



DE~BUGGED

Infection Control Newsletter for Worcestershire Primary Care and Mental Health Partnership Trusts



Coughs and sneezes spread diseases



Stop germs spreading

INFLUENZA SEASON

Flu activity in Worcestershire may have peaked earlier this month although flu is unpredictable and levels may rise as children have now returned to school. The main strains of influenza circulating are H1N1 (swine flu) and influenza B, these circulating strains are well matched to the strains in this year's vaccine and very little antiviral resistance has been detected. Vaccination continues to be an important step in controlling the number of flu cases and patients at risk of complications of flu, including pregnant women should get the flu vaccine. This should be discussed with their GP practices as soon

as possible if they have not done so already. Vaccination of the mother can also help provide immunity to the new born child in the first few months of life, this is especially important for babies with other medical problems who are at risk from flu but can only get vaccinated themselves after six months of age. The flu vaccine is safe and effective and does not contain live flu virus, so cannot cause flu. For most people flu is not life threatening and usually lasts seven to ten days. The best advice is to rest, drink plenty of fluids and take paracetamol or ibuprofen to relieve symptoms, according to manufacturers' instructions. To try to reduce the spread of flu, the Catch it, Bin it, Kill it campaign is being promoted. Transmission of influenza occurs by droplets spread when people cough or sneeze (respiratory route). This can occur by direct contact with respiratory secretions of someone with the infection, via contaminated surfaces or, in some instances aerosols when people cough or sneeze. Influenza has the potential to spread rapidly, especially in closed communities. The use of respiratory precautions in addition to standard infection control precautions is therefore recommended. For the general public, simple steps to take to reduce transmission of respiratory viruses include:

- ✎ Keep children and staff away from school/work or other communal settings whilst they are unwell. Reduce contact with people with obvious symptoms of flu.
- ✎ Cover mouth and nose with a tissue when coughing or sneezing.
- ✎ Dispose of used or dirty tissues hygienically after use in a bin.
- ✎ Wash hands frequently with soap and water and dry thoroughly.
- ✎ Avoid touching surfaces such as door handles and then face.

Worcestershire 
Primary Care and Mental Health Partnership Trust

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If you require further information about any item in this newsletter please contact the Infection Control Nurses on 01386 502552



A NEW YEAR...

The time for reflecting on the year past and making new plans for 2011 has past us by, they estimate that most resolutions are broken by March of each year so why not be different and have an infection prevention and control recommendation that you can stick to for the year. Remember that small changes CAN make a BIG difference. So rekindle your enthusiasm and maintain a focus on Infection Prevention and Control by adopting and maintaining standard precautions 100% of the time—consider:

- ✎ Whether you can improve your or your colleagues' hand hygiene practices and adherence to bare below the elbows.
- ✎ Is the disposal and handling of sharps; laundry and waste appropriate with minimal opportunities for cross contamination.
- ✎ Use of Personal Protective Equipment such as gloves and aprons is appropriate.
- ✎ Cleaning schedules for all items of reusable healthcare equipment are in place, known and adhered to.

Finally... lead by example - good practices adopted consistently every time by you will impact on the practices of others. Let us all make 2011 the year of the cleanest, safest care! For information on initiatives contact the infection prevention and control nurses on 01386 502552.



Do you need to understand more about the environmental cleaning schedules that should be in place within your clinical area, you will find cleaning guidance for healthcare settings on the NPSA website www.npsa.nhs.uk ... contact the infection control team on 01386 502552 if you require more info....

LOCAL DECONTAMINATION?

Across the NHS, with the exception of Dental Services, the use of bench top steam sterilizers is slowly being phased out and the use of disposables or accessing a central service is promoted in preference to local decontamination. The need for this is further emphasised by the Care Quality Commission and the Health and Social Care Act. Consider whether in your setting you could move over to single use disposable instruments to minimise the risks associated with local decontamination - which has increasingly stringent standards if you refer to HTM 01 05 the latest dental document. If you wish to discuss further please contact the Infection Control Team on 01386 502552.

