

CSIC Network News

Central South Infection Control Network • NETWORK NEWS

Volume 3, Issue 2 - March / April 2007

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Clostridium difficile - The Epidemic Strain called 'NAPI', 'ribotype 027', or 'BI'

Clostridium difficile is the most common cause of diarrhea in healthcare. A new epidemic strain of *C. difficile* has emerged that causes more frequent and more serious disease such as, toxic megacolon, pseudomembranes, leukemoid reactions, hyperalbuminemia, requirement for colectomy, sepsis and death.

The strain has several names according to the biological property tested: NAPI by pulsed-field gel electrophoresis, BI on restriction-endonuclease analysis, toxin-type III and ribotype 027 on polymerase chain reaction.

Methods to detect the strain of *C. difficile* are not standard in most laboratories. Infection prevention and control activities

are critical to preventing the spread of *C. difficile* as is control of antibiotic use. Risk factors for Clostridium difficile Associated Diarrhea (CDAD) are use of antibiotics (especially broad-spectrum cephalosporin and fluoroquinolones), advanced age, hospitalization, and gastrointestinal surgery and gastrointestinal procedures.

The Provincial Infectious Diseases Advisory Committee (PIDAC) Clostridium difficile best practice document is available at:

http://www.health.gov.on.ca/english/providers/program/infectious/diseases/best_prac/bp_cdif_050106.pdf

PIDAC Releases Best Practices for Management of MRSA & VRE

The much anticipated Provincial Infectious Diseases Advisory Committee (PIDAC) document called "Best Practices for Infection Prevention and Control of Resistant Staphylococcus aureus and Enterococci" has just been released.

This document addresses prevention and control of antibiotic resistant Staphylococcus aureus and Enterococci across the healthcare continuum including acute care, long-term care, mental health and home health care.

This document provides infection prevention and control practices to:

- Decrease acquisition and transmission of MRSA and VRE to patients/residents/clients, visitors and health-care providers
- Assist staff in managing patients/residents clients colonized or infected with MRSA and VRE within healthcare settings and as they move from one healthcare setting to another, and

- Assist the healthcare system in assessing and containing new antibiotic resistant organisms.

To obtain a copy from the website go to: http://www.health.gov.on.ca/english/providers/program/infectious/diseases/ic_staff.html or contact the CSICN office for a hardcopy.

The Videoconference on the ARO Best Practice document took place on Tuesday, April 10, 2007 at the following sites: Brantford General Hospital, McMaster University Medical Centre, St. Joseph's Healthcare in Hamilton and Greater Niagara General Hospital. See our "Got a Bug" section for FAQs generated during the videoconference.

Focus group meetings will be held to discuss this document and its implications for your practice setting. The first of these sessions will be held at the CHICA-HANDIC meeting. If you are interested in participating please contact Oksana Zaporzan at zaporzan@hhsc.ca

Open House!

The CSICN office has a new home! Come visit us at our new location in St. Joseph's Villa 56 Governor's Road on Wednesday, June 6th from 1:30 p.m. to 6:00 p.m. Please RSVP by May 30 to Oksana Zaporzan at 905 627-6475 or zaporzan@hhsc.ca



Got a Bug?

This month's column features FAQs generated from review of the PIDAC Best Practices for Infection Prevention & Control of Resistant Staphylococcus and Enterococci document.

Q. What is the MRSA benchmark for 1000 days?

A. Canadian Nosocomial Infection Surveillance Program (CNISP)

Average:

- MRSA: 0.7 /1000 patient days
- VRE: 0.15 / 1000 patient days
- There is no provincial benchmark rate. Facilities are not using the same methods and definitions for collecting data so rates are not comparable.
- Surveillance should be done for MRSA and VRE; rates can be compared for the facility over time and between clinical areas within the facility.

Q. Is there evidence to support MRSA decolonization or is the decision to decolonize done on a case by case basis?

A. Routine decolonization is not recommended and considered on a case-by-case basis. Factors to consider are:

1. Presence of indwelling devices
2. Presence of wounds/skin lesions
3. Presence of multiple co-morbidities
4. Mupirocin susceptibility of the MRSA isolate
5. Patient linked to on-going

Not receiving our newsletter directly? Would you like to be on our distribution list?

