Letters to the Editor

Search for Handwashing Studies

Dear Colleagues:

We are conducting a historical review of studies that evaluate the influence of handwashing on infections. We are seeking information about any such studies, published or unpublished, that were conducted in the nineteenth and twentieth centuries. If you have information on such studies, we would be most appreciative if you could share it with us.

Please address correspondence to Dr. Elaine Larson, The Johns Hopkins University School of Nursing, Houck 386, 600 N. Wolfe Street, Baltimore, MD 21205, or call collect to 301-955-7484. Thank you.

Elaine Larson, PhD, RN, FAAN
Nutting Chair in Clinical Nursing

Recreational Infections

To the Editor:

We much appreciated the article “Infections Related to Summer Recreational Activities” by Beverly J. Gray and Charles E. Haley. Nevertheless, their exhaustive list in Table 1 lacked a relevant cause of this kind of infection, ie, leptospirosis.

We propose its inclusion in that table, with the following statements: infection: Leptospirosis; infectious agent: *Leptospira interrogans*; source: water, soil; epidemiology: swimming, fishing, drinking unpurified water; major clinical features: fever, headache; diagnostic tests: serologic tests.

REFERENCES


Claudio Maffei, MD
Francesco Di Stanislao, MD
Institute of Hygiene
University of Ancona Medical School
Ancona, Italy

Dr. Charles Craig responds to Drs. Maffei and Di Stanislao.

Drs. Maffei and Di Stanislao have correctly suggested that summer recreational activities can expose individuals to infection with leptospires. The annual incidence of leptospires is relatively small, about 75 cases being reported annually to the Centers for Disease Control. It is suspected by some that the disease is significantly underreported, and that most cases are passed off as summer “flu” with fever, headache, muscle aching, and occasionally abdominal pain, nausea, and vomiting. Humans, when they acquire leptospires, represent a dead end for the disease, person-to-person infection being exceedingly rare.

However, the organism can persist in nature, almost perpetually. Wild animals are an important reservoir and provide a source for infection of domestic animals, rather than humans. The organism is excreted in large concentrations in the urine and may subsequently contaminate water and soil.

Maffei and Di Stanislao comment that the list originally published in *Infection Control* was “exhaustive,” but I would add that the list of diseases to which travelers may be exposed is also “exhausting.” Indeed, if we spend too much time making preparations for all the potential diseases we might acquire, we may never get beyond the front door next summer.

REFERENCES


Charles P. Craig, MD
Chairman, Department of Medicine
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Protective Precautions for the Patient with AIDS

To the Editor:

The increasing number of persons with Acquired Immune Deficiency Syndrome (AIDS), with their need for frequent and prolonged hospitalization, may create a problem of bed availability for hospitals. Patients with AIDS are often placed in a private

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room to avoid exposing other patients to real or perceived danger of contagion. To avoid alarming patients with other medical problems and yet conserve hospital beds, our hospital has adopted a policy of rooming patients with AIDS together if the patients do not have a respiratory tract infection with tuberculosis, open wounds, or diarrhea, and if they are able to maintain their personal hygiene. This policy is in accordance with published guidelines for isolation precautions in hospitals.\textsuperscript{1,2} One of our patients was inadvertently placed in a room with another patient in violation of these guidelines with a result that dramatically emphasizes the potential danger of violating these guidelines.

This 28-year-old man with AIDS was electively admitted for treatment of cytomegalovirus retinitis. He had been successfully treated for Pneumocystis carinii pneumonia five months earlier. Except for the development of retinitis and recurrent oral candidiasis, his health was good. He had been gaining weight since recovering from the pneumonia and he denied having fevers or diarrhea. The fifth day of hospitalization he developed explosive diarrhea, headache, and high fever. Specimens of blood and stool both yielded Salmonella group B. He responded to ampicillin, and has been maintained on amoxicillin to prevent relapse. An investigation revealed that he had shared a hospital room and bathroom for 24 hours with another AIDS patient who had diarrhea subsequently diagnosed as caused by Salmonella group B, with an identical antibiogram to the isolate from our patient. No other potential sources of infection for our patient were identified, and we believe the infection was transmitted from one patient to the other.

The diarrhea in the one patient was not recognized by the staff at the time these patients were placed in the same semiprivate room. No direct contact between them occurred, and their room assignments were promptly changed when the diarrhea was noted. Unfortunately, transmission of infection had already occurred. This experience emphasizes the danger of nosocomial infection to immunosuppressed patients and the importance of strictly adhering to published guidelines. Since bed assignments are often made by personnel other than the attending physician, the persons responsible for bed assignments should be informed of the relevant diagnosis of patients, not only at the time of admission but also whenever new diagnoses are established. The practice of cohorting patients with AIDS should be exercised with caution.

REFERENCES

 Proper Handling of Dirty Linen

To the Editor:
A recurring question of proper handling of dirty linen in Skilled Nursing Facilities has promoted this inquiry. Some surveyors insist on wearing gowns and gloves whenever they handle dirty linen. What guidelines are recommended by the Editorial Board of Infection Control?

Harry J. Silver, MD
Los Angeles, CA

Ms. Sue Crow responds to Dr. Silver's letter:

Dear Dr. Silver:
The Editorial Board of Infection Control does not provide infection control guidelines, but I offer my own response to your question.
Gowns and gloves are not necessary for routine handling of dirty linen. It is much more efficient and less costly to assure that the dirty linen does not come into direct contact with personnel's attire and for personnel to wash their hands thoroughly after handling the linen. Gloves may be necessary if the linen is saturated with body fluids and/or if the employees have cuts or scratches on their hands.

As you know, various organizations follow various regulations. If wearing gowns and gloves is indeed a policy, you may want to challenge the policy. It is up to us to suggest change not only in the health care institutions, but also in the community.

Sue Crow, MSN, RN, CIC
Nurse Epidemiologist