HORRIBLE FACTS... PART 1

Phlegm or nasal mucus (snot) are names given to mucus produced in the respiratory system. Nasal mucus, is produced at the back of the nose, while phlegm describes the mucus from the rest of the respiratory system. Contrary to what you might think, mucus is vital for good health. It helps to protect the lungs and prevent tissues from drying out. It's a water-based liquid that contains proteins, carbohydrates, salt and some cells. The main type of protein are mucins, which have a sugar coating enabling them to absorb water. This gives mucus its characteristic consistency and wetting properties. Apart from the mucins, the other proteins present hold the key to the protective functions of mucus. These include antibodies to start the body's defences against invading pathogens such as bacteria, viruses and fungi and antiseptic enzymes, such as lysozyme, that can directly kill bacteria. Mucus can also protect the lungs as it is sticky so can trap particles of dust, dirt, bacteria and pollen that could otherwise cause irritation and infection. Once particles are firmly lodged they need to be disposed of, this is achieved by coughing, sneezing or nose-blowing. The average sneeze forces mucus to travel at up to 100 miles per hour, hence the saying "coughs and sneezes spread diseases". But much to the disgust of many, the vast majority of our mucus is in fact eaten! Our airways are lined with millions of tiny hairs, called cilia. These beat in synchrony to produce waves of movement, a bit like a Mexican wave and sweep the mucus to the back of the throat where it is swallowed and then dissolved by stomach acid.



DIARRHOEA 'HOTSPOTS'

With the winter sun holiday season now upon us, do you know the top five countries where travellers from the UK are most likely to acquire diarrhoeal illness following their visit? The countries are Egypt, India, Thailand, Pakistan and Morocco.

A report by the HPA investigating *travellers' diarrhoea* reveals that half of the 24,322 laboratory confirmed cases of gastrointestinal infection between 2004 and 2008 were caused by salmonella. Other bacteria such as campylobacter and shigella and organisms such as giardia and cryptosporidium were also reported. Advice for travellers on avoiding gastrointestinal illness includes:

- ✎ Washing hands after using the toilet and before eating or preparing food; if soap and water is not available, carry alcohol hand gel.
- ✎ Investigate destination before departure; is the tap water safe to drink? If it is not, then do not drink it or use it for cleaning your teeth. Avoid ice in drinks.
- ✎ Make sure food has been recently prepared, is properly cooked and piping hot. Avoid raw fruit and vegetables unless you know they have been washed in clean water or peeled yourself.
- ✎ Practise good swimming pool hygiene. Do not swim if having diarrhoea and make sure babies and young children wear suitable swimwear while in the pool. Take care not to swallow swimming pool water.
- ✎ See the NaTHNaC health information sheet on travellers' diarrhoea for more information about prevention and options for treatment: http://www.nathnac.org/travel/misc/travellers_dir.htm#preve

Remember the simple advice **if you can't cook it, boil it or peel it—don't eat it!** With best wishes for enjoyable and healthy holidays during 2011.



HAND WASHING REDUCES INFECTION RISK FROM FARM VISIT

A Health Protection Agency review has found there were 55 outbreaks of gastrointestinal disease linked to petting farms between 1992—2009 in England & Wales. The overall risk of infection is low in light of the millions of farm visits each year. Illness ranged from mild through to severe diarrhoea and occasionally more serious conditions. The majority of outbreaks were caused by *E. coli* O157 (55%) or *Cryptosporidium* (42%). People of all ages became ill but children under the age of 10 were disproportionately affected as they are more vulnerable to serious illness from these infections. Under 5's are also more likely to pick up infections because their personal hygiene is not as well developed - at that age they are more prone to sticking fingers, thumbs or toys into their mouths. Contributory factors reported included direct contact with pre-weaned animals - such as lambs, calves and kid goats - or direct contact with the animal faeces from cattle, sheep and goats. Inadequate hand washing facilities at the farms was another important factor.

Lead author Dr Fraser Gormley, said: "Visiting a farm is an enjoyable and educational experience for most people. It's important to remember that contact with farm animals carries a risk of infection because of the micro-organisms - or germs - they naturally carry. Hand washing is the single most important prevention step in reducing transmission of gastrointestinal infections after handling animals and it's crucial that hand washing in young children should be supervised, especially after touching or petting animals or their surroundings. Visitors should also be made aware that using sanitising gels is not a substitute for washing hands with soap and hot water and drying them, as gels may fail to remove contamination in the way that soap and running water can.