Drop us a line and we will be sure to include you!



What is the IPCCCE Project (Core Competencies)

IPCCCE is an acronym that will become familiar to many of us over the course of 2007. It stands for **Infection Prevention and Control Core Competency Education** Project. At the end of January, CHICA-Ontario members and Regional Infection Control members should have received a letter from the MOHLTC with an accompanying IPCCCE Newsletter. Those documents contain a detailed explanation of the background, guiding principles, program description and estimated project timelines.

The overall goal of the IPCCCE is to assist in improving the knowledge and practices of infection prevention and control for all healthcare providers in Ontario using standardized education modules that will be provided to all healthcare settings.

To date, three modules have been completed – The Chain of Transmission, Hand Hygiene, and Routine Practices. These particular modules have been created to meet the needs of professional learners in the acute care environment. Modules for other practice settings including long-term care, public health and non-acute care are on the way to be completed as scheduled.

The IPCCCE project was reviewed by videoconference on March 20. The CSICN held two train-the-trainer sessions on March 15. The next train-the-trainer session will be held on April 26 and May 15 at Joseph Brant Memorial Hospital. Networks will be key players in the training for IPCCCE and will provide support for certain issues that may be encountered as the modules are implemented as well as liaising with the MOHLTC with your feedback. For more information or to register for the training sessions, please send us an email or give the office a call.

Every job is a self-portrait of the person who does it.
Autograph your work will excellence.

- Author unknown -



*Best Wishes to
Patricia
Syms Sutherland*



Patricia Syms Sutherland has left the Ministry of Health and Long Term Care as Provincial Coordinator of the Regional Infection Control Networks as of March. Patricia has accepted a position at McMaster University Medical Centre in the Department of Family Medicine. We wish Patricia all the best and look forward to working with her in her new role!

Culturing the Environment

We are frequently asked for recommendations on environmental cultures as a means to prove or verify that cleaning standards meet an acceptable level. With the rise of VRE in the region the question has been asked whether swabs should be taken from rooms after discharge of a patient with VRE, before another patient is admitted. This approach is discouraged for a number of reasons not the least of which is that negative results can undermine efforts to improve practices where they do not appear to meet the standard. The results of environmental culturing have seldom been useful in directing infection prevention and control programs (CCDR, 1998).

According to both Canadian (CCDR, 1998) and American (HICPAC, 2003) guidelines routine environmental culturing of inanimate objects, was a widely practiced infection control surveillance activity before 1970. By 1970, the CDC and American Hospital Association recommended discontinuing routine environmental cultures. Nosocomial infection rates have seldom been associated with documented colony counts on cultures of air or environmental surfaces where *reasonable hygiene exists*.

Microbiologic sampling of air, water and inanimate objects is an *expensive and time consuming* process that is complicated by many variables. Any sampling that is carried out

must be done with a monitoring process in place that includes a) a written, defined protocol for sample collection and culturing b) analysis and interpretation of results using scientific expected baseline values c) expected actions based on the results. Sampling is therefore indicated for only four situations.

1. To support an Outbreak investigation when environmental reservoirs are linked to transmission
2. For research using well designed and controlled experimental methods
3. To monitor potentially hazardous environmental conditions, confirm the presence of a hazardous chemical or biological agent, and validate the abatement of the hazard.
 1. For quality assurance, to evaluate the effects of a change in infection control practice or to ensure that equipment or systems perform according to specifications and expected outcomes e.g. biological monitoring of sterilizers, culturing of water used in hemodialysis.

The guidelines can be accessed from the following links:
 CCDR (1998) Hand washing, Cleaning Disinfection and Sterilization in Health care
<http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/98pdf/cdr24s8e.pdf>

HIPAC (2003) Guidelines for Environmental Infection Control in Health Care Facilities
<http://0-www.cdc.gov.mill1.sjlibrary.org/>

Certification in Infection (CIC) Control Discount for Attendees of CHICA-Canada Conference



The Certification Board of Infection Control & Epidemiology (CBIC) is offering attendees of the 20047 CHICA Canada Annual Conference who have never been certified a discounted examination rate!

