

**INFECTION
CONTROL**[®]

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Volume 4/Number 2

Editorial

**Precautions for Patients Hospitalized with
Acquired Immunodeficiency Syndrome**

Thomas C. Quinn, M.D.

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**A Prospective Study of Infectious Diseases
Following Bone Marrow Transplantation:
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as the Major Cause of Mortality**

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Eve Cohen, M.D., Guy S. Perry III, B.A., Anne I.
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**The Source of Biliary Infections Associated
with T-Tube Drainage**

William A. Agger, M.D., James E. Glasser, M.D.,
William C. Boyd, M.D., and Neil Melby, M.D.

**Endemic Resistance to Amikacin Among
Hospital Isolates of Gram-Negative Bacilli:
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Gary P. Wormser, M.D., Joseph Tatz, M.A., and
Joseph Donath, M.D.

**Injuries of Hospital Employees from Needles
and Sharp Objects**

Julie T. Jacobson, M.T. (A.S.C.P), John P. Burke, M.D.,
and Marlyn T. Conti, R.N.

**Special Report: Economic Incentives in
Nosocomial Infection Control**

Bernard Friedman, Ph.D.

**Topics in Clinical Microbiology:
Nosocomial Legionnaires' Disease and Other
Nosocomial Legionella Pneumonias**

Richard I. Myerowitz, M.D.

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The threat of nosocomial infection

Between 4% and 8% of all hospitalized patients develop an infection at some time during their stay,¹ and such infections usually add to the length and cost of hospitalization.

Protecting patients and staff from nosocomial infection is becoming more difficult due to changing patterns of bacterial infection and the emergence of resistant bacteria, most notably methicillin-resistant *Staphylococcus aureus*.^{2,3}

The key to management

Pathogenic bacteria are easily transmitted by the hands of physicians, nurses, technicians, and other hospital personnel.⁴

Both the Center for Disease Control and the American Hospital Association consider handwashing the single most important procedure in preventing nosocomial infection and recommend handwashing after every patient contact.⁴ An increase in nosocomial infection that is transmitted by serial direct contact indicates suboptimal handwashing practices and antiseptic technique.⁵



A program for prevention

Because proper hand-washing techniques are so important in the prevention of nosocomial infection, Winthrop has developed a comprehensive program of educational materials for every member of the hospital staff. The in-service program includes two films on handwashing, a slide/tape presentation, hand-washing instruction wall charts, and dispenser maintenance instructions.

If you would like more information, please write to Professional Services Department, Winthrop Laboratories,

90 Park Avenue, New York, NY 10016,
or contact your Winthrop representative.

References: 1. Infection control for the obstetric patient and the newborn infant. *NAACOG Tech Bull* 1981; March. 2. Kraybill EN: Needs of the term infant, in Avery GB (ed): *Neonatology*, ed 2. Philadelphia, Lippincott, 1981, p 226. 3. Haley RW, Hightower AV, Khabbaz RF, et al: The emergence of methicillin-resistant *Staphylococcus aureus* infections in United States hospitals: Possible role of the house staff-patient transfer circuit. *Ann Intern Med* 1982; 97:297-308. 4. Albert RK, Condie F: Hand-washing patterns in medical intensive-care units. *N Engl J Med* 1981; 24:1465-1466. 5. Wenzel RP: The emergence of methicillin-resistant *Staphylococcus aureus*. *Ann Intern Med* 1982; 97:440-442.

