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Infection Control

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The general status of patients and limited physical activity as risk factors of Methicillin-resistant Staphylococcus aureus occurrence in long-term care facilities residents in Krakow, Poland

This study investigates the epidemiology and resistance of methicillin-resistant Staphylococcus aureus (MRSA) isolates from long-term care facilities residents. It analyses the potential risk factors for MRSA occurrence such as the general status of patients, limited physical activity, wound infections, ulcers, diabetes, urinary catheterisation, and stool incontinence. It suggests screening for MRSA before transfers to hospitals or rehabilitation centres, especially in a group of residents with limited physical activity. It also recommends the need for contact precautions among patients with high risk of MRSA occurrence.


Cleaning up infection control

Health-care associated infections (HAIs) are one of the top ten causes of death in the United States. While Clostridium difficile has got the most attention, other infections such as Methicillin-resistant Staphylococcus aureus (MRSA) and vancomycin-resistant enterococci (VRE) are also closely monitored. The most common HAIs in LTCs are: urinary tract infection, respiratory tract infection, GI tract infection (norovirus, Clostridium difficile), influenza, skin and soft tissue infection, and bacteremia. The best practice protocols to curb multidrug resistant organisms in LTC’s communal settings involve environmental cleaning, clinical caregiver and social aspects. There needs to be a team-based approach to infection control that includes housekeeping, dining services personnel, clinicians, social workers and others.


Guide to preventing catheter-associated urinary tract infections

Urinary tract infections are one of the five most common types of healthcare-associated infections and have been associated with increased morbidity, mortality, hospital cost and length of stay. The Association for Professionals in Infection Control and Epidemiology has thus updated this guide to help healthcare organisations prevent these infections. It provides: new
information on catheter-associated urinary tract infections (CAUTI) prevention in special populations, including long-term care residents; updated content on the epidemiology and causes of CAUTI; detailed information on surveillance and reporting; new content that addresses patient/resident safety, the Comprehensive Unit-based Safety Program and other behavioural models for CAUTI prevention; best practices on CAUTI prevention; and prevention case studies.


Search for the full-text article at www.apic.org

Updated in April 2015

Antimicrobial stewardship in long term care facilities: What is effective?

The intense use of antimicrobial in long term care facilities promotes the emergence and persistence of antimicrobial resistant organisms leading to adverse effects such as C. difficile colitis. This paper reviewed publications describing evaluation of antimicrobial stewardship interventions for long term care facilities such as education, guidelines development, feedback to practitioners, and infectious disease consultation. It found that comprehensive programmes addressing all infections were seen to improve antimicrobial use for at least some outcomes. Targeted programmes for treatment of pneumonia were minimally effective, while those for urinary infection were effective. There is a need for further evaluation to characterise effective antimicrobial stewardship for long term care facilities.


Search for the full-text article at www.ncbi.nlm.nih.gov/pubmed

Antimicrobial resistance in urinary pathogens among Swedish nursing home residents remains low: A cross-sectional study comparing antimicrobial resistance from 2003 to 2012

There are several risk factors for the colonisation, infection and spreading of antibiotic resistant bacteria among elderly residents of nursing homes such as catheters, decubitus ulcers and other wounds. Sweden has a favourable rate of antimicrobial resistance in urinary pathogens. This study describes antimicrobial resistance rates in uropathogens among Swedish nursing homes in 2012 and compares it with rates from 2003. It analyses whether antibiotic treatment within the previous month or hospitalisation within the previous six months predicted higher resistance rates in uropathogens among residents of nursing homes. It found that the average rate of antimicrobial resistance was low and did not increase between 2003 and 2012 in E. coli urinary isolates among Swedish nursing homes. A higher resistance rate was predicted for those who took antibiotic treatment during the previous month and underwent hospitalisation during the previous six months.


