I want to take this opportunity to thank Michelle Peninger for her service this past year as President of TSICP. Thanks to her leadership, the organization had a very successful year that included organization and presentation of two Fundamentals classes for new practitioners, an Intermediate Course for practitioners, and our Annual Meeting of the entire TSICP membership.

This past year, TSICP chose to take the Summer Fundamentals class on the road to Amarillo. The program was well received and TSICP was able to recruit a number of practitioners from New Mexico, Oklahoma, and as far away as Kansas! We just completed another Fundamentals Class in Corpus Christi in January, with a total of 54 registrants and 49 new members, including several from Louisiana. TSICP is truly evolving into an organization that serves the entire Southwest.

As always, the strength of TSICP comes from its individual members. We need your ongoing participation to continue to allow the organization to grow. I would ask that any member who is willing to serve on the TSICP Board to please contact me or any other Board member so we can get your name on the next ballot.

This year will bring many challenges and opportunities for Infection Control Practitioners throughout the state. TSICP is actively involved in the current legislative efforts to design a plan for individual facility reporting of healthcare associated infections. This legislation will impact every hospital and ambulatory surgical center in the state. Healthcare associated infections (HAIs) are a major public health problem in the United States; are thought to be responsible for increased mortality and morbidity; and add millions of dollars in healthcare expenditures by states and their taxpayers. It has been estimated that in the United States as a whole, HAIs account for an estimated 2 million infections, 90,000 deaths, and $4.5 billion dollars in excess healthcare costs annually. The purpose of the advisory committee in Texas is to provide a basis for collection of HAI information and for using such information to improve patient safety and healthcare outcomes in Texas.

There will also be changes in Infection Control practice due to the recent release of the new Tuberculosis guidelines from the CDC (MMWR December 30, 2005/ Vol.54/No.RR-17) as well as ongoing discussion regarding modification of recommendations for isolation practice.

The TSICP Annual Conference is scheduled for April 6-7 at the Norris Conference Center in Austin. Thanks to the outstanding efforts of Charlotte Wheeler as Education Chairman, this meeting promises to be the highlight of the year for educational opportunities. Go to the TSICP website at www.tsicp.org to review the agenda. I hope to see each of you there.

And just as a note, visit the TSICP website frequently to check for information updates and meeting offerings. The Board members are listed at the site, along with our phone numbers and e-mail addresses. Please contact us if you need support or resources in your infection control practice...

I look forward to a great year in 2006. The community and healthcare leadership are finally beginning to realize the vital role of infection control in healthcare practice. Now is our time to actively provide the leadership and direction that will improve healthcare throughout the state.

Greg Bond, MSN, RN, CIC
If there is one area in Infection Control that fully illustrates just how many hats we wear as an ICP, it is construction and renovation. How does someone who has spent their entire career in the healthcare setting, suddenly know everything they need to know to discuss the details of construction jobs with professionals in that field? The answer to this nagging question has been my quest. With every new project – especially those with major challenges - I get closer to the answer. My quest is not complete, but I will share what I have learned so far. Unless you are brand new to Infection control, you know that construction and renovation pose serious infection risks to our patients, and that IC involvement is absolutely necessary to patient safety. Here are seven tips to help you be more effective:

1. **PREPARE**: Read HICPAC’s “Guideline for Environmental Infection Control In Healthcare Facilities” and “APIC State-of-the-Art Report: The role of infection control during construction in health care facilities”. Take your time and take some notes. Some of the information you will use with every project and some will only be needed for larger projects. If you have questions, try to find someone in facilities or maintenance that can help you understand.

2. **GET IT IN WRITING**: If you don’t have a Construction and Renovation Policy, an Infection Control Risk Assessment (ICRA), and an Infection Control Permit, go through the necessary channels to create them. Read and know your ICRA. It helps to reread it and take it with you when discussing any project to make sure you cover all questions.

3. **CONNECT**: Get to know the person in your facility that approves the budget for construction and remodeling projects. Talk with him/her about why your involvement is important at the very front end. Infection Control requirements need to be identified early so the costs of compliance with these requirements are known before specifications are decided on and contracts are signed.

