

INFECTION CONTROL



EDITORIAL

Infections in Long-Term Care Facilities

Philip W. Smith, MD

ORIGINAL ARTICLES

Infection Control Programs in Twelve North Carolina Extended Care Facilities

Loraine E. Price, BSN, CIC; Felix A. Sarubbi, Jr., MD; William A. Rutala, PhD

Infection Control in Pulmonary Function Laboratories

Ofelia C. Tablan, MD; Walter W. Williams, MD; William J. Martone, MD

Methicillin-Resistant *Staphylococcus aureus* (MRSA): Risk and Outcome of Colonized vs. Infected Patients

Jenice N. Longfield, MD, MPH; Timothy R. Townsend, MD;
David F. Cruess, PhD; Maureen Stephens, RN;
Catherine Bishop, MS; Elizabeth Bolyard, RN; Elsie Hutchinson, RN

Biological Sterilization Monitors: A Four-Year In-Use Evaluation of Two Systems

Helen Rosen Kotilainen; Nelson M. Gantz, MD

Brief Report: Inactivation of Herpesvirus on CPR Manikins Utilizing a Currently Recommended Disinfecting Procedure

Robert Z. Cavagnolo

SPECIAL SECTIONS

Readers' Forum: The Disinfectant Dilemma

Inge Gurevich, RN, MA, CIC

Topics in Clinical Microbiology: Methicillin-Resistant *Staphylococcus aureus*: Clinical and Laboratory Features

Kenneth E. Aldridge, PhD

Cost Containment in Infection Control: Worried Sick

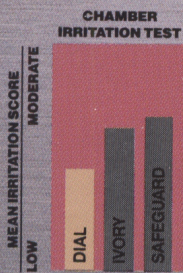
Richard V. Lee, MD

Reach for advanced protection.

And help wash away the threat of nosocomial infection with improved formula Dial.

Improved Dial protects you and your patients with an advanced technique that makes the active ingredient 3, 4, 4'-

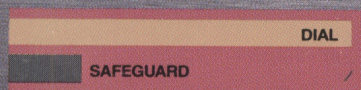
Trichlorocarbanilide even more effective than before. Dial gives you the effectiveness of bacteriostatic protection in a bar soap as mild as soap can be.



As an important part of any hygiene program, Dial helps in removing patient-acquired microorganisms, reducing nosocomial infections, and providing residual antibacterial action.

In controlled clinical and laboratory tests, Dial has been shown to be effective against ordinary skin flora, as well as pathogenic strains of *Staphylococcus aureus*, *Streptococcus pyogenes*, *Corynebacterium minutissimum*. In both *in vitro* and *in vivo* microbiological tests, Dial demonstrated its superior effectiveness against other bar soaps. Dial proved itself to be

IN VITRO MICROBIOLOGICAL AVAILABILITY TEST



ANTIBACTERIAL EFFECTIVENESS
Length of bar is inversely proportional to the bacterial count.

nearly five times more effective *in vitro* antibacterial efficacy than its leading competitor.

Dial not only has excellent bacteriostatic protection, but is formulated to treat skin gently, even with frequent use. Results of studies using the soap chamber test show that Dial is mild.

Advanced antibacterial effectiveness in a bar soap as mild as soap can be. Reach for Dial. For more information and study references on Advanced Protection Dial, call for our new brochure: Toll-Free 1/800/528-0849.





WHAT'S THE BEST HANDWASH/SCRUB? HANDS UP OR HANDS DOWN IT'S

HIBICLENS[®]

(CHLORHEXIDINE GLUCONATE)

It is well established that hand-washing is the most important single procedure in preventing transmission of hospital-acquired infections. HIBICLENS, the only proven antiseptic/antimicrobial, is the best agent available for both personnel handwashing and surgical scrubbing. HIBICLENS

provides the most immediate and prolonged protection against infection, with the best bactericidal "kill rate." And to encourage skin cleansing among hospital personnel, HIBICLENS offers cosmetic acceptability coupled with an excellent safety profile. Gentle to the skin, HIBICLENS is virtually

nonirritating and nonsensitizing, with a low potential for toxicity.

Available as both a liquid and impregnated in a disposable Sponge/Brush, HIBICLENS remains the single most effective antiseptic/antimicrobial skin cleanser for use throughout the hospital.

THE BEST ANTISEPTIC/ANTIMICROBIAL SKIN CLEANSER

INFECTION CONTROL

Table of Contents

Editorial

- Infections in Long-Term Care Facilities** 435
Philip W. Smith, MD

Original Articles

- Infection Control Programs in Twelve North Carolina
Extended Care Facilities** 437
Loraine E. Price, BSN, CIC; Felix A. Sarubbi, Jr., MD;
William A. Rutala, PhD

- Infection Control in Pulmonary Function Laboratories** 442
Ofelia C. Tablan, MD; Walter W. Williams, MD; William J. Martone, MD

- Methicillin-Resistant *Staphylococcus aureus* (MRSA):
Risk and Outcome of Colonized vs. Infected Patients** 445
Jenice N. Longfield, MD, MPH; Timothy R. Townsend, MD;
David F. Cruess, PhD; Maureen Stephens, RN;
Catherine Bishop, MS; Elizabeth Bolyard, RN, Elsie Hutchinson, RN

- Biological Sterilization Monitors:
A Four-Year In-Use Evaluation of Two Systems** 451
Helen Rosen Kotilainen; Nelson M. Gantz, MD