Search for the full-text article at www.biomedcentral.com
Health care collaboration cuts C. difficile infections
Clostridium difficile is a germ that can cause diarrhoea, fever, loss of appetite, nausea and belly pain. This article shows how a dozen healthcare facilities in Clark and Cowlitz counties in the United States have formed a task force to reverse the rising trend of C. difficile infection. Since the task force was formed in 2012, the infection rate has trended downward. The task force includes three hospitals, Clark County Public Health, American Medical Response, the Vancouver Fire Department and about a dozen care facilities. The team consisting of 30 to 40 administrators, nurse managers and infection prevention workers, meet monthly to collaborate and communicate on infection spread and ways to prevent it. They push for better hand-washing habits and reinforce the use of best practices for cleaning a patient’s room after someone with C. difficile leaves and emphasise patient education on infection prevention.

Search for the full-text article at www.columbian.com

Updated in October 2014
The impact of inappropriate antibiotics on bacteremia patients in a community hospital in Taiwan: An emphasis on the impact of referral information for cases from a hospital affiliated nursing home
This study investigates the impact of inappropriate antimicrobial therapy on bacteremia among patients from Taiwan’s community hospital’s affiliated nursing home who were referred to the hospital. Data from a total of 222 patients with bloodstream infections were collected, of whom 104 patients died. It found that bacteremia patients from the hospital-affiliated nursing home had a better prognosis compared to hospital in-patients. This could be due to the adequate referral information. The results highlighted that clinicians should be aware of commonly ignored drug resistant pathogens and there should be no delay in administering appropriate antibiotic therapy.

Search for the full-text article at: www.biomedcentral.com

Measures for the prevention and control of Clostridium difficile infection: Guidance to the health care sector
Clostridium difficile infection is a growing problem in inpatient health care facilities that can lead to extended hospital stays as well as poor patient outcomes and even death. This document serves as a tool to help care providers to follow best practice, evidence based processes for prevention, surveillance, and diagnosis. The areas covered include: contact precautions such as patient placement and personal protective equipment; the transport of patients; environmental cleaning and disinfection; and laboratory testing.

Search for the full-text article at: www.health.govt.nz
CLABSIs toolkit – Preventing central-line associated bloodstream infections: Useful tools, an international perspective

This toolkit and its accompanying monograph provides the most current information and guidance on practices and technology as well as the most appropriate tools, resources and educations, to assist health care organisations in reducing the current burden associated with central line-associated bloodstream infections (CLABSIs). It details the different types of central venous catheters and risk factors for pathogenesis of CLABSIs; background information on CLABSIs; prevention strategies, techniques and technologies; patient safety initiatives; CLABSI surveillance, benchmarking and public reporting; and economic aspects of CLABSIs and their prevention.


Search for the full-text article at: www.jointcommission.org

Updated in July 2014

Infection control guidelines: Care homes

This report provides guidelines for infection control in care homes in Essex, the United Kingdom. It details the causes and spread of infections. It highlights the notification of infectious diseases that includes who is responsible; the reporting and documentation of illness; which diseases are notifiable; guidelines for common outbreaks, diarrhoea or vomiting outbreaks, and respiratory infections outbreaks. It provides the standard principles of infection control such as hand hygiene and skin care, protective clothing, safe handling of sharps objects and spillage management. The management of sharp injuries, infectious diseases and infestations are also detailed. Clinical practices in handling infectious and non-infectious disease and waste management are explained. The report also covers food hygiene, staff health, and pet and pests care.


Search for the full-text article at: www.hpa.org.uk

Epidemiology of Clostridium difficile infection in Asia

Major epidemics that have occurred in North America and Europe in the recent decade have pointed to the Clostridium difficile infection (CDI). However, the awareness and surveillance of CDI in Asia has remained poor and its true prevalence in Asia remains unknown. The lack of regulated antibiotic use in many Asian countries suggests that the prevalence rate might be comparatively high. This report summarises the existing knowledge of CDI in Asian countries: Japan, Korea, China, Taiwan, Hong Kong, Philippines, Thailand, Malaysia, Indonesia, Singapore, India and Bangladesh.


