

Organizers of First Wisconsin APIC Conference Recognized



Members of the 1990 Wisconsin APIC Conference Planning Committee: Standing L to R: Judy Savard, Leila Leisch, Jean Druckenmiller, Jane Kosolcharoen; Sitting L to R: Judith Hintzman, Char Crabb, Myrna Schulte, Carla Alvarado. Not pictured: Marge Roth, Maureen Wild-Gordon.

Photo by Gayle Land

Spain Has First Case of LRSA At Intensive Care Unit

It seems inevitable that *Staphylococcus* organisms become resistant to any antibiotic crossing their paths.

The first known outbreak of linezolid-resistant *Staphylococcus aureus* (LRSA) has been reported in patients treated at an intensive care unit of a 1,000-bed tertiary care university teaching hospital in Madrid, Spain.

Twelve patients with LRSA infections were identified from April-June, 2008. Most of them had either ventilator-associated pneumonia or bacteremia.

The outbreak was associated with nosocomial transmission and extensive linezolid use. Linezolid is one of few options available for treatment of severe methicillin-resistant *S. aureus* infections (MRSA), and is widely used in critical care settings

for treatment of ventilator-associated pneumonia.

Measures that curtailed the outbreak included reduced linezolid use and placing patients under strict contact precautions.

No LRSA cases have been reported in the US to date, but MRSA is endemic in most US hospitals, and VISA (vancomycin-intermediate *S. aureus*) and VRSA (vancomycin-resistant *S. aureus*) exist in US healthcare systems. Nine cases of VISA have been reported in Wisconsin since 2007.

Garcia, MS et al. Clinical outbreak of linezolid-resistant *Staphylococcus aureus* in an intensive care unit. *JAMA*. 2010; 303 (22): 2260-2264.

20 Years of Education Had Humble Start

Two decades ago a handful of Wisconsin APIC members planned a statewide educational conference on a shoestring budget and a leap of faith.

This year in April more than 200 State APIC Conference attendees paused to honor and thank these women of vision for enriching the professional lives of countless infection preventionists. They are truly leaders among leaders.

—Gwen Borlaug

Wisconsin Hospitals Earn Environmental Excellence Awards

Nine Wisconsin hospitals received Practice Greenhealth Environmental Excellence Awards in May.

These awards recognize outstanding efforts in environmental improvement.

Wisconsin 2010 Practice Greenhealth Hospitals:

Bellin Hospital..... Green Bay
Columbia St. Mary's Hospital.....Milwaukee
Fort Health Care Fort Atkinson
Gundersen LutheranLa Crosse
River Falls Area Health Care..... River Falls
Sacred Heart Hospital.....Eau Claire
St. Mary's Hospital Med Ctr..... Green Bay
St. Nicholas Hospital.....Sheboygan
St. Vincent Hospital Green Bay

Learn more about Practice Greenhealth at: <http://www.practicegreenhealth.org/awards>.



2010 State APIC Conference Planning Committee

Sitting L to R: Kathleen Kaiser, Debbie Weslowski, Ann Habeck, Wanda Lowrey, Jean Druckenmiller; Standing L to R: Miki Gould, Kathy Beier, Jeanine Bresnahan, Marilyn Michels, Cheryl Jahns, Anna Hutchings, Chairman Paul Thomas, Patricia Pearson, Bridget Pfaff, Gayle Land, Nancy Moskal, Mary Luzinski, Jayne Schweiger. Not pictured: Kayla Ericksen, Teresa Hosterman.



**Wisconsin
Healthcare-Associated
Infections Prevention
Project Update**

Wisconsin hospitals have responded in significant numbers to the invitation to join the Wisconsin Division of Public Health HAI Prevention Project.

Approximately 100 hospitals indicated interest, and currently 80 (61%) Wisconsin hospitals are participating in at least one of the project activities.

All project partners—the Wisconsin Hospital Association, MetaStar, and the Division of Public Health—are pleased with the level of interest and willingness to collaborate.

DPH held statewide “listening sessions” in April-May, where approximately 80 new and existing National Healthcare Safety Network (NHSN) users reviewed the CDC training modules.

Participants asked questions and discussed issues with CDC staff, DPH staff, and their peers.

WHA has begun the second wave of the CUSP (Comprehensive Unit-based Safety Program): STOP BSI project, with immersion calls scheduled in July. The DPH funding has allowed 19 additional hospitals to join the original 22 participants.

MetaStar has enrolled 18 additional hospitals into the existing 15-member MRSA prevention collaborative, and 19 hospitals have signed up for the new SSI collaborative.

On-site visits with each new hospital project team are in progress and will be completed by the middle of June

Although the enrollment period for the prevention collaboratives has ended, hospitals may join NHSN anytime and receive support for training, enrollment and technical assistance from the DPH HAI project team.

Please contact Ashlie Dowdell, DPH HAI Surveillance Coordinator at ashlie.dowdell@wi.gov or 608.266.1122 if you have questions about NHSN or are interested in enrollment.