4. **EDUCATE**: If you are lucky enough to have “project managers”, educate them as to why IC input is so vital to your patients; I find one picture of an invasive fungal infection is worth more than 1000 words. If you don’t have a project manager, educate the general contractor or whoever will be the “boss” on the project. This person has to buy into the importance of the ICRA and the preventive measures to be taken or you will be fighting an uphill battle.

5. **COMMUNICATE**: Attend meetings and ask questions. A healthcare professional can easily get lost when a bunch of construction people are discussing a job. Beg their indulgence, and ask for detailed explanations on things you don’t understand. The more diligence placed on the IC plan on the front end, the fewer problems for everyone for the rest of the project.

6. **INVESTIGATE**: Make rounds often. After you have approved barriers, air handling, and other protective measures on the site, visit the site frequently to make sure everyone is still following the rules. Carry the mobile phone.
I was reading this article in my new Infection Control Today magazine and thought I would share this with you. This article really opens my eyes to the fact that we don’t think about million of people being carriers of drug-resistant bacteria in their noses.

Doris Bergerson RN Infection Control Nurse

New Study Says 2 Million Americans Harbor Drug-Resistant Superbug

New research estimates that about 2 million people carry a strain of drug-resistant bacteria in their noses. The research, conducted by the Centers for Disease control and Prevention (CDC), is the first reliable nationwide estimate of colonization with Staphylococcus aureus, including methicillin-resistant Staphylococcus aureus (MRSA). It was published in the Jan. 15, 2006 issues of the Journal of Infectious Diseases.

Those colonized with normal strains of staph are at higher risk of infection with the bacterium, which can lead to conditions ranging from mild skin infection to fatal toxic shock syndrome. MRSA causes more difficult-to-treat and, sometime more virulent illnesses, MRSA was once primarily a problem in hospitals, but is now growing problem in communities around the country.

Matthew J. Kuehnert, MD and colleagues collected samples from nearly 10,000 participants in the 2001-2002 National Health and Nutritional Examination Survey, a representative sample of the U.S. population. Nearly one-third were found to be colonized with staph. Prevalence was highest among males and children between 6 years old and 11 years old. MRSA prevalence was 0.8 percent. MRSA was highest among women and those older than 60, but those colonized with strains commonly associated with community-associated MRSA were more likely to be younger and black.

Overall, strains and toxins previously found to be associated with community-associated MRSA were unusual. The genetic diversity of strains was remarkable—about half of isolates, including MRSA strains, had unique molecular fingerprinting patterns, and some fell outside recognized groups.

“There is a lot about staph colonization we don’t know,” Kuehnert says. “Interestingly, carriage of certain strains does seem to vary by socio-demographics, especially age and race. We need to learn more in order to allow design of new, more effective interventions,” he adds, including vaccines or antimicrobial treatment. “Data from subsequent survey years may determine whether there are ongoing trends in colonization.”

In an accompanying editorial, Clarence Buddy Creech ll, MD, of Vanderbilt University, and colleagues observe that, “In light of the increasing frequency of community-associated MRSA infection, new antimicrobials are needed,” although an effective vaccine against staph would provide a more permanent solution.

Source: Infectious Diseases Society of America (IDSA)

numbers of the people in charge for quick resolution to any noncompliance issues. Don’t hesitate to shut down any work if patient safety is jeopardized.

7. **LEARN:** Debrief when a project is completed. Make sure the lessons are shared between all team members. Build on these lessons to strengthen your process.

**Lynda Watkins,** RN, BSN, CIC

---

**New Study Says 2 Million Americans Harbor Drug-Resistant Superbug**

New research estimates that about 2 million people carry a strain of drug-resistant bacteria in their noses. The research, conducted by the Centers for Disease control and Prevention (CDC), is the first reliable nationwide estimate of colonization with *Staphylococcus aureus*, including methicillin-resistant *Staphylococcus aureus* (MRSA). It was published in the Jan. 15, 2006 issues of the *Journal of Infectious Diseases*.

Those colonized with normal strains of staph are at higher risk of infection with the bacterium, which can lead to conditions ranging from mild skin infection to fatal toxic shock syndrome. MRSA causes more difficult-to-treat and, sometime more virulent illnesses, MRSA was once primarily a problem in hospitals, but is now growing problem in communities around the country.

