



Thank you, Infection Preventionists...

...for the great response to the invitation to join the Wisconsin Division of Public Health Healthcare Associated Infections Prevention Project. Your positive attitude and enthusiasm are the key ingredients that will move this project forward to a successful end.

Read an update about the project on page three.

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ACIP Writes Recommendations for 2010-11 Influenza Vaccination

The Advisory Committee on Immunization Practices met February 24 to write the 2010-11 influenza vaccine recommendations. The 2009 Influenza A (H1N1) virus [A/California/7/2009 (H1N1)-like] will be included in the tri-valent influenza vaccine for the upcoming season, and for the first time universal vaccination is recommended. All persons six months

and older are advised to receive the vaccine.

The committee made no recommendations on the use of the new Fluzone™ High Dose vaccine for those aged 65 and older, citing lack of data on any increased effectiveness.

Influenza vaccination recommendations are usually published by mid-summer in the CDC *MMWR*.

CQPI Offers Human Factors Short Course

The University of Wisconsin Center for Quality and Productivity Improvement (CQPI) will host a short course July 26-30, on Human Factors Engineering and Patient Safety.

The course is designed to provide an understanding of human factors and systems engineering and how these patient safety approaches can improve performance, prevent harm when error does occur, help systems recover from error, and mitigate further harm.

Healthcare personnel benefiting from the course include physicians, nurses, physician assistants, pharmacists, engineers, patient safety officers, chief information officers, and other professionals interested in human factors engineering and patient safety.

Go to the CQPI website to register.

[http://cqpi.engr.wisc.edu/
shortcourse_registration](http://cqpi.engr.wisc.edu/shortcourse_registration)

Society for Healthcare Epidemiology Updates Guidelines from 1997

The Society for Healthcare Epidemiology of America recently published "Guidelines for Management of Healthcare Workers Who are Infected with Hepatitis B Virus, Hepatitis C Virus, and/or Human Immunodeficiency Virus" (*Infect Control Hosp Epidemiol* 2010; 31:203-232), an update of similar guidelines published in 1997.

The guidelines are based on years of experience and data that provide "reassuring evidence that the magnitude of risk for provider to patient transmission of HBV, HCV, and HIV, although not zero, is exceedingly small.

At the same time, the burdens of certain restrictions that have been placed in healthcare providers out of concern for patient safety have been disproportionately high."

New features include categories of medical procedures according to risk for blood-borne pathogen transmission and

monitoring infected healthcare workers for levels of viral load to determine whether they should perform Category III procedures (those for which there is definite risk of blood-borne pathogen transmission).

The guidelines do not recommend mandatory testing of all healthcare personnel but do state that those performing Category III procedures have an ethical obligation to know their infection status.

Facility employee health services should provide confidential testing free of charge to any healthcare staff who ask to be tested.

Expert review panels are given the task of monitoring infected healthcare workers within their organizations, but local or state public health agencies are to assume these duties for providers with no institutional affiliation.

MRSA RESOURCES

Public Health Foundation Learning Resource Center

MRSA: Skin infections sign and symptoms patient brochure—a tri-fold, full color brochure appropriate for child care facilities, outpatient clinics, hospitals, schools, athletic teams, academic clubs, scouting troops, or any other place where parents can be educated about their children's health. Purchase a package of 100 for \$35.75 at:

http://bookstore.phf.org/advanced_search_result.php?keywords=mrsa+brochure

Science

Article about tracing the spread of MRSA locally and globally—Harris SR, Feil EJ, Holden, MTG, et al. Evolution of MRSA during hospital transmission and intercontinental spread. *Science* 2010; 327: 469-474.

Solidifying Infectious Waste

DNR has posted a new document, *Solidifying Infectious Waste*, which discusses the pros and cons of solidifying liquid infectious waste, and why merely solidifying sharps is not allowed.

<http://www.dnr.state.wi.us/org/aw/wm/publications/newpub/wa1329.pdf>

New Ethylene Oxide EPA Rule for Sterilizers

The EPA has issued a new regulation related to the use of ethylene oxide (EtO) sterilizers in healthcare facilities.

This rule became active on February 28, but the effective date is dependent on whether the label on the EtO cartridges includes the new rule.

If facilities still have the cartridges with the old rule, they may use those cartridges until they are depleted.

Those with new cartridges must now use a "single chamber" process to sterilize equipment using EtO.

Access the following link for the fact sheet and contact information for persons who can answer questions.

http://www.epa.gov/pesticides/reregistration/ethylene_oxide/ethylene_oxide_fs.html

Source: Chen H. Wen, Office of Prevention, Pesticides and Toxics, U.S. Environmental Protection Agency, 202-564-8849 (ph) 202-564-8899 (fx)

Resources

OSHA Answers Workplace Questions

In a follow-up to the OSHA Small Business Forum, "Workplace Preparedness: How Small Businesses Can Prepare for H1N1 Influenza," held September 30, 2009, answers to questions generated during the discussion are now available at http://www.osha.gov/dcs/smallbusiness/forums/h1n1_qa.html.