Project Activity	Number of Hospitals Currently Enrolled	Project Goal
CLABSI Collaborative.....	41	30
MRSA Collaborative.....	33	20
NHSN.....	50	40
SSI Collaborative	19	10



A Legend is Honored: Rita McCormick and Dr. Dennis Maki, two giants in infection control and prevention, appeared on the stage together on the last day of the state APIC conference, which was also Rita's last (official) day of her career. As Dr. Maki honored Rita, fellow infection preventionists rose to their feet to express their love and admiration for one of the most distinguished infection control professionals in the country. Many had tears in their eyes as the reality of Rita's retirement took hold. Rita's career in infection control began 38 years ago, when the profession was in its infancy. She has published many landmark articles on her research, making her a major contributor to the science that shaped and defined the practice of infection control and prevention. Rita is also a well-known and popular international speaker. Wisconsin APIC members are proud to call her their friend and colleague, and wish her a wonderful and well-deserved retirement.

Photo by Gayle Land

—SAVE THE DATE—

FOCUS 2010

*Striving for Excellence
in Challenging Times*

10th Annual Conference for
Healthcare Providers & Division
of Quality Assurance Staff

Thursday, November 18, 2010

Kalahari Convention Center
Wisconsin Dells

Keynote: Karyn Buxman, RN, MSN

FOCUS 2010 Special Session

*The Art and Science of Infection
Prevention and Control*

Wednesday, November 17, 2010

Kalahari Convention Center
Wisconsin Dells

Keynote: Melissa Schaefer, MD-CDC

Topic: Injection Safety

More information and registration
will be available later at [http://
dhs.wisconsin.gov/rl_dsl/Training/
Focus10.htm](http://dhs.wisconsin.gov/rl_dsl/Training/Focus10.htm)

New STD Partner Management Strategy

Governor Jim Doyle signed into law Senate Bill 460 (2009 Wisconsin Act 280) to enable expedited partner therapy (EPT) beginning May 26, 2010. The new legislation allows medical providers to prescribe, dispense, or furnish medication to partners of patients diagnosed with trichomoniasis, gonorrhea, or *Chlamydia trachomatis* infection without a medical evaluation of the partner.

EPT is an alternate strategy for sexually transmitted disease partner management and is recommended by the Centers for Disease Control and Prevention to prevent persistent or re-current infection when other management strategies are impractical or unsuccessful.

Provisions in the new law allow the

prescription to be written in the partner's name (preferred) or with "Expedited Partner Therapy" or "EPT" in place of a name when the patient does not know or is unwilling to give the partner's name. The law also limits liability for medical providers and pharmacists as long as EPT is provided in accordance with the Act.

Written materials are to be developed by the Department of Health Services and must be given to the patient by the medical provider for use by the partner(s) receiving EPT. The information sheet will contain facts about trichomoniasis, gonorrhea and *Chlamydia trachomatis* infection, their treatment and the risk of drug allergies, as well as contact information for questions. The information sheet must

accompany the EPT medication or prescription for the provider to be in compliance with the Act.

A copy of the Act is currently posted and the EPT information sheets and guidance for providers, pharmacists, and local health providers will be available soon at [http://dhs.wisconsin.gov/communicable/
STD/EPT/EPT.htm](http://dhs.wisconsin.gov/communicable/STD/EPT/EPT.htm). Also see <http://www.cdc.gov/std/ept/> for further information regarding EPT.

Act 280 does not change statutory requirements for reporting or follow-up of STDs.

Please contact the STD Control Program at (608) 266-7365 if you have any questions.



The Badger APIC Chapter has produced five Carole DeMille Award recipients. They are: Carla Alvarado, Sandi Pfaff, Jane Kosolcharoen, Rosemary Berg, and Rita McCormick.

Photo by Gayle Land

CDC Releases Updated Influenza Guidance for Healthcare Settings

The Centers for Disease Control and Prevention has placed updated infection prevention guidance for seasonal influenza into the Federal Register for review and comment. This document will replace two former guidance documents—the previous seasonal influenza guidance, and the 2009 Influenza A/H1N1 interim guidance for healthcare settings.

Of greatest interest to healthcare employers and personnel is that the use of N-95 filtering face pieces or PAPRs (powered air-purifying respirators) is no longer recommended when caring for patients with influenza, except during aerosol-generating procedures.

The guidance also emphasizes the importance of influenza vaccination as a primary influenza prevention strategy. CDC strongly recommends the vaccination of all healthcare personnel and patients.

Read the complete document and instructions for submitting comments at <http://www.gpo.gov/fdsys/search/getftoc.action?selectedDate=2010-06-22> (scroll down to the CDC section).

Written comments are due by July 22, 2010.

Meningococcal Disease Vaccine Gets Approval

The U.S. Food and Drug Administration (FDA) in February, 2010, approved a new quadrivalent conjugate vaccine against meningococcal disease.

Menveo[®] or MenACWY-CRM, is manufactured by Novartis Vaccines and Diagnostics and provides protection against *Neisseria meningitidis* serogroups A, C, Y, and W-135, but not serogroup B.