Matthew J. Kuehnert, MD and colleagues collected samples from nearly 10,000 participants in the 2001-2002 National Health and Nutritional Examination Survey, a representative sample of the U.S. population. Nearly one-third were found to be colonized with staph. Prevalence was highest among males and children between 6 years old and 11 years old. MRSA prevalence was 0.8 percent. MRSA was highest among women and those older than 60, but those colonized with strains commonly associated with community-associated MRSA were more likely to be younger and black.

Overall, strains and toxins previously found to be associated with community-associated MRSA were unusual. The genetic diversity of strains was remarkable—about half of isolates, including MRSA strains, had unique molecular fingerprinting patterns, and some fell outside recognized groups.

“There is a lot about staph colonization we don’t know,” Kuehnert says. “Interestingly, carriage of certain strains does seem to vary by socio-demographics, especially age and race. We need to learn more in order to allow design of new, more effective interventions,” he adds, including vaccines or antimicrobial treatment. “Data from subsequent survey years may determine whether there are ongoing trends in colonization.”

In an accompanying editorial, Clarence Buddy Creech ll, MD, of Vanderbilt University, and colleagues observe that, “In light of the increasing frequency of community-associated MRSA infection, new antimicrobials are needed,” although an effective vaccine against staph would provide a more permanent solution.

**Source:** Infectious Diseases Society of America (IDSA)
JCAHO is proposing an influenza immunization standard due to the transmission of influenza from HCW’s, staff, and volunteers to co-workers and patients who are already vulnerable for influenza.

Less than 40% of all HCW’s are immunized against flu annually (CDC, 2003). In October 2005, ACIP published a set of recommendations for prevention and control of flu (MMWR, 54 (R08); 1-40) as follows:

In October of each year healthcare facilities should offer flu vaccine to all workers on all shifts, free-of-charge and with convenient access, as part of their employee health program.

Educate HCW’s regarding benefits of vaccine and potential consequences of flu to themselves, families and patients.

ACIP and CDC are expected to issue jointly their recommendations in the near future. ACIP Board endorses mandatory flu vaccine for HCW’s.

JCAHO Infection Control standards do not specifically require organizations to offer the vaccine. However, IC Standard 4.10 requires organizations to refer for assessment, potential testing and immunization, all staff, students/trainees, volunteers and licensed independent practitioners meeting following criteria:

- Identified as potentially having an infectious disease or risk of infectious disease that can put the population they serve at risk;
- Have been occupationally exposed to infectious agents.

JCAHO believes that integrating CDC, ACIP and HICPAC recommendations into the IC Standards and the Improving Organization Performance Standards would increase patient safety and decrease the number of serious flu complications to the at-risk population. Consideration is being given by JCAHO regarding the following:

- mandatory flu vaccine among caregivers;
- who should be required to have a vaccination;
- who could decline vaccine for legitimate or other reasons; and how, or even whether, organizations can track declination rates

Watch for upcoming TSICP news for information or go to www.jcaho.org for field reviews.

Kathleen Byrne, RN, BSN
"Infection Control Interventions in Patient Safety"

TSICP’s 29th Annual Conference
April 6-7th 2006
Norris Conference Center
Austin, Texas

Mark your calendars for a great 2 day conference coming up in April. The Education Committee has worked very hard to provide you with a quality educational program at an affordable price. We have a line of GREAT SPEAKERS this year that will be sure to increase your knowledge in several areas.

Patti Grant is the ICP from Medical City Dallas, past TSICP president, active in the Governmental Affairs Committee of DFW APIC, and currently serving as a member of the Texas Advisory Panel on Health Care-Associated Infections. Patti will give us “Big Ideas for Small Hospitals."

Doug Erickson has worked in the health care industry for more than 28 years. He has experience working for the Joint Commission on Accreditation of Health Care Organizations; he’s worked in the hospital environment as a facility manager; and was with the American Hospital Association as the director of design and construction. For the past eight years, he’s continued to work with the American Hospital Association, as well as the American Society for Health Care Engineering. Doug will be updating us on “Construction and Infection Control.”

Dr. Elizabeth Race is assistant professor of internal medicine at UT Southwestern and an infectious diseases specialist. She will be unraveling the mystery of MRSA, both hospital acquired and community acquired. If MRSA is a problem at your hospital, you will want to sit in for this one.

