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REFERENCES

- 1. Writing Committee of the World Health Organization (WHO) Consultation on Human Influenza A/H5 Avian Influenza A (H5N1) infection in humans. N Engl J Med 2005; 353:1374-1385.
- 2. Buxton Bridges C, Katz JM, Seto WH, et al. Risk of influenza A (H5N1) infection among health care workers exposed to patients with influenza A (H5N1), Hong Kong. J Infect Dis 2000; 181:344-348.
- 3. Ungchusak K, Auewarakul P, Dowell SF, et al. Probable person-to-person transmission of avian influenza A (H5N1). N Engl J Med 2005; 352: 333-340.
- Kandun IN, Wibisono H, Sedyaningsih ER, et al. Three Indonesian clusters of H5N1 virus infection in 2005. N Engl J Med 2006; 355:2186-2194.
- Apisarnthanarak A, Warren DK, Fraser VJ. İssues relevant to the adoption and modification of hospital infection-control recommendations for avian influenza (H5N1 infection) in developing countries. *Clin Infect Dis* 2007; 45:1338-1342.
- 6. World Health Organization. Public health interventions for prevention and control of avian influenza. A manual for improving biosecurity in the food supply chain: focusing on live animal markets. New Delhi, India: Regional Office for South-East Asia; 2006.
- Tam DKP, Lee S, Lee SS. Impact of SARS on avian influenza preparedness in healthcare workers. *Infection* 2007; 35:320-325.
- Yang KS, Fong YT, Koh D, Lim MK. High coverage of influenza vaccination among healthcare workers can be achieved during heightened awareness of impending threat. Ann Acad Med (Singapore) 2007; 36: 384-387.
- 9. Maltezou HC, Maragos A, Halharapi T, et al. Factors influencing influenza vaccination rates among healthcare workers in Greek hospitals. J Hosp Infect 2007; 66:156-159.
- Tam DKP, Lee SS, Lee S. Impact of severe acute respiratory syndrome and the perceived avian influenza epidemic on the increased rate of influenza vaccination among nurses in Hong Kong. *Infect Control Hosp Epidemiol* 2008; 29:256-261.

Disinfectants Containing Chlorine: An Occupational Hazard?

disinfect the rooms of patients with C. difficile-associated disease (CDAD).¹ Concern has risen about the occupational safety of the cleaning employees using the disinfectant at this concentration. We conducted a small test to evaluate the concentration of chlorine in the air while the cleaning employees disinfected a patient's room according to our standard procedure (furniture, door, bathroom, and floor).

The chlorine-containing disinfectant in our hospital is made from 3 tablets of sodium dichloroisocyanurate dihydrate dissolved in 1 L of water to obtain a concentration of 4,500 ppm free chlorine. During the test, the door and windows were closed. Air samples were taken in the neighborhood of the cleaning employees (distance, approximately 1 m) during the decontamination procedure. The samples were analyzed according to method P&CAM 209 in the NIOSH Manual of Analytical Methods.²

During an 18-minute decontamination with a solution containing 4,500 ppm free chlorine, we sampled 18.3 L of air and found traces of chlorine that were not quantifiable. During a 15-minute decontamination with a solution containing 1,500 ppm free chlorine, we sampled 15.2 L of air and could not detect chlorine at all. On the basis of these results, we concluded that there is no occupational hazard for the cleaning employees while performing a decontamination procedure with a solution containing 4,500 ppm free chlorine made from sodium dichloroisocyanurate dihydrate tablets.

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REFERENCES

- 1. Simon A. Belgische aanbevelingen voor de preventie van infecties met *Clostridium difficile. Noso-info* 2006; 10:6-7.
- 2. National Institute for Occupational Safety and Health (NIOSH) Manual of Analytical Methods. 4th ed. Cincinnati, OH: US Department of Health and Human Services, 1994.

The Belgian national guidelines to prevent transmission of *Clostridium difficile* in hospitals state that it is justified to use a disinfectant containing 1,000 or 5,000 ppm free chlorine to