Search for the full-text article at: www.aricjournal.com
Understanding the role of health care facility design in the acquisition and prevention of HAIs

Health care-associated infections (HAIs) occur in one in 20 hospital patients. HAIs are associated with increased morbidity and mortality and are responsible for US$28 to US$33 billion in preventable health care expenditures per annum. This report contains a literature review of the impact of a health care facility’s design on infection control and prevention, as well as a summary of interviews with those who have a stake in health care design and infection control. Based on the literature review, the authors conclude that: outbreaks can occur if the built environment is poorly designed and maintained; despite the contemporary design and maintenance; the built environment contributes to some transmission events within hospitals; novel and best practice technologies, materials, and design strategies may directly decrease the risk of transmission of pathogens by decreasing the burden of microorganisms in the environment; and that the optimal design may indirectly decrease the development of HAIs by influencing human behaviours to decrease person-to-person transmission.


Search for the full-text article at www.ahrq.gov

Updated in April 2014

A purple urine bag syndrome in an elderly woman

Purple urine bag syndrome (PUBS) is a rare condition characterised by intense purple discolouration of the urine. It can signal the presence of urinary tract infection. This article presents the case of an elderly nursing home resident whose urine became purple after the insertion of an in-dwelling catheter. It provides a brief discussion of PUBS that includes risk factors and chemical chain reaction involved in producing purple urine. It also addresses the treatment healthcare staff can provide for elderly patients who encounter PUBS.


Search for the full-text article at www.annalsoflongtermcare.com

Integrating human factors with infection prevention and control

The authors discuss the application of human factors principles within infection prevention and control activities. They argue that by embedding human factors principles, methods and tools, infection prevention and control capacity and capability can be strengthened. They suggest that a root and branch review of infection prevention measures from the human factors perspective can enable developing interventions that work safely within the complex socio-technical healthcare system. They explain what this approach entails, such as the inevitability of human errors and how the system ought to be designed to prevent errors from occurring and the mitigation of harm should any unpreventable error occur. They also show how the human factors perspective has been used to discuss in infection prevention thus far.


Search for the full-text article at www.health.org.uk
Legionnaires’ disease case-finding algorithm, attack rates, and risk factors during a residential outbreak among older adults: An environmental and cohort study

Legionnaires’ disease (LD) is a potentially-fatal pneumonia caused by inhalation of water aerosols containing Legionella bacteria. This study conducted an epidemiological and environmental investigation during a LD outbreak to identify prevention recommendations for facilities where elderly residents live independently but have a higher risk of contracting legionellosis. It recommends that managers of elderly-housing facilities and local public health officials develop a Legionella prevention plan. On the detection of Legionella colonisation of potable water, residents at higher risk should be protected. If LD occurs among residents, exposure reduction, heightened awareness and clinical surveillance activities should be coordinated among stakeholders. Clinicians should be able to recognise the increased risk and atypical presentation of LD in older adults for prompt and effective treatment.


Search for the full-text article at www.biomedcentral.com

Updated in January 2014

The long term care infection prevention role in promoting quality care and reducing rehospitalization

This article focuses on processes and infection prevention programme assessments that may be able to decrease hospitalisations. It discusses three strategies that can be applied in skilled nursing facilities to minimise healthcare-associated infections: reduce infections, reduce readmissions; develop an annual written infection prevention plan and risk assessment; and implement an antimicrobial stewardship programme. The efficiency of these strategies is based on infection control logic; adaptation of hospital experience; and field experience.


Search for the full-text article at www.infectioncontroltoday.com

The relationship of respiratory tract infections to falls incidence in nursing homes

This study assesses the relationship between respiratory tract infections (RTI) and the incidence of falls. It also links the history of falls to functional status in nursing home residents. It studied 255 residents aged 65 years and above at three nursing homes in Poland. It found that residents who had a fracture resulting from a fall had lower waist-to-hip ratio, demonstrated significantly worse functional status of basic and instrumental daily activities, and suffered more infections. The risk of falling and fractures was associated with the occurrence of RTI and preventing infections may probably reduce the number of falls and fractures in older nursing home residents.