Dr. Andrew Kroger is a Medical Epidemiologist, from the National Immunization Program from CDC. He will be preparing us for the Avian Flu and prevention measures. This topic has received much media coverage. Dr. Kroger will give us an update.

Teresa and Dean Dozier are from Louisiana and experienced the day to day life in a disaster from Katrina. They will be sharing their experiences from an ICP perspective (Teresa) and a Parish director (Dean) for Homeland Security with lessons learned.

Donna Weaver is an educator for the CDC National Immunization Program. She will give us the latest update for Vaccine Preventable Diseases and perhaps give us some insight into the future of some vaccines.

Lori Henke is the Clinical Pharmacy Manager from Amarillo Texas. She is a PharmD and will give us an overview of Antibiotic Classes and their interventions in the IC world. She will be discussing the mechanisms of antimicrobial resistance and how resistance impacts treatment. Also, she will discuss methods
for reducing resistance including cycling of antimicrobial agents.

Teresa Garrison is the Director of Healthcare Epidemiology, Patient Safety and Process Excellence at BJC Healthcare in St. Louis. She will show us how to quantify infection prevention results using the best data presentation methods displaying results in the most impactful and meaningful way.

Sue Sebazco is the Infection Control/Employee Health Director at Arlington Memorial Hospital in Arlington, Texas. She is very active in the DFW APIC chapter, and served as President of both the APIC and TSICP organizations. Sue will be walking us through an actual Sentinel Event with a Hospital Acquired Infection. Something none of us want to have to experience, but need to be prepared in all our positions.

Dr. Robert Haley is a professor from University of Texas Southwestern Medical Center, Dallas. He is a member of the Texas Advisory Panel on Health Care Associated Infections. He is active in public health, Gulf War Syndrome and infection control. He will give us an update on the progress of the Advisory Panel and what this means in the future for us as ICPs.

Overall a great 2 days of education and updates for all ICPs whether you have been in the field for 2 months or for 200 years. Join us in Austin this year. See ya there.

Charlotte Wheeler, RN, BSN, CIC

MEMBERSHIP FORM

Social Security No.________________________
Name______________________________
Title______________________________
Institution____________________________
Address______________________________
City____________________ State___ Zip ________
Business Phone Number____________________________
Fax Number________________________________
Email Address____________________________
Home Address______________________________ (Optional)
City____________________ State___ Zip ________
Home Phone Number____________________________
Preferred Mailing Address:
_____ Business  _____ Home

Dues payments to the Texas Society of Infection Control Practitioners are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary business expense.

DISCIPLINE:
__  RN          __  Microbiologist
__  LPN/LVN                     __  MD
__  Medical Tech
__  Sterile Processor  Other ___________

CERTIFICATION:
__ YES  NO
TYPE ________________________________

Enclosed is my check payable to TSICP in the amount of: $75.00, or I authorize TSICP to charge my:
Discover  MasterCard  VISA  Am. Exp.
Account Number ____________________________
Expiration Date ____________________________
Print name as shown on card __________________
Signature
______________________________________  (must be signed to charge)

TSICP was recommended by
Please print.

Name_____________________________ First Name (for badge)________________________

Social Security #_________________________ Title________________________

Institution__________________________ E-mail address________________________

Address_____________________________ Phone #____________________________

City/State/Zip________________________ FAX #____________________________

REGISTRATION FEES*: 
Member Non-Member
$325.00 $400.00**

(*Fee includes luncheons, refreshment breaks, and materials.) (** The non-member fee also includes a membership in TSICP until August 31, 2006.)

Enclosed is my check payable to TSICP in the amount of $______________ or I authorize charge to my:

☐ Master Card Account #__________________________ Exp. Date:__________
☐ Visa Card
☐ American Express Name as appears on card:________________________
☐ Discover

Signature______________________________________________________________

(must be signed to charge)

IN ORDER TO BE REGISTERED FOR THIS WORKSHOP

The easiest way to guarantee your place is to fax your registration form to 512-402-1875 or register online at www.tsicp.org and pay with a credit card.

If you are paying by check (Make checks payable to TSICP.)– mail your registration and payment to: P.O. Box 341357, Austin, Texas, 78734 (please fax a copy to us first at 512-402-1875). You may also register at www.tsicp.com.

