

INFECTION CONTROL^{AND}

HOSPITAL EPIDEMIOLOGY

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EDITORIAL

Small Round Structured Viruses: An Important Infection Control Problem?

Philip C. Johnson, MD

ORIGINAL ARTICLES

An Outbreak of Acute Gastroenteritis Caused by a Small Round Structured Virus in a Geriatric Convalescent Facility

George A. Gellert, MDCM, MPH, MPA;
Stephen H. Waterman, MD, MPH;
Donald Ewert, MPH; Lyndon Oshiro, MD;
Marjorie P. Giles, MA; Stephen S. Monroe, PhD;
Leo Gorelkin, MD; Roger I. Glass, MD

Adoption of Guidelines for Universal Precautions and Body Substance Isolation in Canadian Acute-Care Hospitals

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Influenza Outbreaks in Nursing Homes: How Effective is Influenza Vaccine in the Institutionalized Elderly?

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Frequent Acquisition of Multiple Strains of Methicillin-Resistant *Staphylococcus aureus* by Healthcare Workers in an Endemic Hospital Environment

Steven M. Opal, MD; Kenneth H. Mayer, MD;
Marjorie J. Stenberg, MS; Julia E. Blazek, PhD;
Dennis J. Mikolich, MD; David L. Dickensheets, MD;
Lisa W. Lyhte, BS; Ronald R. Trudel, MS;
James M. Musser, MD, PhD

CLINICAL PHARMACOLOGY OF ANTIBIOTICS

Aztreonam

Allan R. Tunkel, MD, PhD;
W. Michael Scheld, MD

TOPICS IN CLINICAL MICROBIOLOGY

Strongyloides stercoralis

Deborah J. Zygmunt, MD

LETTERS TO THE EDITOR

Medical Congress in Africa

Giuliana Gialdroni, MD; Carlo Grassi, MD

Mupirocin Ointment Indications

Ian Hudson, MBBS, MRCP

BOOK REVIEW

Safety Guide for Health Care Institutions (Fourth edition)

Linda F. Chaff
Reviewed by David W. Drummond, PhD, CIH

SHEA NEWSLETTER

From SmithKline Biologicals



Hepatitis B Vaccine (Recombinant)

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Adult dose (mcg)	20	10
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Alternate 0, 1, 2 month dosing regimen for certain populations*	✓	
Published efficacy data: Neonates born of infected mothers'	✓	✓
VACTRAC™—computer software for vaccination tracking and compliance	✓	
Bar-coded, unit-dose vials	✓	
Lowest cost per dose ²	✓	

*For those recently exposed to the virus (including needlestick exposure), certain travelers to high-risk areas and neonates born of infected mothers. When prolonged maintenance of protective antibody titers is desired, a booster dose at month 12 is recommended.

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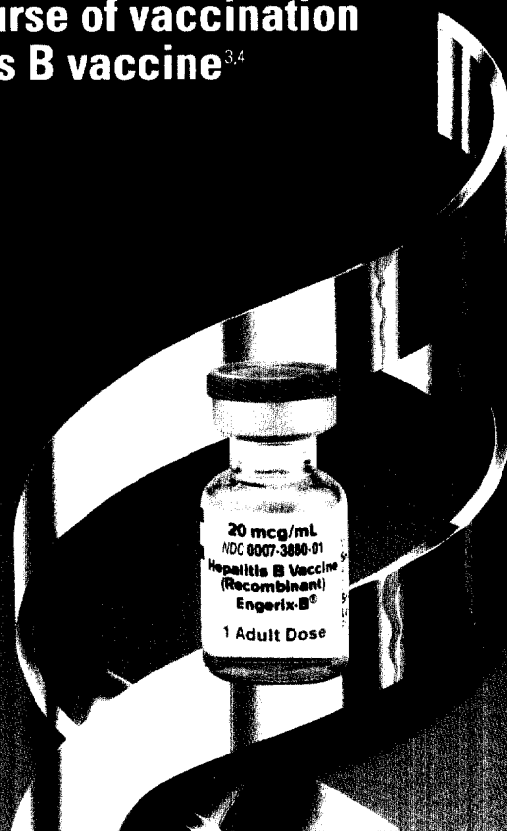
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¹Hepatitis B Vaccine (Recombinant), MSD.
²Please see brief summary of prescribing information on
adjacent page for a complete listing of adverse reactions,
contraindications, warnings and precautions.