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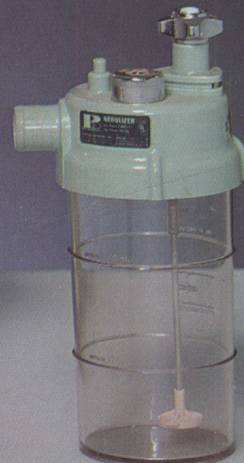
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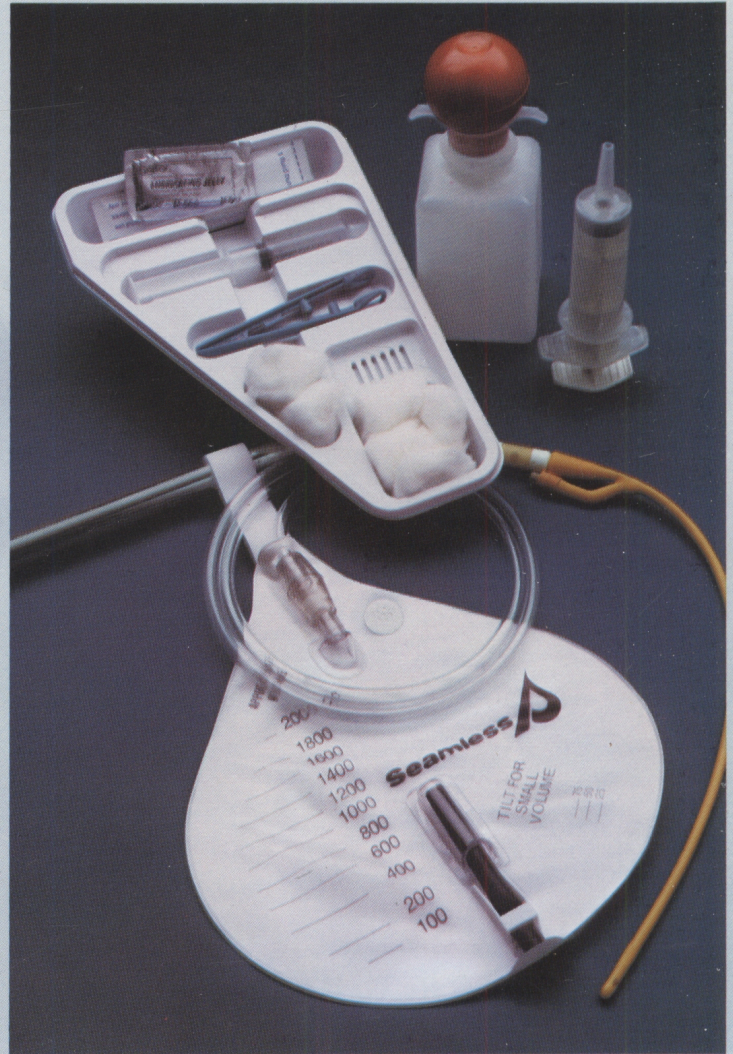
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*Journal of Dental Research, Vol. 60, March 1981
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Infection Control, 1(2): 90-93, 1980



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October 1982 Volume 27, Number 10

Abstracts

An Efficacy Evaluation of a Synergized Glutaraldehyde-Phenate Solution in Disinfecting Respiratory Therapy Equipment Contaminated during Patient Use—TR Townsend, SB Wee, B Koblin (Baltimore MD). Infect Control 1982;3: 240-244.

Reusable, corrugated, expiratory limb ventilator tubings that had been in use for 24 hours were randomly allocated to one of three groups: no treatment (N=36); detergent wash (N=83); or a detergent wash followed by a 10-minute immersion in a 1:16 dilution of synergized glutaraldehyde-phenate solution which was reused for 30 days. (Between 10 and 22 tubes were tested in each 5-day interval during this 30-day period.) Tubes were quantitatively and qualitatively cultured.

There were significant differences in both the per cent of contaminated tubes (no treatment=92%, detergent wash=72%, glutaraldehyde-phenate=0 to 20%) and numbers of micro-organisms per tube (no treatment = 3.2×10^6 , detergent wash = 1.3×10^4 , glutaraldehyde-phenate=0 to 182) between groups. There was no apparent decrease in glutaraldehyde-phenate's efficacy throughout the 30-day reuse period, and in the final five days of the reuse period it was completely effective.



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