Registration is not complete until payment is received. Please call if you do not receive confirmation of this registration by April 4, 2006.

Cancellations: The seminar tuition, less a 20% processing fee, is refundable if notice is received three business days prior to the meeting. No refunds will be given after this time. Registrants unable to attend may send a substitute. If you have questions, call 512-263-2480 or e-mail dkraft_1@msn.com.

Dues payments to TSICP are not deductible as charitable contributions for federal income tax purposes. Dues payments are deductible by members as an ordinary and necessary business expense.
TSICP
WILLINGNESS-TO-SERVE FORM

NAME ___________________________________________ POSITION ___________________________________________

EMPLOYER ___________________________________________

ADDRESS __________________________________________________________________________________

WORK PHONE ___________________________________ HOME PHONE _______________________________

FAX NUMBER ________________________________________________________________________________

EMAIL ADDRESS ________________________________________________________________

NUMBER OF YEARS IN INFECTION CONTROL ______________ AS TSICP MEMBER ___________________________

I am willing to serve TSICP in the following capacity (if more than one, please indicate the order of preference with 1 being the highest):

☐ President-Elect  ☐ Membership  ☐ Education/Programs
☐ Board Member  ☐ Nominating  ☐ TSICP Times articles
☐ TDH Liaison  ☐ Website  ☐ Sponsorships

Other interests: _____________________________________________________________
____________________________________________________________________________

Previous experience that would benefit TSICP:
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Date _____/_____/______ Signature ____________________________________________

If you are interested in serving TSICP, please fill out the information above and fax it to 512-402-1875 it to:

Doris Kraft

TSICP
P.O. Box 341357
Austin, Texas 78734
WHOOPING COUGH (PERTUSSIS)
And you thought it was a thing of the past...

CDC reported for 2003 (preliminary count) more than 11,000 cases of pertussis in the U.S. alone, up from 9,771 in 2002, and 50 million cases worldwide, with 350,000 associated deaths. This highly contagious, acute bacterial debilitating respiratory disease is on the rise among teenagers and the elderly. Pertussis vaccine, once thought to last a lifetime, often is not effective more than ten years. Anyone exposed to a person with whooping cough (pertussis) should contact his or her physician.

Simply practicing cough etiquette and hand washing can help prevent transmission. ACIP recommends adults 19-64 should be vaccinated with the new adult booster, tetanus diphtheria and pertussis vaccine (Tdap). Tdap replaces the currently used tetanus/diphtheria (Td) for adult boosters. Begin using Tdap on anyone not receiving a Td booster dose in a ten-year or greater period. Adults should receive one single dose of Tdap to replace a single dose Td.

In situations where it is important to protect against pertussis (nursing homes, NICU’s, e.g.), intervals shorter than ten years since last Td vaccination may be used. A two-year interval between Td and Tdap is suggested to decrease risk of reactions following vaccination.

For further information visit www.cdc.gov/od/oc/media/pressrel

Kathleen Byrne, RN, BSN

What do Beds Have to do with Infection Control?

How often have you run across something you feel you should have known? Even those of us with years of experience in the field of infection control are sometimes stymied by little known laws and the associated rules. One such law is The Texas Bedding Act, Chapter 345, Health and Safety Code (HSC), and the Texas Bedding Rules, 25TAC §§205.1-205.17.

The Act applies to all persons, partnerships, corporations, and associations engaged in the business of manufacturing, renovating, wholesaling, distributing, importing, processing, germicidally treating, and selling items of bedding or processed filling materials. These regulations do not apply to persons who make, renovate, or germicidally treat bedding for their own use. The rules require a permit only if the business performs any one of the above eight specific types of bedding-related activities and chose to perform germicidal treatment of bedding articles. In the healthcare setting this rule...
would apply to Durable Medical Equipment (DME) suppliers who rent out bedding.

“Bedding” is limited to specific stuffed or filled articles that can be used by a human for sleeping or reclining such as a mattress, mattress pad, mattress protector, box spring, sofa bed studio couch, chair bed, convertible bed, convertible lounge, pillow, bolster, quilt, quilted spread, comforter, cot pad, sleeping bag, lounge chair pad, utility or all-purpose pad, crib pad, playpen pad, crib bumper pad, car bed pad, infant carrier pad, convertible stroller pad, bassinet pad, bed rest and lounge-type cushion, or a stuffed or filled article.