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See complete prescribing information in SK&F literature or PDR. The following is a brief summary.

INDICATIONS AND USAGE: 'Engerix-B' is indicated for immunization against infection caused by all known subtypes of hepatitis B virus. Immunization is recommended for persons of all ages, especially those who are, or will be, at increased risk of exposure to hepatitis B virus.

CONTRAINDICATIONS: Hypersensitivity to yeast or any other component of the vaccine is a contraindication for use of the vaccine.

WARNINGS: Do not give additional injections to patients experiencing hypersensitivity after an 'Engerix-B' injection (See CONTRAINDICATIONS).

Hepatitis B has a long incubation period. Hepatitis B vaccination may not prevent hepatitis B infection in individuals who had an unrecognized hepatitis B infection at the time of vaccine administration. Additionally, it may not prevent infection in individuals who do not achieve protective antibody titers.

PRECAUTIONS: General: As with any percutaneous vaccine, keep epinephrine available for use in case of anaphylaxis or anaphylactoid reaction.

As with any vaccine, delay administration, if possible, in persons with any febrile illness or active infection.

Pregnancy: Pregnancy Category C. Animal reproduction studies have not been conducted with 'Engerix-B'. It is also not known whether 'Engerix-B' can cause fetal harm when administered to a pregnant woman or can affect reproduction capacity. Give 'Engerix-B' to a pregnant woman only if clearly needed.

Nursing Mothers: It is not known whether 'Engerix-B' is excreted in human milk. Because many drugs are excreted in human milk, use caution when giving 'Engerix-B' to a nursing woman.

Pediatric Use: 'Engerix-B' has been shown to be well tolerated and highly immunogenic in infants and children of all ages. Newborns also respond well; maternally transferred antibodies do not interfere with the active immune response to the vaccine.

ADVERSE REACTIONS: 'Engerix-B' is generally well tolerated. During clinical studies involving over 10,000 individuals distributed over all age groups, no serious adverse reactions attributable to vaccine administration were reported. As with any vaccine, however, it is possible that expanded commercial use of the vaccine could reveal rare adverse reactions not observed in clinical studies.

Ten double-blind studies involving 2,252 subjects showed no significant difference in the frequency or severity of adverse experiences between 'Engerix-B' and plasma-derived vaccines. In 36 clinical studies a total of 13,495 doses of 'Engerix-B' were administered to 5,071 healthy adults and children who were initially seronegative for hepatitis B markers, and healthy neonates. All subjects were monitored for 4 days post-administration. Frequency of adverse experiences tended to decrease with successive doses of 'Engerix-B'. Using a symptom checklist, the most frequently reported adverse reactions were injection site soreness (22%), and fatigue* (14%). Other reactions are listed below.

Incidence 1% to 10% of injections: Induration; erythema; swelling; fever ($>37.5^{\circ}\text{C}$); headache; dizziness.*

*Parent or guardian completed forms for children and neonates. Neonatal checklist did not include headache, fatigue or dizziness.

Incidence <1% of injections: Pain; pruritus; ecchymosis; sweating; malaise; chills; weakness; flushing; tingling; hypotension; influenza-like symptoms; upper respiratory tract illnesses; nausea; anorexia; abdominal pain; cramps; vomiting; constipation; diarrhea; lymphadenopathy; pain/stiffness in arm, shoulder or neck; arthralgia; myalgia; back pain; rash; urticaria; petechiae; erythema; somnolence; insomnia; irritability; agitation.

Additional adverse experiences have been reported with the commercial use of 'Engerix-B' outside the United States. Those listed below are to serve as alerting information to physicians: Anaphylaxis; erythema multiforme including Stevens-Johnson syndrome; angioedema; arthritis; tachycardia/palpitations; bronchospasm including asthma-like symptoms; abnormal liver function tests; migraine; syncope; paresis; neuropathy including hypoesthesia, paresthesia, Guillain-Barré syndrome and Bell's palsy; transverse myelitis; thrombocytopenia; eczema; purpura; herpes zoster; vertigo; conjunctivitis; keratitis; visual disturbances.