Piglowska, M., Kostka, J. & Kostka, T. (2013, April 12). The relationship of respiratory tract infections to falls incidence in nursing...
Search for the full-text article at www.pamw.pl

⚠️ Transmission of methicillin-resistant staphylococcus aureus in the long term care facilities in Hong Kong

This study examines the transmission of methicillin-resistant staphylococcus aureus (MRSA) in long-term care facilities (LTCFs) and hospitals in Hong Kong. It conducted a concurrent MRSA screening and spa type analysis in LTCFs and hospitals to estimate the rate of MRSA acquisition among residents during their stay. It used colonisation pressure and MRSA transmission calculations. The study found that MRSA transmission was more serious in LTCFs than in hospitals. To reduce the burden of MRSA carriers in healthcare settings, infection control should be focussed on LTCFs.

Search for the full-text article at www.biomedcentral.com

Updated in September 2013

⚠️ Prevalence of urinary colonization by extended spectrum-beta-lactamase Enterobacteriaceae among catheterised inpatients in Italian long term care facilities

Moving between long term care facilities (LTCF), hospitals and outpatient settings brings new challenges regarding infection control, especially healthcare associated infections. This study examines 23 Italian LTCFs to identify colonisation in patients with urinary catheter. It found the presence of high percentages of ESBL-positive Enterobacteria in the LTCFs and predominance of CTX-M type ESBL in E. coli which can compromise the effectiveness of antibiotic therapy.

Search for the full-text article at www.biomedcentral.com

⚠️ Prevention and control of infection in care homes – An information resource

The protection of residents and staff in care homes from infection is an important part in the quality of care. For this reason, families and carers need to be assured that the care their relatives and dependants receive is provided in a clean and safe environment. This resource aims to help care home staff take the necessary steps to protect residents and fellow colleagues from acquiring infections and cross infecting others. It also contains information and guidance on preventing and controlling infection that will help managers involved in policy development and undertaking risk assessments.

Search for the full-text article at www.wp.dh.gov.uk
Prevention strategies for seasonal influenza in healthcare settings

This report is a guide that emphasises the importance of a comprehensive influenza prevention strategy that can be applied across the entire spectrum of healthcare settings that include long-term care facilities such as nursing homes and skilled nursing facilities. It introduces influenza; details its modes of transmission; lists the fundamental elements to prevent influenza transmission; and provides recommendations such as promoting and administering seasonal influenza vaccine, taking steps to minimise potential exposures, and monitoring and managing ill healthcare personnel, among others.


Search for the full-text article at www.cdc.gov

Asymptomatic bacteriuria, antibiotic use, and suspected urinary tract infections in four nursing homes

This research investigates factors associated with the use of antibiotics to treat asymptomatic bacteriuria (ASB) among nursing home residents. It involved a cross-sectional study involving a multi-level multivariate analyses of antibiotic prescription data for residents in four nursing homes in central Texas. The most powerful predictor of antibiotic treatment for ASB was the presence of an in-dwelling urinary catheter. The study concludes that there is frequent use of antibiotics for ASB in nursing homes, especially for residents with urinary catheters. It recommends that efforts to improve antibiotic stewardship in nursing homes must address clinical decision-making solely on the basis of diagnostic testing in the absence of signs or symptoms of a urinary tract infection.


Search for the full-text article at www.biomedcentral.com
Nursing home characteristics associated with methicillin-resistant Staphylococcus aureus (MRSA) burden and transmission

This study sought to measure Methicillin-resistant Staphylococcus aureus (MRSA) burden in a large number of nursing homes and identify facility characteristics associated with high MRSA burden. It performed nasal swabs of residents from 26 nursing homes to measure MRSA importation and point prevalence, and estimate transmission. Results revealed that MRSA importation was a strong predictor of MRSA prevalence, but MRSA burden and transmission were also associated with nursing homes caring for more residents with chronic illnesses or indwelling devices. Frequent social interaction among residents appeared to be protective of MRSA transmission, suggesting that residents healthy enough to engage in group activities do not incur substantial risks of MRSA from social contact.