In any event regardless of whether the supplier is selling, leasing, or renting, they are required to have a germicidal treatment license and use only the approved germicides as approved by the Department of State Health Services. The following web site can be used to obtain a copy of the permit and Bedding Rules: http://www/tdh.state.tx.us/beh/ps/bed.htm

So if you work for a corporation that provides a variety of home care services which include a DME, you might want to see if they are adhering to the Texas Bedding Act and Rules. Remember this permit is only needed if your DME will perform an approved germicidal treatment process to articles of bedding.

Susan L. Jones MPH, M(ASCP), CIC, CHSP
Laredo Medical Center

Flu Do Si Do

Choose your partners, one and all
Aspirin, Advil, or Tylenoll

Now fling those covers with all you've got,

One minute cold, the next minute hot,

Circle right to the side of the bed,
Grab the tissues and Sudafed.

Back to the middle and don’t goof off;
Hold your stomach and cough, cough, cough.

Forget about slippers, dash down the hall,
Toss your cookies in the shower stall.

Remember others on the brink;
Wash your hands; wash the sink.
Wipe the doorknob, light switch too,
By George, you've got it,
You're doing the Flu!

In the future do what your told
Some like it cold,
some like it hot;

Don’t want that, then get the shot.

We don’t know the clever poet… please notify us if you know the poet.
Corpus Christi Texas was the beautiful location for the first Infection Control Fundamentals Course in 2006. 47 individuals from Texas and 7 from Louisiana came to Corpus for the 2 day course. Not only did the new ICPS sail through the hard stuff of statistics and regulatory agencies affecting infection control, but they took a tour of the historical USS Lexington, with a IMAX showing of “Fighter Pilot.”

If you missed out on this great event and consider yourself a new ICP that needs help ..... don’t dismay.... Our Summer course is coming soon in July . The location will be Arlington Texas “Fun Central of Texas”. Mark your calendars.

Please help us congratulate our New ICPS that have completed the Fundamentals Course:

Elava Agin
Rebecca Alejandro
Linda Ameial
Adrienne Avendano
Ann Benavides
Cindy Breen
Connie Brenton
Kathleen Byrne
Carmen Castillo
Lucy Chandarlis
Eloisa Chapa
Shawn Clifford
Amy Crews
Danielle Everett
Lizette Garcia
Tena Tiller
Marcy Wear

Rafael Garcia
Kimberly Gill
Kristie Gleaton
Martha Hall
Gracie Hinojosa
Sandy Irvin
Michelle Isham
Candy Isom
Tricia Jelinek
Tonya LaForge
Angela Magee
Star McKay
Mary Beth McMillon
Javier Medrano
Michele Meric
Kelley Walker
Keisha Whitman

Joyce Moore
Yvette Natividad
Joyce Nelson
Korina Pate
Belinda Patrick
Irene Petry
Carla Rangel
Melodi Ross
Cari Scott-Gonzalez
Pam Smith
Denise Stewart
Joyce Tedford
Bernadette Thompson
Reba Thompson
Courtue Thurlkill
Ramona Watson
Natalie Williams-Bouyer

Attendees gave their full attention to TSICP speakers at the Winter Fundamentals course held in Corpus Christi in January.

Martha Hall and husband George were among those who attended the reception aboard the USS Lexington Museum and attended the IMAX showing of “Fighter Pilot.”

TSICP’s Dynamic Trio Jamie Kraft, Tjin Koy, and Charlotte Wheeler were also on board.
We are in the middle of Influenza Season and are seeing 50-60 patients a week with + Influenza A/B with the rapid Flu test. Our policy is to place the patient in Droplet isolation for 5 days. (GUIDELINES AND RECOMMENDATIONS Infection Control Guidance for the Prevention and Control of Influenza in Acute-Care Facilities) http://www.cdc.gov/flu/professionals/infectioncontrol/healthcarefacilities.htm

Many of our physicians were under the assumption that when patients receive Tamiflu, the isolation time is shortened. Our physicians were removing the patients after 3 days of admission if they had been treated with Tamiflu. Not only were they taking patients out of isolation early, but telling our employees seen in their office, that it was ok for them to go back to work in 3 days.... If they had been treated with Tamiflu.

