

INFECTION CONTROL



EDITORIAL

Methicillin-Susceptible "Methicillin-Resistant *Staphylococcus aureus*": A Sheep in Wolves' Clothing

James E. Peacock, Jr., MD

ORIGINAL ARTICLES

Methicillin-Resistant *Staphylococcus aureus* How Reliable is Laboratory Reporting?

David W. Fleming, MD; Steven D. Helgerson, MD, MPH;
Barbara L. Mallery, MSPH; Laurence R. Foster, MD, MPH;
Mary C. White

All-Inclusive Concurrent Antibiotic Usage Review: A Way to Reduce Misuse Without Formal Controls

Herbert S. Heineman, MD; Valerie S. Watt, BSN, CIC

Nosocomial Outbreak of Hand-Foot-and-Mouth Disease Among Operating Suite Personnel

Jeffrey M. Johnston, MD; John P. Burke, MD

An Outbreak of Group A Streptococcal Bacteremia in an Intensive Care Unit

L.E. Nicolle, MD; K. Hume; H. Sims; T. Rosenal; D. Sandham

SPECIAL SECTIONS

Topics in Clinical Microbiology: Microbial Adherence and Infection—Clinical Relevance

Marlene Fishman, MPH

Product Commentary: Waterless Agents for Decontaminating the Hands

Charles W. Stratton, MD

Cost Containment in Infection Control: Cost-Effective Use of the Throat Culture in Acute Pharyngitis

David Tiersten, MD

CDC Guideline for Prevention of Surgical Wound Infections, 1985

Revised by Julie S. Garner, RN, MN



WHAT'S THE BEST HANDWASH/SCRUB? HANDS UP OR HANDS DOWN IT'S

HIBICLENS[®]

(CHLORHEXIDINE GLUCONATE)

It is well established that handwashing is the most important single procedure in preventing transmission of hospital-acquired infections. HIBICLENS, the only proven antiseptic/antimicrobial, is the best agent available for both personnel handwashing and surgical scrubbing. HIBICLENS

provides the most immediate and prolonged protection against infection, with the best bactericidal "kill rate." And to encourage skin cleansing among hospital personnel, HIBICLENS offers cosmetic acceptability coupled with an excellent safety profile. Gentle to the skin, HIBICLENS is virtually

nonirritating and nonsensitizing, with a low potential for toxicity.

Available as both a liquid and impregnated in a disposable Sponge/Brush, HIBICLENS remains the single most effective antiseptic/antimicrobial skin cleanser for use throughout the hospital.

THE BEST ANTISEPTIC/ANTIMICROBIAL SKIN CLEANSER



INFECTION CONTROL

Table of Contents

Editorial

- Methicillin-Susceptible "Methicillin-Resistant *Staphylococcus aureus*": A Sheep in Wolves' Clothing** 161
James E. Peacock, Jr., MD

Original Articles

- Methicillin-Resistant *Staphylococcus aureus* How Reliable is Laboratory Reporting?** 164
David W. Fleming, MD; Steven D. Helgerson, MD, MPH;
Barbara L. Mallery, MSPH; Laurence R. Foster, MD, MPH;
Mary C. White

- All-Inclusive Concurrent Antibiotic Usage Review: A Way to Reduce Misuse Without Formal Controls** 168
Herbert S. Heineman, MD; Valerie S. Watt, BSN, CIC

- Nosocomial Outbreak of Hand-Foot-and-Mouth Disease Among Operating Suite Personnel** 172
Jeffrey M. Johnston, MD; John P. Burke, MD

- An Outbreak of Group A Streptococcal Bacteremia in an Intensive Care Unit** 177
L.E. Nicolle, MD; K. Hume; H. Sims; T. Rosenal; D. Sandham

Special Sections

- Topics in Clinical Microbiology: Microbial Adherence and Infection—Clinical Relevance** 181
Marlene Fishman, MPH

- Product Commentary: Waterless Agents for Decontaminating the Hands** 186
Charles W. Stratton, MD

- Cost Containment in Infection Control: Cost-Effective Use of the Throat Culture in Acute Pharyngitis** 188
David Tiersten, MD

- CDC Guideline for Prevention of Surgical Wound Infections, 1985** 193
Revised by Julia S. Garner, RN, MN

Departments

- Classified Marketplace** 191

The ideas and opinions expressed by contributing authors do not necessarily reflect those of the editors or publisher.