Search for the full text article at [www.biomedcentral.com](http://www.biomedcentral.com)

Read a complete summary of this article in mosAIC. ([www.aic.sg/newsletter/mosaic/jun2013/#14](http://www.aic.sg/newsletter/mosaic/jun2013/#14))

Updated in March 2013

Can a licorice lollipop decrease cariogenic bacteria in nursing home residents?

This study investigates if a herbal lollipop containing licorice root decreases Streptococcus mutans (S.mutans) bacteria that causes dental caries in nursing home residents. A total of eight residents participated in the study and were offered two lollipops per day for 21 days. Saliva samples were collected at baseline and days one, three, seven, 14 and 21 then analysed for numbers of S. mutans. It was found that participants who consumed more lollipops during the 21-day period were more likely to have fewer numbers of S. mutans. The study concludes that recruiting a larger sample for future research may demonstrate a significant reduction.


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Screening, isolation and decolonisation strategies for Vancomycin-Resistant Enterococci or extended spectrum Beta-Lactamase producing organisms: A systematic review of the clinical evidence and health services impact

This study finds that bacterial resistance to antibiotics is an increasing problem in Canada and worldwide. Vancomycin-resistant enterococci (VRE) and extended spectrum beta-lactamases (ESBL) have the ability to inactivate beta lactam antibiotics such as penicillin, ampicillin and the cephalosporins. The study evaluates the clinical evidence for the effectiveness of screening, isolation and decolonisation strategies for persons colonised or infected with VRE and ESBL producing organisms in acute and long-term care facilities. The health services impact of these strategies are also discussed.

Ho, C. [et.al]. (2012, September). Screening, isolation and decolonisation strategies for Vancomycin-Resistant Enterococci or

Search for the full-text article at www.cadth.ca

**Suspected transmission of norovirus in eight long-term care facilities attributed to staff working at multiple institutions**

This study reports on gastroenteritis outbreaks suspected of being norovirus infections in eight long-term care facilities. A descriptive epidemiological investigation was used to depict sources of infections and control measures. Outbreaks affected 299 (31 percent) of 954 residents and 95 (11 percent) of 843 staff. Attack rates were higher in residents than staff. Person-to-person spread was suspected. The study finds that staff members who work at multiple facilities may transmit norovirus between them. Regulatory agencies should consider precluding ill staff from working in multiple facilities during outbreaks and guidelines to control norovirus must be applied promptly and meticulously by facilities.


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**Updated in December 2012**

**Impact of implementation of evidence-based best practices on nursing home infections**

The focus of this study is to identify barriers to implementing infection control best practices in nursing homes. The Pennsylvania Patient Safety Authority used their long-term care best-practice assessment tool to study 10 nursing homes with high health-care associated infection (HAI) rates and 10 with low HAI rates, to understand barriers at various levels of implementation and patterns of care that could be improved. The nursing homes with high HAI were found to face multidisciplinary implementation barriers at the leadership, physician, clinical and support staff levels.


Search for the full-text article at www.patientsafetyauthority.org

**Guidelines on prevention and management of probable/confirmed viral outbreaks of diarrhoea and vomiting in care homes, schools, nurseries and other child care settings**

This guide provides insights on the management of a probable or confirmed viral outbreak of diarrhoea and vomiting in care homes. It details the mode of transmission of the infection, recognition of an outbreak, the care responsibility of staff and management, reporting and investigation. Measures to control the outbreak include effective hand hygiene, prompt isolations of affected residents, exclusion of staff and visitors to the care home, staff deployment during an outbreak, communication with visitors, and cleaning and disinfection of the environment and equipment. Guidelines for deep cleaning after the outbreak and the manager’s role are also highlighted.

Search for the full-text article at www.hpa.org.uk

**Management guidance for outbreak of scabies in care home institutions in South West London**

This practical guide is aimed at care home workers in South West London, UK and outlines best practices to handle scabies outbreaks in care homes. It provides background information on scabies including classification of scabies, classical scabies, crusted scabies, transmission and incubation period. It also details the management of a scabies outbreak which entails recognising the outbreak, measuring infection control, reporting the outbreak, identification of residents requiring treatment to prescription of treatment and re-infestation.