The completed application forms must be submitted to CBIC within 60 days of the end of the conference - or before August 14, 2007. Applicants must be eligible at the time of applications and meeting all of the qualifications for entrance. The fee must be submitted in US dollars and the discounted examination fee is \$155 USF.

Applicants must provide documentation of registration and attendance at the conference such as a certificate of attendance or receipt for registration fees including the applicant's name.

For information on qualifications and test sites, see www.cbic.org



Outbreak Article of Interest: MUMPS in Nova Scotia

Overview: A total of 32 laboratory confirmed cases of mumps have been reported to Public Health Services (PHS) as of [Thu 5 Apr 2007]. Cases have been confirmed from throat swabs and urine specimens of persons meeting the clinical case definition using RT-PCR [ref 1].

Outbreak Description: The 1st case was reported to PHS on [25 Feb 2007]. By [28 Feb 2007] 5 additional cases had been identified. Epidemiologic investigation of that initial cluster revealed that the majority of cases (4/6) occurred in local university students. These students all attended the same event at a local establishment on [11 Feb 2007], as did a known mumps case from outside of Nova Scotia. This imported case appears to have been the source of infection for those 4 students, and the index case for the wider outbreak. Subsequent cases have occurred mostly in university students. Epidemiologic links to confirmed cases have been evident in nearly all subsequent cases thus far.

Preliminary analysis of the 25 cases analyzed so far reveals that the average age of the cases is 24.3 years old (mean 20.8; range 6-50). 64 percent of cases (16/25) have been male. Five cases have had no history of mumps in childhood or MMR vaccine; 15 cases report having had one MMR, and 2 cases have been confirmed as having had 2 doses of MMR vaccine. Vaccine status for the remaining 3 cases is unknown. 20 of the cases have occurred in university students. No unusual presentations of mumps or complications of mumps have occurred in cases presenting to this point.

Outbreak control measures have included:

- Aggressive contact tracing for each lab-confirmed case, including household and intimate contacts as well as casual contacts through workplace, recreational, social, and school settings.
- Isolation of cases for 9 days post symptom onset (as opposed to the 5 days used by some authorities)

- Identification of susceptible contacts via serology; this has resulted in 2 non-immune persons quarantined for 25 days to prevent possible transmission of disease to high-risk groups.

Vaccine has not been used for outbreak control at this time.

1. World Health Organization. Recommended Case Definition for Mumps. "Acute onset of unilateral or bilateral tender, self-limited swelling of the parotid or other salivary gland, lasting two or more days and without other apparent cause." Available at: <http://www.who.int/immunization_monitoring/diseases/mumps_surveillance/en/index.html>.

Article provided by PRO-Med. MUMPS - CANADA (NOVA SCOTIA) (03) Date: 7 Apr 2007 Gaynor Watson-Creed <Gaynor.Watson-Creed@capitalhealth.ca> Capital District Health Authority, Halifax, Nova Scotia-MUMPS

Website of the Month

CHICA-Canada - www.chica.org

The Community and Hospital Infection Control Association of Canada (CHICA-Canada) is a multidisciplinary, professional organization for those engaged in the prevention and control of infections in Canada. Members include infection control professionals from nursing, medicine, microbiology, medical technology, public health and epidemiology. CHICA-Canada is the recognized voice of infection prevention and control professionals in Canada, and represents members by engaging in partnerships with many organizations, such as the Canadian Council of Health Services Accreditation (CCHSA), the Canadian Patient Safety Institute, the National Advisory Committee on Immunization (NACI) and the Public Health Agency of Canada (PHAC).

