

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.

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## 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.

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