Meningococcal disease is a potentially fatal illness caused by the bacterium *Neisseria meningitidis* and is a leading cause of bacterial meningitis and sepsis.

Currently there are two widely used meningococcal vaccines: the quadrivalent conjugate vaccine Menactra[®] or MCV4, and the quadrivalent polysaccharide vaccine, Menomune[®] or MPSV4, both made by Sanofi Pasteur[®].

These vaccines provide protection from the same serogroups as the new Menveo[®] vaccine.

Safety and immunogenicity data from pre-licensure clinical trials have demon-

strated comparable protection of Menveo[®] to Menactra[®] among adolescents aged 11-18 years and adults 19-55 years of age.

Menveo[®], which is approved as a single dose among persons 11-55 years of age, is an alternate option to Menactra[®], which is licensed for persons 2-55 years of age (persons > 55 years of age should receive Menomune[®]).

Additionally, clinical trial data indicate the Menveo[®] vaccine is safe and immunogenic when given in a 4-dose schedule to infants starting at 2 months of age. Menveo[®] may be licensed for infants in the future.

Centers for Disease Control and Prevention. Licensure of a meningococcal conjugate vaccine (Menveo[®]) and guidance for use – Advisory Committee on Immunization Practices (ACIP), 2010. *MMWR* 2010;59(9):273.

Harrison LH, Mohan N, Kirkpatrick P. Meningococcal group A, C, Y and W-135 conjugate vaccine. *Nature Reviews Drug Discovery* 2010;9(6):429-430.

Job Opportunity

Gundersen Lutheran Medical Center, La Crosse, is seeking candidates for a full-time infection control specialist. Interested individuals are encouraged to apply even if they do not have the specified healthcare experience.

A job description and online application form is available on the center's website: <https://www.healthcaresource.com/>

IC RESOURCES

The AIDS/HIV section of the Bureau of Communicable Diseases and Emergency Response has developed a web page to help clinicians implement the new statutory provisions on HIV testing and consent consistent with 2009 Wisconsin Act 209. Access at <http://dhs.wisconsin.gov/aids-hiv/ClinicianResources/index.htm>

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“Safe Injection Practices: A Video for Healthcare Providers” is a new educational video from the Safe Injection Practices Coalition. Preview at http://www.youtube.com/watch?v=hH_4IW4xPeU

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Herigon JC, Hersh AL, Gerber JS, et al. Antibiotic management of *Staphylococcus aureus* infections in US children’s hospitals, 1999-2008. *Pediatrics* 2010 May 17 early online edition. Access at <http://pediatrics.aappublications.org/cgi/content/abstract/125/6/e1294>

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Peleg AY, Hooper, DC. Hospital-acquired infections due to Gram-negative bacteria. *NEJM* 2010; 362:1804-1813.

Fundamentals of Healthcare Epidemiology: Essentials for Preventing Healthcare-Associated Infections is an online curriculum of education adapted from the SHEA/CDC Training Course in Healthcare Epidemiology. The course is available at <https://www.extendmed.com/programs/index.php> (scroll down to last quarter of the page) until April 30, 2011. SHEA members \$149.00; non-members \$199.00

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Best EL, Fawley WN, Parnell P, Wilcox, MH. The potential for airborne dispersal of *Clostridium difficile* from symptomatic patients. *CID* 2010; 50: 1450-1457. Available at <http://www.journals.uchicago.edu/doi/abs/10.1086/652648>

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“New Frontiers in Implementation and Measurement of Hand Hygiene Practices” is an archived video from the CDC Clinician Outreach and Communication Activity (COCA). Presenters are Katherine Ellingson, PhD, CDC Division of Healthcare Quality Promotion and Christopher Hlady, PhD candidate, University of Iowa. Access the May 4 recording at http://emergency.cdc.gov/coca/confcall_archive.asp

A sample algorithm from CDC is available for laboratories to follow when detecting vancomycin-resistant *S. aureus*. Access at http://www.cdc.gov/ncidod/dhqp/ar_visavrsa_algo.html. Also available are frequently asked questions on laboratory testing for VRSA at http://www.cdc.gov/ncidod/dhqp/ar_visavrsa_labFAQ.html.

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Interim Results: State-Specific Seasonal Influenza Vaccination Coverage, United States, August 2009-January, 2010. *MMWR* April 30, 2010/59 (16); 477-484.

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Licensure of a High-Dose Inactivated Influenza Vaccine for Persons Aged ≥ 65 Years (Fluzone High-Dose) and Guidance for Use. *MMWR* April 30, 2010/59 (16); 485-486.

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Chassin MR, Loeb JM, Schmaltz, SP, Wachter, RM. Accountability measures—using measurement to promote quality improvement. *NEJM* June 23, 2010 online at <http://healthcarereform.nejm.org/?p=3580&query=TOC>



Jean Druckenmiller, who was instrumental in the birth of the state APIC conferences and who is the only member who has served on all planning committees since the beginning, was honored for her service at the 2010 conference.



Kayla Ericksen, right, a member of the conference planning committee, takes time out from her duties to visit with Char Crabb.
Photo by Gayle Land