Search for the full-text article at www.hpa.org.uk

**Updated in October 2012**

**Reducing catheter-associated urinary tract infections in home care: A performance improvement project**

This article reports on the investigation undertaken by the Performance Improvement Department of a home healthcare agency to identify factors that contributed to the increase of catheter-associated urinary tract infections (CAUTI) in 2009. An action plan was implemented to reduce the infection rate, which included modifications to the surveillance process and staff education – via large group instruction, small group instructions, mandatory clinical competencies, mandatory annual self-instruction modules, self-study packets, case study and nursing orientation program. This multifactorial approach helped reduce the CAUTI rate.


Search for the full-text article at http://journals.lww.com

**Sapovirus outbreaks in long-term care facilities, Oregon and Minnesota, USA, 2002–2009**

Viral gastroenteritis outbreaks are associated with illness and death when they occur in institutional settings, notably in long-term care facilities (LTCFs) for the elderly. The Oregon and Minnesota state public health departments investigated 2,161 gastroenteritis outbreaks reported during 2002–2009. In this study, the high (66 percent) proportion of sapovirus outbreaks in LTCFs among 21 outbreaks of previously unknown etiologies is likely to be an artifact of legally mandated outbreak reporting by healthcare facilities rather than the true distribution of sapovirus outbreaks in Oregon and Minnesota. Still, elderly residents of LTCFs are especially vulnerable to the rapid transmission of viral enteric pathogens and serious complications from infection with these agents, and therefore merit the attention of public health authorities.
Urinary tract infections in older adults residing in long-term care facilities

Urinary tract infection (UTI) is the most common cause of bacterial infection and hospitalisation in long term care (LTC) residents, but its mortality rate is much lower than that for pneumonia. UTI is also the condition for which antibiotics are most frequently prescribed. However, many patients are inappropriately treated. This article argues that individuals with asymptomatic bacteriuria should not be prescribed antibiotics, as this practice increases the risk of antimicrobial resistance and does not change chronic genitourinary symptoms or improve survival. Although two major sets of guidelines have been issued to assist with the diagnosis and treatment of UTIs, these infections remain challenging to manage in LTC residents because of communication barriers, comorbidities, and the presence of chronic urinary symptoms.


Search for the full-text article at www.annalsoflongtermcare.com

Free registration required.

Updated in August 2012

Implementing long-term care infection control guidelines into practice: A case-based approach

In this article the Society for Healthcare Epidemiology of America (SHEA) and Association for Professionals in Infection Control and Epidemiology (APIC) guidelines are implemented to real-world scenarios. It uses a case based approach citing five cases that include dementia and neurogenic bladder; congestive heart failure and advanced dementia; dehydration; broken hip; and Clostridium difficile infection, and uses the guidelines to find solutions to the patient problems. It highlights key recommendations for practitioners caring for patients in long-term care.


Search for the full text article at www.annalsoflongtermcare.com

Read a complete summary of this article in mosAIC. (www.aic.sg/newsletter/mosaic/aug2012/#/14)

The audit process: Part II setting the audit criteria

This feature article is about setting up an audit for infection prevention. Successful audits conducted in partnership with infection control professionals and other departments and services have led to an improvement in patient and staff health. This article lists the criteria for conducting an audit – structure criteria, process criteria and outcome criteria. It lists the types of audits and provides insights on designing data collection forms and guidelines to translate the audit process into audit tool elements. It also provides ways by which to validate the audit tool.

Search for the full text article at www.chica.org

**Types of infectious outbreaks and their impact in elderly care facilities: A review of the literature**

This literature review explores the infectious outbreaks in long-term care facilities in 19 countries. It identifies the various aetiologic agents that caused the outbreaks such as bacteria and viruses, among others. Influenza virus caused the largest number of outbreaks and was followed by noroviruses. The report explores indicators that reflect the impact among residents and health care workers that include the attack rates, proportion of infected patients admitted to hospital, the case fatality rate and the duration of the outbreak. Attack rates and case fatality rates proved as useful indicators to set the education and prevention of outbreak priorities.


Search for the full text article at www.medscape.com

Free registration required.