Publisher: Infection Control (ISSN-0195-9417) is published monthly by SLACK Incorporated, 6900 Grove Road, Thorofare, New Jersey 08086. Telephone: (609) 848-1000

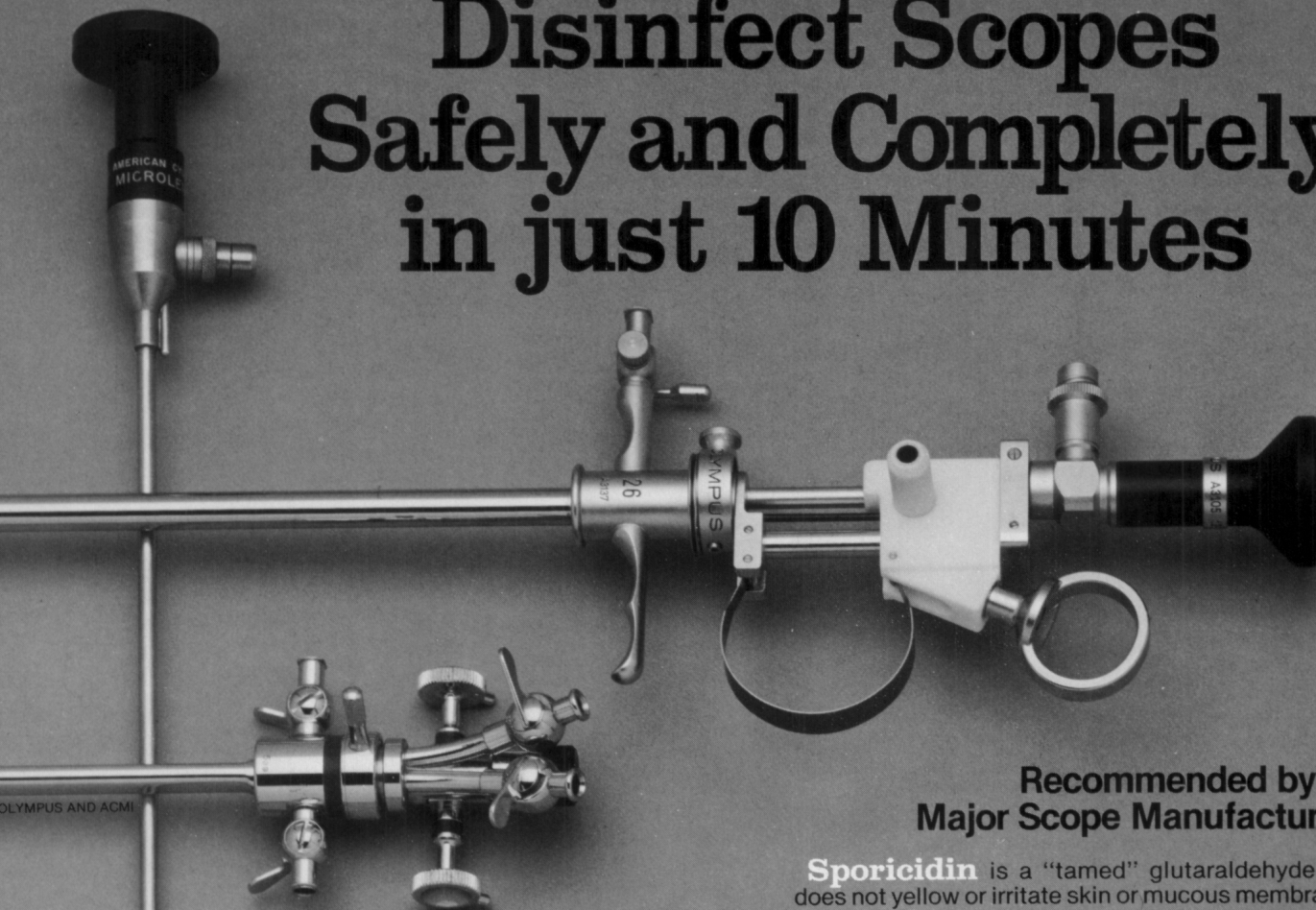
Copyright 1986: All rights reserved. No part of this publication may be reproduced without written permission from the publisher.

