



**JULY 2011**

**PUBLIC HEALTH ALERT**

The dust storm that blew through the valley on July 6 has raised concerns about Valley fever. The Valley Fever Center for Excellence (VFCE) and the Arizona Department of Health Services (ADHS) are pleased to present: *Coccidioidomycosis (Valley Fever) for the Primary Care Physician* available for on-line CME credit. This online course is available for Physicians and Primary Care Professionals, and discusses the epidemiology, diagnosis and clinical management of Valley Fever. To access the online CME, [click here](#). To learn more, visit the [ADHS valley fever website](#)

**Contamination of health care workers' clothing**

A report in the American Journal of Infection Control suggested that a large proportion of health care workers' white coats may be contaminated with *Staphylococcus aureus*, including MRSA. The study concluded that white coats may be an important vector for patient-to-patient transmission of *S aureus*. The participants in the study included 38 students (26%), 64 residents (43%), 12 fellows (8%), and 31 attending physicians (21%). In the study 23% of white coats tested were contaminated with *S aureus*, of which 18% were MRSA. *S. aureus* contamination was more prevalent in residents, those working in inpatient settings, and those who saw an inpatient that day. Of note, about two-thirds of the participants had not laundered their coats for over a week.

The Journal of Clinical Microbiology reported a study on the survival of bacteria on five common hospital materials: 100% cotton (clothing), 100% cotton terry (towels), 60% cotton–40% polyester blend (scrub suits and lab coats), 100% polyester (privacy drapes), and 100% polypropylene plastic (splash aprons). All bacteria survived for at least 1 day, and some survived for more than 90

days on these uncleaned materials. The long survival of these bacteria, including MRSA and VRE, on commonly used hospital fabrics, such as scrub suits, lab coats, and hospital privacy drapes,

underscores the need for meticulous Contact/Special Contact procedures and careful cleaning and disinfection procedures.

As CHN transitions to a standardized uniform process to improve Patient Satisfaction, please remember the following points:

- Wear clean clothing each day to prevent spreading infectious germs from one patient to another.
- Wear disposable gowns and gloves when entering Contact/Special Contact precautions rooms to avoid contamination of your clothing.
- Don't use items such as fanny packs or stethoscope covers, which are frequently used day after day without being cleaned or laundered.
- When your hands are contaminated or gloved, avoid contaminating your uniform (e.g., reaching into the pockets of your uniform to retrieve items such as pens, scissors, and tape).

References: Am J Infect Control 2009;37:101-5.

Journal of Clinical Microbiology, Feb. 2000, p. 724–726.

### Cell Phones of Hospital Patients Carry Pathogenic Bacteria

June 7, 2011 — Mobile phones (MPs) of hospital patients and their visitors carry a higher risk for nosocomial pathogen colonization than do the MPs of healthcare workers (HCWs), according to the results of a [cross-sectional study](#) published in the June issue of the *American Journal of Infection Control*.

"In contrast to [the] benefits of these devices, some investigators have reported that MPs of medical personnel may be a potential source of bacterial pathogens in the hospital setting," write Mehmet Sait Tekerekoglu, MD, from the Department of Medical Microbiology, Faculty of Medicine, Inonu University in Malatya, Turkey, and colleagues. "However, there are little data about the infection threat offered by the MPs of the persons except HCWs. The present study was conducted to determine whether MPs of patients, patients' companions, and visitors carry any pathogenic bacteria likely to cause infection in hospital wards."

Swab samples were collected from the keypads, microphones, and earpieces of 200 MPs, including 67 MPs belonging to HCWs and 133 belonging to patients, patients' companions, and visitors.

Pathogenic bacteria were cultured from 39.6% of MPs of the patients and visitors compared with 20.6% of MPs of the HCWs ( $P = .02$ ). Multidrug-resistant pathogens, including methicillin-resistant *Staphylococcus aureus*, extended-spectrum b-lactamase-producing *Escherichia coli*, *Klebsiella* species, high-level aminoglycoside-resistant *Enterococcus* species, and carbapenem-resistant *Acinetobacter baumannii*, were cultured from 7 MPs of patients and visitors compared with none of the MPs of HCWs.

At CHN please remember to clean your personal electronic equipment frequently.

*Am J Infect Control*. 2011;39:379-381. [Abstract](#)



CARONDELET HEALTH NETWORK INFECTION PREVENTION AND CONTROL

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