

# book reviews

## Hospital epidemiology and infection control

Mayhall CG (Ed)

Second Edition

Philadelphia: Lippincott, Williams & Wilkins, 1999.

This book is a comprehensive reference source containing more than 1500 pages, 15 sections and 100 chapters. The text is edited by C Glen Mayhall MD, and is the second edition of this particular text. The complexity and range of information contained within makes the publication ideal as a resource for ICPs, epidemiologists, microbiologists, infectious diseases physicians and other health care personnel.

One hundred and sixty authors and co-authors have contributed to the text; among these are many highly recognised names in the fields of epidemiology and infection control. Mayhall states in his preface that "there has been little change in the extensive problems faced that complicated the delivery of health care during publication of the first edition, four years previously. Resources to control infection have remained limited". Also, "that antimicrobial agents continue to be misused and antimicrobial resistance abounds".

Seven new chapters have been added to address the gaps found in important areas in the previous text. Such chapters include *Nosocomial infections related to use of intravascular devices inserted for short term vascular access* and a subsequent chapter on long term vascular access. Also *Nosocomial sinusitis*, *Nosocomial infections in obstetric patients*, *Nosocomial infections in bone marrow transplant recipients* and *Determining the cost effectiveness of hospital epidemiology and infection control programs*. A number of existing chapters have been rewritten by new authors, and some have had new sections added, whilst still others have been moderately to extensively revised.

This book is an excellent resource for professionals and students, containing a wealth of information on undertaking both research projects and critical reviews of hospital epidemiology and infection control literature.

Most ICPs (especially those in acute care settings) are now faced with impending mandatory surveillance of health care associated infections relating to sentinel sites. As the validation of surveillance is outcome-based, the focus must be upon resolution or prevention. Included within the many chapters dealing with the varying sites of nosocomial infections, are those associated with surgical sites, intravascular and prosthetic devices, haemodialysis, respiratory therapy, hydrotherapy and endoscopy, all of which tend to concentrate on epidemiology and prevention.

Nosocomial infections are discussed as they apply to the total population, from neonates to adults, and special patient populations e.g. organ and bone marrow transplant recipients, spinal cord injury etc. A complete section is set aside to deal with the acquisition of nosocomial infection in health care workers, with chapters on diseases such as hepatitis and tuberculosis. Infection control issues related to specific settings, such as radiology units, small hospitals, home health care, long-term facilities, and child care centres are also described.

Controversial and contemporary issues are covered such as *Reuse of disposable devices* and *Infection control in gene therapy*. The chapter on medical waste management reflects and validates the current Australian state and federal guidelines for waste management in health care facilities.

As an ICP faced with the difficulty of reaching and educating staff in a large facility, I found the chapter on *Education of health care workers in the prevention of nosocomial infection* most interesting. This chapter describes the principles of adult education and focuses on the process in the acquisition of knowledge, attitudes and skills, rather than the imparting of a body of knowledge.

Of particular interest were education assessment tools. Surveys, initiated prior to the introduction of a policy or

procedure, could enable the ICP to identify staff with behavioural intent to comply. A majority result could then permit the implementation of passive methods such as posters and flyers, thus reducing the amount of active teaching required.

Needs based assessments are also described, together with methods for educating small and large groups and individuals, and the concept of experiential learning. The use of teaching aids, formulation of evaluations and advice on education specifically directed at infection control issues rounds off the valuable content of this chapter.

This is an excellent publication. The content totally encompasses the sphere of responsibility for infection control, whilst it is a complete and comprehensive text for epidemiologists. The text is particularly relevant for those working in the acute care setting but, as previously described, it is also inclusive of the practice of infection control as it applies to the entire spectrum of health care.

**Marilyn Beattie**

**Area Nurse Manager**

**Department of Infection Control and Waste Management,  
Central Coast Health**

## Clinical management of infections in immunocompromised infants and children

Patrick CC (Ed)

Philadelphia: Lippincott Williams & Wilkins, 2001

This book is aimed primarily at the clinician and more at the infectious disease specialist than the general paediatrician. It is an excellent reference work, with the chapters each dealing with specific clinical contexts (e.g. the renal transplant patient, asplenia, burns patients). There are some surprising inclusions, such as premature infants, and some surprising omissions, most notably bone marrow transplant patients, whereas stem cell transplant patients merit a chapter; a real sign of the times.