Subscriptions. Requests should be addressed to the publisher (except Japan). In Japan, contact Woodbell Scope Incorporated, Mansui Bldg., 9-18, Kanda Surugadai 2-chome, Chiyoda-ku, Tokyo 101, Japan. Subscription rates in the US and possessions: Individual: One year—\$35.00; Two years—\$60.00; Three years—\$75.00. Institutional: One year—\$50.00; Two years—\$75.00; Three years—\$90.00; all other countries: \$15.00 additional each year. Single copies of current issues may be obtained for \$5.00, United States and possessions; \$8.00 all other countries.

Change of address: Notice should be sent to the publisher six weeks in advance of effective date. Include old and new addresses with zip codes. The publisher cannot accept responsibility for undelivered copies. Second-class postage is paid at Thorofare, New Jersey 08086. **Postmaster:** Send address changes to SLACK Incorporated, 6900 Grove Road, Thorofare, NJ 08086.

As of Volume 1, Number 1, INFECTION CONTROL is listed in *Index Medicus*, *Current Contents—Clinical Practice*, *Hospital Literature Index*, and *Cumulative Index to Nursing and Allied Health Literature*.

Disinfect Scopes Safely and Completely in just 10 Minutes



OLYMPUS AND ACMI

**In controlled studies,
Sporicidin (1:16) inactivated
the Hepatitis B* and AIDS
viruses in 10 minutes**



Sporicidin[®]
COLD STERILIZING SOLUTION
An exclusive glutaraldehyde formula

*Journal of Clinical Microbiology, Vol. 18, No. 3, P. 535. To determine whether the HBV could be inactivated by intermediate to high-level disinfectants, five chimpanzees were each challenged with an inoculum treated with a different germicidal chemical. Researchers observed that the small amount of direct data, although not conclusive, will have to suffice until a laboratory culture method is developed.

Recommended by All Major Scope Manufacturers

Sporicidin is a "tamed" glutaraldehyde that does not yellow or irritate skin or mucous membranes.

Sporicidin is safe for delicate instruments and it will not cloud lenses or clog air/water channels.

Sporicidin (1:16) is tuberculocidal, bactericidal, fungicidal & virucidal (including Herpes I & II, Influenza A₂ and Polio I).

Proof Comes from 15 Years of Research and Clinical Use

"In 5000 procedures the cystoscopes were used directly from the Sporidicin soak; there were no known incidents of iatrogenic infection or post-operative irritation. Sporidicin is safe and effective in 10 minutes."

Urology, Vol. 23, No. 2, 1984

"After 3 years and 4001 procedures (laparoscopy, cystoscopy and colonoscopy), we observed
(1) no post-operative tissue irritation or infection
(2) no lens clouding or endoscope damage
(3) preferred by our staff."

*Journal Of The Operating Room
Research Institute, Vol. 3, No. 8, 1983*

"Sporicidin . . . was both more stable and more active against test spores than . . . Cidex and Cidex-7."

Infection Control, Vol. 1, No. 2, 1980

These and other studies available upon request.