Infection control was asked to re-search the issue to confirm or deny the “assumption”:

We researched this question through several sources. We contacted Roche Dr. Lau-ren Baccall and CDC Infectious Disease Division, Dr. Mark Katz.

Roche... the maker of Tamiflu state they have not completed any studies on the patient’s communicability while taking Tamiflu and would re-commend the patient stay in iso-lation/off work during the CDC recommended time (5-7 days)

Dr. Mark Katz from the Infectious Disease Division of CDC state: Regarding droplet pre-cautions for influenza patients, the precautions should remain the same regardless of the treat-ment the patient has received -- there's not enough conclusive evidence about viral shedding/ infectivity of patients being treated with oseltamivir to re-commend cutting back on pre-cautions earlier than the regular guidelines.

With the above infor-mation, we sent a memo to all nursing units and physicians that our hospital would continue to fol-low CDC recommen-dation for 5 days of Isolation. This included patients with Tamiflu treatment and those not re-ceiving Tamiflu. If you are having similar questions at your hospital and need further information, you may visit the CDC website http://www.cdc.gov/flu/professionals/infectioncontrol/

Or you may contact Dr. Katz
Mark Katz MD
Influenza Branch
Centers for Disease Control and Pre-vention
Phone: (404)639-2363
Fax: (404)639-3866
WHO IS AN OUTSTANDING TEXAS INFECTION CONTROL PROFESSIONAL WHO HAS GONE BEYOND THE CALL OF DUTY??

Each year, infection control professionals in Texas have the opportunity to honor one of their own with the Gerry Haynes Memorial Award.

Gerry Haynes was one of the first Texas pioneers in the uncharted areas of infection control. In 1973, Gerry insisted that the hospital give Infection Control a full department status and emphasized the importance of following infection control practices. She served as the first president of the newly formed Texas Society for Infection Control Practitioners (TSICP) in 1975-1976. Gerry was noted for her natural leadership abilities, self-confidence, goal-oriented personality, and significant accomplishments in the field of infection control. One of her greatest attributes was inspiring “excellency in others”.

As an infection control professional, she achieved a great deal in a short lifetime. She developed a kidney malignancy and passed away in the late 1970's. As a way to honor Gerry Haynes, each year TSICP recognizes an Infection Control Professional who has made significant contributions in infection control and stands firmly behind the goal of improving patient care and patient safety.

The TSICP Board Members invites you to give serious consideration to nominating a worthy colleague for the Gerry Haynes Award. This award will be presented during the annual conference to an active TSICP member that is involved in infection control and has demonstrated excellence in any of the following areas: through professional accomplishments (local, regional, and national), research activities, publications, special recognition for infection control activities and community activities/involvements.

To nominate this infection control practitioner, please complete the nomination form in the TSICP Times, or for your convenience you may go to the TSICP website at www.tsicp.org. Fax forms should be sent to Doris Kraft at (512) 402-1875. Website forms should be emailed to Letha Mosley, TSICP Board member, at Letha_Johnson@hchd.tmc.edu.

Nomination forms are due by March 10, 2006.

The members of the TSICP Board will review all nominees. If you have any additional questions, please contact Letha Mosley at (713) 873 – 2160 or via email.
Gerry Haynes Nomination Form

Candidate Name: ________________________________________________________________

Hospital/Work Site: ______________________________________________________________

Address: ______________________ City: ______________ State: __ Zip: ____________

Work phone: _______________ Fax: _______________ E-mail: ______________________

Current professional position: __________________________________________________

Name of Nominator: ____________________________________________________________

Hospital/Work Site: _____________________________________________________________

Address: ______________________ City: ______________ State: __ Zip: ____________

Work phone: _______________ Fax: _______________ E-mail: ______________________

Current professional position: __________________________________________________

Short statement of nomination about the candidate:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

FAX NOMINATION FORM BY 3/10/2006 TO: Doris Kraft, 512-402-1875
Be sure to check out TSICP’s website. You can read the newsletter; download brochures; register online; contact members of the board and the TSICP office; find topics of interest; find links to information you need; and much more.