"Many of the questions relate to healthcare settings and may be helpful," advises Terry Moen, project manager for WisCon, a State Laboratory of Hygiene program offering onsite occupational safety and health consultation in Wisconsin.

Facility Guidelines Institute

The 2010 edition of the "Guidelines for Design and Construction of Health Care Facilities" is available for purchase at <http://www.fguidelines.org/index.html>. Choose from three formats, each priced at \$168.

IP in Ambulatory Surgery Centers

"Infection Prevention for Ambulatory Care: Meeting the CMS Conditions for Coverage," is a comprehensive training course designed by APIC to help staff with infection prevention duties in ambulatory surgery centers learn how to build and maintain effective infection prevention programs.

One session was already held in March, but two additional courses are scheduled in July and September. Go to the APIC website at:

http://www.apic.org/AM/Template.cfm?Section=Fall_Ambulatory_Care_Conference&Template=/CM/HTMLDisplay.cfm&ContentID=15000 for a brochure and registration form.

NEJM Vol. 362 No. 3

"Treatment with monoclonal antibodies against *Clostridium difficile* toxins." Lowy I et al. pp. 197-205.

"*Clostridium difficile*—beyond antibiotics." Kyne L. pp. 264-265.

Correspondence: "A woman with fever after Cesarean section." p. 273.

NEJM Vol. 362 No. 1

"Preventing surgical-site infections in nasal carriers of *Staphylococcus aureus*." Bode GM et al. pp. 9-17.

"Chlorhexidine-alcohol versus povidone-iodine for surgical-site antisepsis." Darouiche RO, et al. pp. 18-26.

"Minimizing surgical-site infections." Wenzel RP. pp. 75-77.

Flurry of Activities Marks Start of HAI Prevention Project



Hospital administrators, quality directors, and infection preventionists in over 60 Wisconsin hospitals have voluntarily stepped up to the plate to express interest in the Wisconsin Division of Public Health Healthcare Associated Infections (HAI) Prevention Project.

DPH project staff members and their partners at the Wisconsin Hospital Association (WHA) and MetaStar agree the response has been overwhelming.

To date, 25 (42%) critical access hospitals, and 41 (53%) general acute care hospitals, have requested information on one or more of the project activities. Only a few geographic areas in the state do not have a participating hospital.

Hospital administrators in the unrepresented areas will be contacted individually to explore the possibility of their participation in the future.

Most of the response represents new interest in project activities, as the majority of respondents (79%) are not currently enrolled in NHSN, and 73% are not currently participating in the WHA or MetaStar prevention collaborative projects.

The HAI Prevention Project Multidisciplinary Advisory Committee met on March 11 at the Wisconsin Hospital Association in Madison.

A presentation by Kathy Kaiser, RN, infection preventionist from Waukesha Memorial Hospital, provided members with insight into how hospital infection preventionists perform HAI surveillance using the NHSN.

Committee members asked DPH staff to develop a business case for use of the NHSN that infection preventionists could present to their hospital administrators and IT departments to garner the necessary resources to join the CDC-run data-

base.

At the same meeting Project Manager Lois Sater called for volunteers to serve on the Communications Subcommittee to develop plans for community outreach and education through various communication media.

DPH has developed a data use agreement that will be signed by HAI Prevention Project staff and each hospital submitting project-related data.

DPH staff members will maintain the confidentiality of all project data to the extent open records laws allow, unless written permission is first obtained from the hospital.

Ashlie Dowdell, HAI Prevention Project Surveillance Coordinator, hosted a webcast March 15 at which over 60 listeners heard an overview of the NHSN and learned about the enrollment process.

DPH will be hosting an all day "listening session" in each of the five

public health regions to provide infection preventionists dedicated, off-site opportunities to receive training required by CDC before joining the NHSN system.

Attendees will be able to view the pre-recorded webcasts provided by CDC and then participate in Q and A sessions throughout the day. Dates and locations of these sessions will be distributed in the near future.

Information packets with project details were sent to hospital CEOs, medical directors, quality directors, and infection preventionists in February and March.

If your hospital did not receive a packet, you may request one from Ashlie Dowdell via email at: ashlie.dowdell@wi.gov or phone her at 608-266-1122.

Important HAI Prevention Project Dates

Deadline for enrollment into the MRSA/SSI Prevention Collaboratives for those planning to attend the April 8 learning session	April 1
Deadline for enrollment into the MetaStar MRSA/SSI Prevention Collaboratives.....	April 30
Deadline for enrollment into the WHA CLABSI Collaborative.....	April 30
Deadline for joining NHSN only.....	Ongoing, no deadline

Article Covers Two Unrelated Clusters of *Streptococcus Salivarius* Meningitis

The January 29 issue of the MMWR features an article describing two unrelated clusters of *Streptococcus salivarius* meningitis in women who had received intrapartum spinal anesthesia.

Three cases occurred in New York and two similar cases were reported in

Ohio. The cases were associated with lack of adherence to the CDC recommendation that spinal procedure operators wear surgical masks.

The same issue contains an article on outbreaks of 2009 pandemic influenza A (H1N1) in long term care facilities in three states.