EDITOR

Richard P. Wenzel, MD
Charlottesville, Virginia

ACTING EDITOR 1985-1986

Dieter H.M. Gröschel, MD
Charlottesville, Virginia

SENIOR ASSOCIATE EDITOR

William Schaffner, MD
Nashville, Tennessee

ASSOCIATE EDITORS

Sue Crow, RN, MSN
Shreveport, Louisiana

John E. McGowan, Jr., MD
Atlanta, Georgia

Dennis G. Maki, MD
Madison, Wisconsin



SLACK Incorporated
6900 Grove Road
Thorofare, New Jersey 08086

Publisher
Richard N. Roash

Associate Publisher
Eric M. Baloff

Executive Editor
Donna Carpenter

Associate Editor
Janice M. Bowermaster

Assistant Editor
Jane F. Martens

Circulation Manager
Kevin J. Fenton

Advertising Manager
Randall Roash

**Classified
Advertising Representative**
Thomas Leonhardt

EDITORIAL

ADVISORY BOARD

Robert C. Aber, MD
Hershey, Pennsylvania

Charles S. Bryan, MD
Columbia, South Carolina

John P. Burke, MD
Salt Lake City, Utah

Marie B. Coyle, PhD
Seattle, Washington

Burke A. Cunha, MD
Mineola, New York

Richard E. Dixon, MD
Trenton, New Jersey

Mark Eggleston, PharmD
Washington, DC

Harvey A. Elder, MD
Loma Linda, California

Bruce Farber, MD
Pittsburgh, Pennsylvania

Peter C. Fuchs, MD, PhD
Portland, Oregon

Richard A. Garibaldi, MD
Farmington, Connecticut

Donald A. Goldmann, MD
Boston, Massachusetts

Dieter H.M. Gröschel, MD
Charlottesville, Virginia

Peter A. Gross, MD
Hackensack, New Jersey

Karen Hadley, RN, MPH
New Orleans, Louisiana

David K. Henderson, MD
Bethesda, Maryland

Peter N.R. Heseltine, MD
Los Angeles, California

Cyrus C. Hopkins, MD
Boston, Massachusetts

Allen B. Kaiser, MD
Nashville, Tennessee

Harold Laufman, MD, PhD
New York, New York

William J. Ledger, MD
New York, New York

Barbara McArthur, RN, PhD
Detroit, Michigan

Rob Roy MacGregor, MD
Philadelphia, Pennsylvania

C. Glen Mayhall, MD
Richmond, Virginia

Ronald Lee Nichols, MD
New Orleans, Louisiana

Harry C. Nottebart, Jr., JD, MD
Richmond, Virginia

James E. Peacock, Jr., MD
Winston-Salem, North Carolina

Frank S. Rhame, MD
Minneapolis, Minnesota

William A. Rutala, PhD, MPH
Chapel Hill, North Carolina

William E. Scheckler, MD
Madison, Wisconsin

Robert J. Shannon, MSPH
Boston, Massachusetts

Walter E. Stamm, MD
Seattle, Washington

Charles W. Stratton, MD
Nashville, Tennessee

Timothy R. Townsend, MD
Baltimore, Maryland

William M. Valenti, MD
Rochester, New York

James Veazey, MD
Albany, New York

Kathy J. Wydra, RN
Geneva, New York

FOREIGN ADVISORY BOARD

Graham Ayliffe, MD, FRC Path.
Birmingham, England

Professor G. Berencsi
Szeged, Hungary

Professor Jaap Dankert
Groningen, Netherlands

Professor Dr. F. Daschner
Freiburg, West Germany

Lars O. Kallings, MD
Stockholm, Sweden

Professor W.B. Kędzia
Sieroca, Poland

Professor A.P. Krasilnikow
Minsk, USSR

Professor Dr. W. Marget
Munich, West Germany

Bertil Nyström, MD
Huddinge, Sweden

Ian Phillips, MA, MD, MRC Path.
London, England

Samuel Ponce de Leon, MD
Mexico City, Mexico

Hans Reber, MD
Basel, Switzerland

Professor Gerald Reybrouck
Leuven, Belgium

Manfred L. Rotter, MD, DipBact
Vienna, Austria

Theodore Sacks, MD
Jerusalem, Israel

Dr. Bernhard M. Thimm
Federal Republic of Germany

Professor Dr. med. H.P. Werner
Mainz, West Germany

Professor Dr. W. Weuffen
Greifswald, German Democratic Republic

A remarkable innovation to control nosocomial urinary tract infections



BAIRD

“By lowering UTIs, patient care improves, our community image will be enhanced, and we won't lose money on DRGs ...but it must be a system that meets all our needs!”

Administrator



“We want a system that's easy to install and maintain. Minimal in-service time and no nursing intervention are essential.”

Director of Nursing



“We need an effective system that will reduce our risk of UTIs and result in savings for the hospital.”

Infection Control Supervisor



“Now we can market our quality of care to the community and attract more patients.”

Administrator



“Better infection control, minimal training and no nursing intervention... this system is ideal for us!”

Director of Nursing



“This infection control system with the microbicidal outlet tube is the best solution to the problem of reducing UTIs that I have seen.”

Infection Control Supervisor



“Finally, a system that's better for our patients and ourselves.”

Staff Nurse



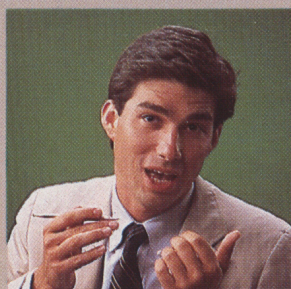
“I like it! The system is simple, effective and applicable for our high- and low-risk surgical patients.”

O.R. Supervisor



“It's the best of both worlds—we can standardize on the best available system and it doesn't cost an arm and a leg.”

