

Although not generally considered a serious disease, this outbreak demonstrates the far-reaching effects of scabies among a high-risk patient population and the HCWs treating them. We found that HCWs with extensive contact with AIDS patients were at highest risk of developing disease. Transmission among the patients and HCWs was extensive, and the current CDC isolation recommendations were inadequate for hospitalized, extensively infested patients. The effect of the outbreak on staff morale far outweighed its financial impact. Prompt communication by management is essential in minimizing this effect. Based on this outbreak, we feel that links between acute- and non-acute-care hospitals, the clinics they serve, and the local health authorities are critical and must be revitalized. Communication among these groups will facilitate the prevention and control of endemic problems that, given the correct circumstances, can become epidemic.

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Prevention of CVC Infection: Iodine Versus Chlorhexidine

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Humar and coinvestigators from Ontario, Canada, conducted a multicenter prospective, randomized, controlled trial, with 0.5% tincture of chlorhexidine versus 10% povidone-iodine as cutaneous antiseptics for central venous catheter (CVC) insertion. Of 374 patients in ICUs, 242 had a CVC inserted for >3 days and were used for the primary analysis. Outcomes included catheter-related bacteremia, significant catheter colonization (≥ 15 colony-forming units [CFU]), exit-site infection, serial quantitative exit-site culture (every 72 hours), and molecular subtyping of all isolates. Patients in both study groups were

comparable with respect to age, gender, underlying disease, length of hospitalization, reason for line insertion, and baseline Acute Physiological and Chronic Health Evaluation II score.

Documented catheter-related bacteremia rates were 4.6 cases per 1,000 catheter-days in the chlorhexidine group ($n=125$) and 4.1 cases per 1,000 catheter-days in the povidone-iodine group ($n=117$; not significant [NS]). Significant catheter-tip colonization occurred in 24 (27%) of 88 patients in the povidone-iodine group and in 31 (34%) of 92 patients in the chlorhexidine group (NS). A mean exit-site colony count of 5.9×10^5 CFU/mL per 25 cm² of the surface area of skin in the povidone-iodine group versus 3.1×10^5 CFU/mL per 25 cm² in the chlorhexidine group

(NS) was found. There was a trend toward fewer exit-site infections in the chlorhexidine group (0 of 25 patients) versus those in the povidone-iodine group (4 of 117 patients; $P=.053$). Results of an intention-to-treat analysis were unchanged from the primary analysis. No difference was demonstrable between 0.5% tincture of chlorhexidine and 10% povidone-iodine when used for cutaneous antiseptics for CVC insertion in patients in the ICU.

FROM: Humar A, Ostromecki A, Dierenfeld J, Marshall JC, Lazar N, Houston PC, et al. Prospective randomized trial of 10% povidone-iodine versus 0.5% tincture of chlorhexidine as cutaneous antiseptics for prevention of central venous catheter infection. *Clin Infect Dis* 2000;31:1001-1007.