Potential Adverse Experiences: In addition, certain other adverse experiences not observed with 'Engerix-B' have been reported with Heptavax-B®† and/or Recombivax HB®‡. Those listed below are to serve as alerting information to physicians: Optic neuritis.

HOW SUPPLIED: 20 mcg/mL in Single-Dose Vials in packages of 1, 10 and 25 vials.

NDC 0007-3860-01 (package of 1)
NDC 0007-3860-11 (package of 10)
NDC 0007-3860-16 (package of 25)

10 mcg/0.5 mL in Single-Dose Vials in packages of 1 vial.

NDC 0007-3859-01 (package of 1)

† plasma-derived, Hepatitis B Vaccine, MSD

‡ yeast-derived, Hepatitis B Vaccine, MSD

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Date of issuance Aug. 1989

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References:


1. Poovorawan Y, Sanpavat S, Pongponlert W, et al: Protective efficacy of a recombinant DNA hepatitis B vaccine in neonates of HBe antigen-positive mothers. *JAMA* 1989; 261(22):3278-3281.
2. Based on Medi-Span® Hospital Formulary Pricing Guide, December 1989. 3. Data on file, SK&F. 4. Bush L, Moonsammy G, Boscia I: Evaluation of initiating a hepatitis B vaccination schedule with one vaccine and completing it with another. *Hepatology* 1989; 10:689.


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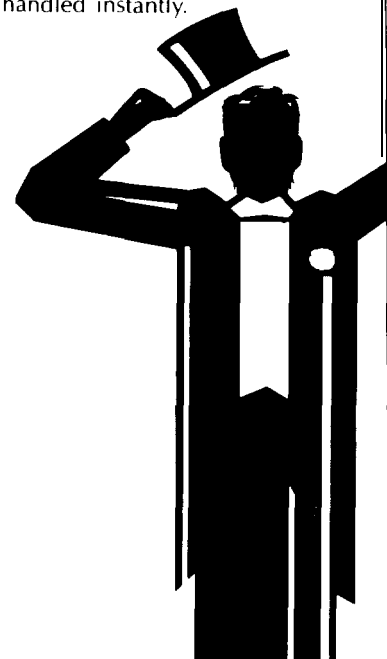
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INFECTION CONTROL AND HOSPITAL EPIDEMIOLOGY

EDITORIAL	Small Bound Structured Viruses: An Important Infection Control Problem?	457
	Philip C. Johnson, MD	
ORIGINAL ARTICLES	An Outbreak of Acute Gastroenteritis Caused by a Small Round Structured Virus in a Geriatric Convalescent Facility	459
	George A. Gellert, MDCM, MPH, MPA, Stephen H. Waterman, MD, MPH; Donald Ewert, MPH; Lyndon Oshiro, MD; Marjorie P. Giles, MA; Stephen S. Monroe, PhD; Leo Gorelkin, MD; Roger I. Glass, MD	
	Adoption of Guidelines for Universal Precautions and Body Substance Isolation in Canadian Acute-Care Hospitals	465
	David Birnbaum, MPH; Michael Schulzer, MD, PhD; Richard G. Mathias, MD; Michael Kelly, MD, PhD; Anthony W. Chow, MD	
	Influenza Outbreaks in Nursing Homes: How Effective is Influenza Vaccine in the Institutionalized Elderly?	473
	Matthew L. Cartter, MD; Philip O. Renzullo, MPH; Steven D. Helgeson, MD; Stanley M. Martin, MS; James F. Jekel, MD	
	Frequent Acquisition of Multiple Strains of Methicillin-Resistant <i>Staphylococcus aureus</i> by Healthcare Workers in an Endemic Hospital Environment	479
	Steven M. Opal, MD; Kenneth H. Mayer, MD; Marjorie J. Stenberg, MS; Julia E. Blazek, PhD; Dennis J. Mikolich, MD; David L. Dickensheets, MD; Lisa W. Lyhte, BS; Ronald R. Trudel, MS; James M. Musser, MD, PhD	
SPECIAL SECTIONS	Clinical Pharmacology of Antibiotics	486
	Aztreonam	
	Allan R. Tunkel, MD, PhD; W. Michael Scheld, MD	
	Topics in Clinical Microbiology	495
	<i>Strongyloides stercoralis</i>	
	Deborah J. Zygmunt, MD	
DEPARTMENTS	Information for Authors	450
	Letters to the Editor	451
	Book Review	498
	<i>SHEA Newsletter</i>	499
	Calendar of Events	502
	Classified Marketplace	503