The [CHICA-Canada website](http://www.chica.org) offers members and the general public a wide array of information specific to the practice of infection prevention and control. The following are some of the opportunities available on the CHICA-Canada website, including website links:

- Up to date news items relating to infection prevention and control [<http://www.chica.org>]
- Listing of important Canadian alerts and recalls [http://www.chica.org/news_alerts.html]
- Calendar of Canadian infection control conferences and seminars [http://www.chica.org/educ_calendar_nat.html]
- Calendar of international infection control conferences and seminars [<http://www.chica.org/ific/ific.html>]
- Infection control education provided in Canada, including online courses [http://www.chica.org/educ_education.html]
- Postings of infection control jobs in Canada [http://www.chica.org/opps_employ.html]
- Research grants available for research relating to infection control in Canada [http://www.chica.org/opps_research_grants.html]
- Participation in focused interest groups [http://www.chica.org/inside_interest_groups.html]
- Position statements and briefs from CHICA-Canada on a range of topics [http://www.chica.org/links_position.html]
- Information about the annual CHICA-Canada Educational Conference [http://www.chica.org/conf_registration.html]

Links and links and links! A wide array of links to other sites dealing with topics such as [construction and renovation](#), [emerging infections](#), [hand hygiene](#), [disaster-related infections](#), [bioterrorism](#) and more!

Members of CHICA-Canada also have access to a password-protected secure area of the website which offers a number of benefits to members. Some of these include:

- Websites for subcommittees and interest groups for information sharing, posting of documents and links to sites of interest to the group
- Fact sheets available from CHICA-Canada and other organizations
- Links to websites that offer free teaching aids (e.g. posters, games, booklets, etc.)
- CHICA-Canada posters from past years available for downloading to enhance your events
- Online access to the Canadian Journal of Infection Control (CJIC), CHICA-Canada's scientific publication.

Access to CHICA Connections, the association's discussion board, where members may chat with others and ask questions, pose answers and discuss controversial items related to infection prevention and control. Please visit the CHICA-Canada website today!





2007 Webber Training Teleclasses

April 25 (South Pacific teleclass)
MAKING INFECTION CONTROL
REALLY WORK - MANAGING THE HU-
MAN FACTOR

April 26
ENVIRONMENTAL SURVEILLANCE
STRATEGIES FOR INFECTION
CONTROL

May 8 (British Telecast)
PANTON-VALENTINE
LEUCOCIDIN PRODUCING STAPHYLO-
COCCUS AUREUS

May 10
INFECTION CONTROL IN THE DIALYSIS
CLINIC

May 17
ETHICS OF CARE DURING A PANDEMIC
CRISIS

May 24
IMPORTANCE OF
VACCINATION AMONG
DIALYSIS PATIENTS

May 31
EVALUATION AND MANAGEMENT OF
INFECTIOUS DISEASE OUTBREAKS IN
NURSING HOMES



Did you know that Webber Teleclasses
are available to Long Term Care Homes,
Retirement Homes and Community Care
Agencies. Contact the CSICN office for
details on how your agency can
participate in these teleconferences.

Ph: (905) 627-6475,
Toll-free: 1-866-681-4916
E-mail: zaporzan@hhsc.ca

Upcoming Events

May 9, 2007
**Infection Prevention & Control
Conference**
Presented by the OHA & Infection
Control Ontario
Fairmont Royal York Hotel
100 Front Street West, Toronto
For more information go to
www.oha.com/conferences

May 30, 2007
CIC Study Day - Videoconference
Sponsored by CSICN, HMCN, and
WWICN Regional Infection Control
Networks
Norfolk District Business Development
Centre (NDBDC)
4077 Hwy # 3 East, Simcoe, ON
For more information contact
Oksana Zaporzan at the CSICN Office.

June 4, 2007
Medical Devices: Current Issues
Presented by the OHA
Fairmont Royal York Hotel
100 Front Street West, Toronto

For more information go to
www.oha.com/conferences

May 18, 2007
**Biofilms in Medicine & the
Environment**
8:15 a.m. to 4:30 p.m.
Guindon Hall, 451 Smyth Road, Ottawa
For more information go to [http://
intermed.med.uottawa.ca/Events/Biome/
eng/symposium.html](http://intermed.med.uottawa.ca/Events/Biome/eng/symposium.html)

May 31, 2007
**CHICA-HANDIC /
RICN
Infection Control
Annual
Education Day**
Liuna Station
360 James Street North, Hamilton

For more information or to register, see the
flyer on page 6!



