG vaccination.

Stuart RL, Bennett NJ, Forbes AB & Grayson ML. Assessing the risk of tuberculosis infection among healthcare workers: the Melbourne Mantoux Study. Med J Aust 2001; 174:569-73.

CALL FOR NOMINATIONS

Editor, *Australian Infection Control*

Applications are invited from suitably qualified people for the position of editor of *Australian Infection Control*, which becomes vacant in June 2002. The editor is responsible for overseeing production of the journal, which is published quarterly. The position is supported by an Editorial Committee.

The journal has entered a new phase of development and enjoys an increasing international profile. The editor plays a key role in guiding this exciting and rewarding venture. The role includes the opportunity to participate as a member of the Australian Infection Control Association executive team.

Enquiries should be directed to the AICA secretariat at:
E-mail: aica@ozemail.com.au

or in writing to:

AICA, PO Box 322, Wilston Qld 4051

The deadline for application is Friday 15 March 2002.

2002

Look what's coming up in...



COMMENCING EARLY 2002, EXCLUSIVE TO MULTIGATE, A NEW UPGRADE TO OUR POPULAR RANGE OF STERILE BASIC DRESSING PACKS.

See enclosed brochure for details.

MULTIGATE MEDICAL PRODUCTS PTY LTD
11-17 NELSON ROAD, YENNORA NSW 2161
PO BOX 6866, WETHERILL PARK NSW 2164
PHONE: (02) 9892 3400 FAX: (02) 9892 3116
NATIONAL ORDER & ENQUIRY HOT LINES
PHONE: 1800 023420 FAX (02) 9892 3116
enquiries@multigate.com.au orders@multigate.com.au www.multigate.com.au


Multigate
 Hospital Surgical Products