Materials Manager

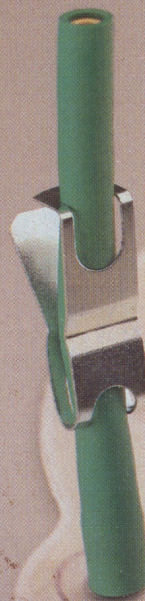


Finally,
a system we
can all
agree upon

A remarkable
innovation
to control urinary
tract infections

The Microbicidal Outlet Tube

- Effective against most common uro-pathogens
- No compliance problems—a totally passive system
- Maintains effective microbicidal barrier for a minimum of 21 days¹
- No adverse effects on urinalysis results



Please consult product labels and inserts for any indications, warnings, cautions, and directions for use.

References:

1. Data on file and available upon request, Bard Urological Division.
2. Platt R, Polk BF, Murdock B, et al: Mortality associated with nosocomial urinary-tract infection. *N Engl J Med* 1982; 307:637-642.
3. *Urology Times*, July 1985.
4. Data on file and available upon request, Bard Urological Division, C.R. Bard, Inc.

The Bard® Infection Control System

The maximum protection available against nosocomial UTIs... convenient and affordable with built-in Bard quality: the Bard Infection Control System...

The name supports the promise and we can prove it!

Bard® Tamper Evident Seal

Clinically proven effective in reducing the incidence of nosocomial UTIs and the associated risk of morbidity and mortality.²

- Helps maintain the aseptic integrity of the closed system
- Provides visual evidence of a break in the closed system

Bardex® Biocath™ Foley Catheter

Increases indwelling patient comfort by helping reduce friction and urethral irritation

- Innovative hydrogel coating enhances lubricity for superior biocompatibility and patient comfort
- New studies cite the value of the hydrogel coating in resisting calcification in a bladder prosthesis application³
- Studies show that the hydrogel coating is equal to all silicone in resisting encrustation⁴

BARD

Bard Urological Division
C.R. Bard, Inc.
Murray Hill, NJ 07974

Wipe out pathogens before the surface dries.

Even when used as a room temperature wipe, LD™ High Level Disinfectant is powerful; so powerful, in fact, that it kills viruses, bacteria, fungi and *Mycobacterium tuberculosis* in 3 minutes or less. So you're assured of complete infection control *well before* it evaporates. This rapid action is available for a full 14 days after activation.

Other disinfectants require 10 minutes or more and, thus, may not finish the job before they dry, which raises serious questions about their effectiveness.

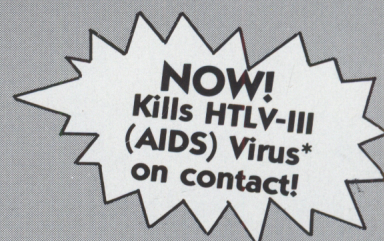
LD™ disinfectant: powerful — yet safe to humans.

Equipment and surfaces disinfected with this remarkable new solution can be used immediately. They require *no* rinsing to eliminate noxious smells and toxic residues.

Extensive testing has documented LD™ disinfectant to be non-toxic and non-mutagenic. It does not harm soft tissue. Nor does it irritate or stain the skin.

Consider this totally new alternative now — and for the future.

LD™ disinfectant derives its power from a new demand release form of *chlorine dioxide* with superior anti-microbial properties, rather than from glutaraldehydes, quats, phenols or iodophors. It ultimately breaks down into innocuous residues.



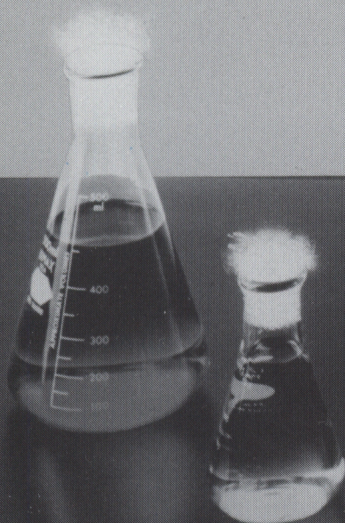
Update yourself.

We invite you to learn more about LD™ High Level Disinfectant and other products based on the safe, powerful Alcide® compound, such as Exspor™ Cold Sterilant.

Contact us for literature that documents efficacy, speed and safety.

LD™ High Level Disinfectant

* SARIN, P. S. *et al.* "Inactivation of Human T-cell Lymphotropic Retrovirus (HTLV-III) by LD™." *New England Journal of Medicine*, 1985; 313:1416



Alcide CORPORATION

One Willard Road, Norwalk, CT 06851
Phone: 203/847-2555