June 9 - 14
CHICA National Conference
Shaw Conference Centre
Edmonton, Alberta

For more information go to
[http://www.chica.org/
conf_registration.html](http://www.chica.org/conf_registration.html)



Career Opportunities

Manager / Practitioner - Infection Prevention & Control Services
Regular Full-time

To pursue this opportunity, please apply, in writing to:

Human Resources
Joseph Brant Memorial Hospital
1230 North Shore Blvd.
Burlington, ON L7S 1W7

Or through the posting at www.workopolis.com

NEW CSICN Contact Info

Anne Bialachowski, Network Coordinator
bialach@hhsc.ca

Dr. Maureen Cividino, Medical Coordinator
mcividino@stjosham.on.ca

Joanne Laalo, Infection Control Consultant
laalo@hhsc.ca

Oksana Zaporzan, Administrative Assistant
zaporzan@hhsc.ca

St. Joseph's Villa
Lower Level, North Tower
Dundas, ON L9H 5G7
Phone: 905 627-6475
Toll-free 1-866-681-4916
Fax: 905 627-6474

Presented by: CHICA HANDIC & the Regional Infection Control Networks

GET IN THE GAME!

*Join the Infection Prevention and Control Team
"Practice and Participate"*

INFECTION CONTROL ANNUAL EDUCATION DAY

For Health Care Providers in Acute Care, Long Term Care, Public Health & Community

Thursday, May 31st, 2007

8:00 AM - 3:30 PM

\$ 75.00

Includes Refreshments, Lunch & Door Prizes

Liuna Station

360 James Street North, Hamilton

Directions at: www.liunaevents.com/

Free Parking out front and across the street

Morning Session

- 08:00 Registration, Continental Breakfast & Exhibits
08:30 Welcome: Ruth Schertzberg, CHICA HANDIC
Anne Bialachowski, Coordinator CSICN
08:35 Keynote Speaker: "All Work and No Play, There's
Definitely a Better Way"
Rosita Hall
09:30 "Gastroenteritis - A Fly Ball You Don't Want to Catch"
Jim Gauthier
10:15 Break
10:45 "Put on Your Gear and Have No Fear" - Staff Safety
Dr. Leon Genesove
11:30 "Bringing a mascot to the game" - Pet Visiting
Dr. Sandy Lefebvre

Afternoon Session

- 12:00 Lunch
13:00 "When We All Play, We All Win" - Antibiotic Resistant
Organisms Best Practice - Anne Bialachowski
13:30 "When the Game is Rained Out" - Healthcare Facility
Design - Barb Shea
14:15 Break
14:30 "Fly balls, blow flies and other holiday stowaways"
Dr. Martha Fulford
15:15 Closing Remarks
Barb Shea, President elect, CHICA HANDIC

REGISTRATION FORM

Prizes of 3 Free Registrations to be awarded from Early Bird Registrations received by: May 10, 2007

Registration deadline May 24, 2007 **NO** Registration at the door

Please provide e-mail address. Registration confirmation will be sent by e-mail

Last Name: _____ First Name: _____ Position: _____

Facility: _____ Address: _____

City: _____ Province: _____ Postal Code: _____

Phone: _____ E-Mail: _____

Institution Type: Acute Care: ___ Long Term Care: ___ Community: ___ Public Health: ___ Other: _____

Menu Allergies: Please list if applicable _____

Registration Deadline: May 24th, 2007. - Please make cheque payable to "HANDIC" - Send registration with \$75 payment to: Susan Lessard, Infection Control, St. Joseph's Healthcare, 50 Charlton Ave, Hamilton, ON L8N 4A6
Inquiries only- to Susan Lessard- 905-522-1155 Ext. 3385 E-mail: slessard@stjosham.on.ca