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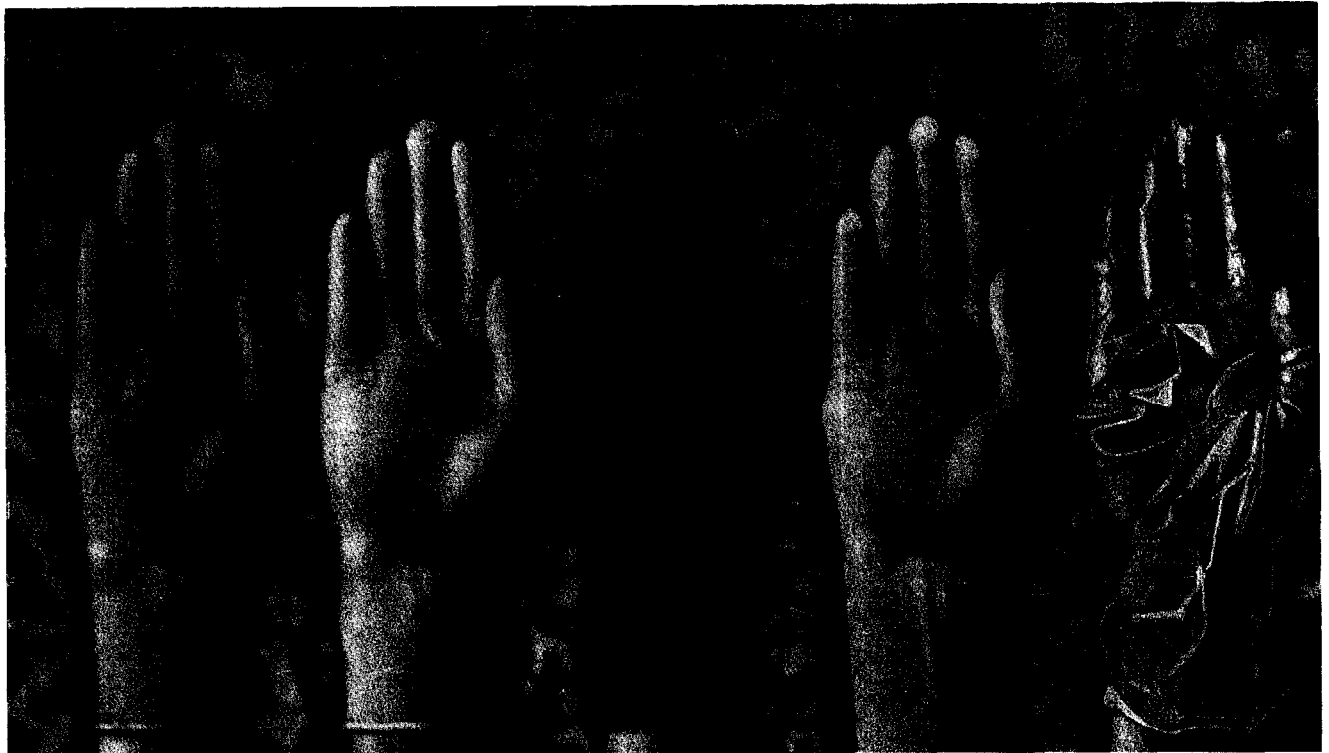
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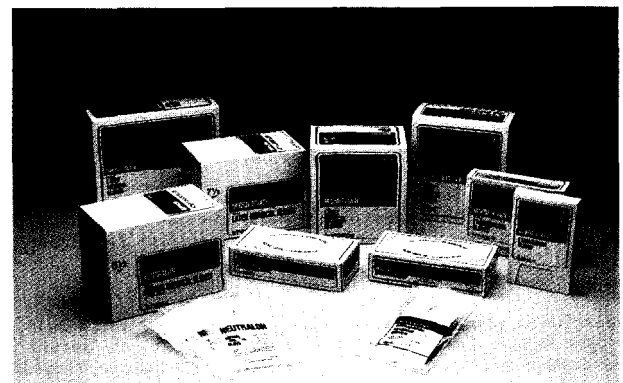
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