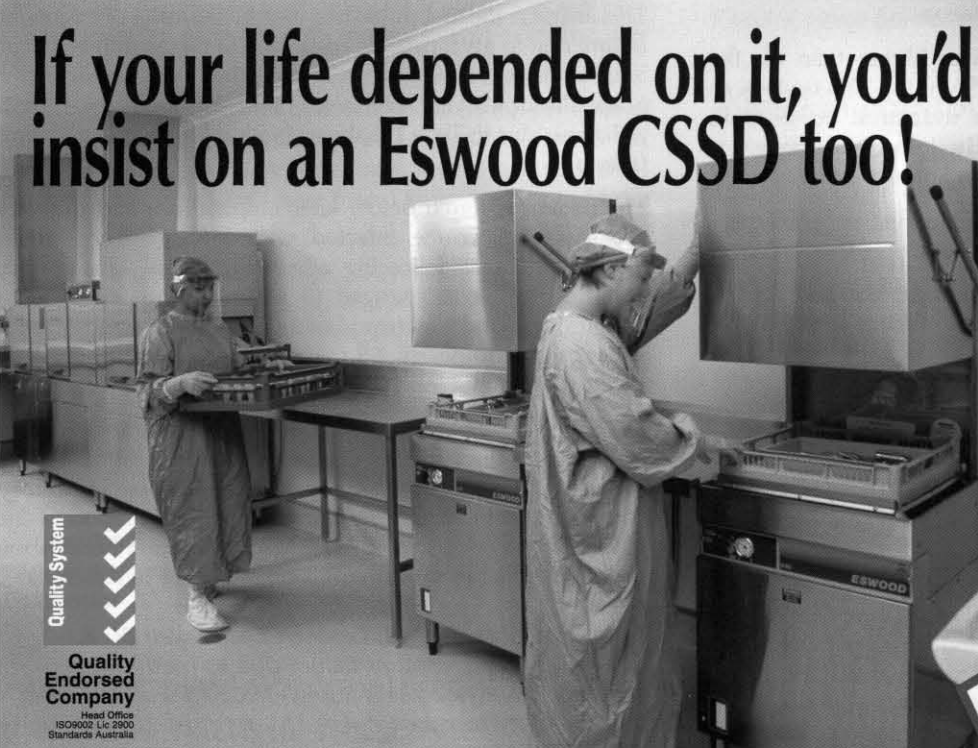
There are useful chapters on prevention of infection, immunisation and on antibiotic therapy in the immunocompromised host which are of particular relevance to the infection control practitioner. A valuable reference work, although perhaps too specialised to attract the unbridled attention of most infection control practitioners.

**David Isaacs MD FRACP**

**Senior Staff Physician**

**Children's Hospital at Westmead**

# If your life depended on it, you'd insist on an Eswood CSSD too!



- ✓ Built to Australian Health Department Standards.
- ✓ Approved for connection to Australian Water Authority supplies.
- ✓ Manufactured in Australia by an Australian Owned Company employing quality Australian tradespeople.
- ✓ Built by a Standards Australia Quality Endorsed Company to ISO9002.
- ✓ 12 months parts and labour warranty.
- ✓ Prompt and reliable national service support network.

**Quality System**

Quality Endorsed Company

Head Office  
ISO9002 Lic 2900  
Standards Australia

ESTABLISHED 1932

## ESWOOD

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

ESV245

*When safety is everything... talk to 'The Professionals in CSSD Systems'...*

Eswood Australia Pty Ltd • Head Office and Manufacturing • 134 Gipps Road Smithfield NSW 2164

NSW ☎ (02) 9604 7333	VIC ☎ (03) 9553 1355	QLD ☎ (07) 3891 1466	SA ☎ (08) 8238 3423
WA ☎ (08) 9456 0559	Distributors —	ACT ☎ (02) 6280 4088	TAS ☎ (03) 6234 8300