- Brief Report: Inactivation of Herpesvirus on CPR Manikins Utilizing
a Currently Recommended Disinfecting Procedure** 456
Robert Z. Cavagnolo

Special Sections

- Readers' Forum: The Disinfectant Dilemma** 459
Inge Gurevich, RN, MA, CIC

- Topics in Clinical Microbiology: Methicillin-Resistant
Staphylococcus aureus: Clinical and Laboratory Features** 461
Kenneth E. Aldridge, PhD

- Cost Containment in Infection Control: Worried Sick** 466
Richard V. Lee, MD

Departments

- | | | | |
|--------------------------------|-----|-------------------------------|-----|
| Information for Authors | 429 | Calendar of Events | 468 |
| Letters to the Editor | 434 | Classified Marketplace | 472 |

**The ideas and opinions expressed by contributing authors do not
necessarily reflect those of the editors or publisher.**

Publisher: Infection Control (ISSN-0195-9417) is published monthly by SLACK Incorporated, 6900 Grove Road, Thorofare, New Jersey 08086. Telephone: Thorofare (609) 848-1000.

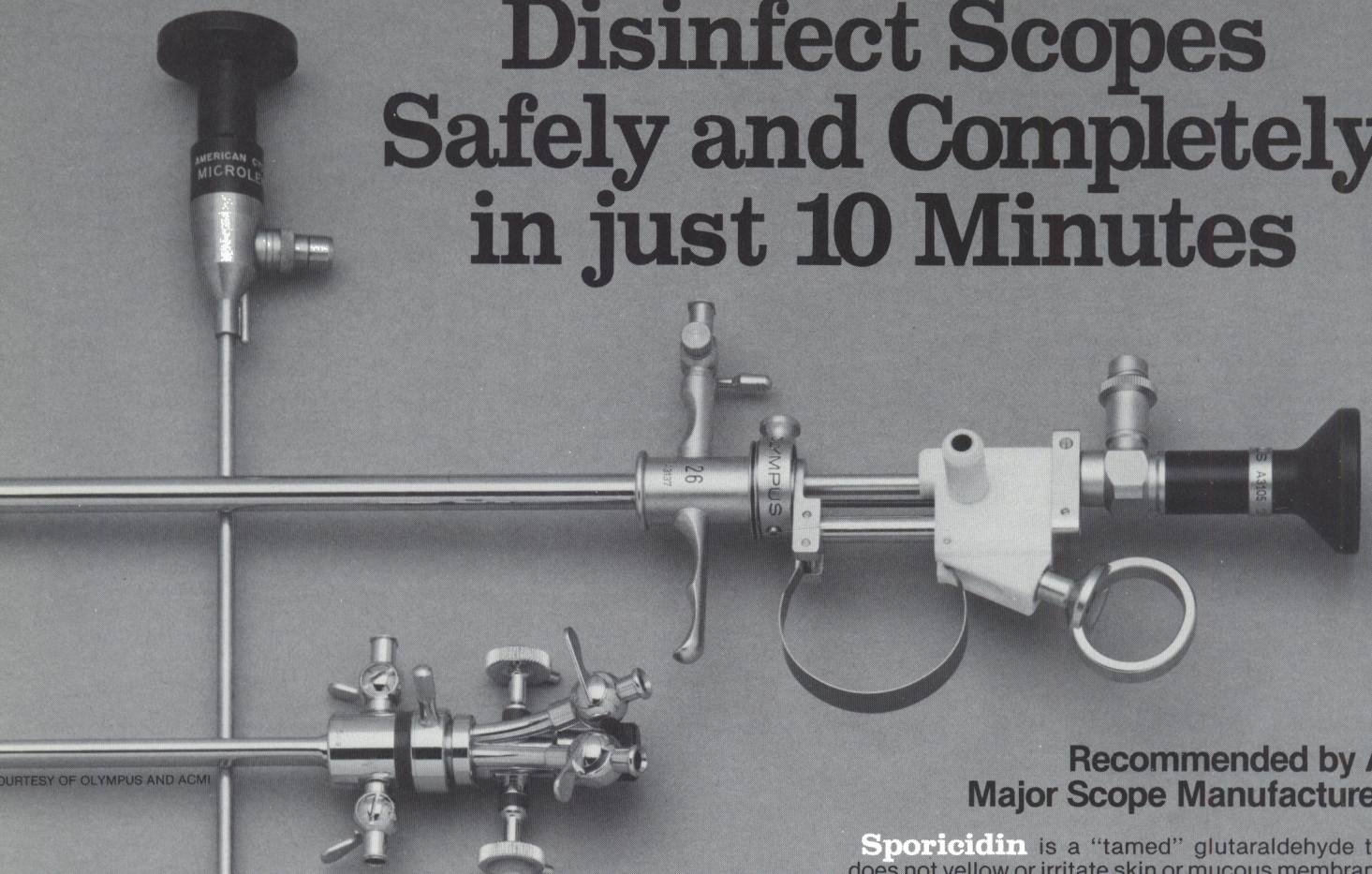
Copyright 1985: All rights reserved. No part of this publication may be reproduced without written permission from the publisher.

Subscriptions. Requests should be addressed to the publisher (except Japan). In Japan, contact Woodbell Scope Incorporated, Mansui Bldg., 9-18, Kanda Surugadai 2-chome, Chiyoda-ku, Tokyo 101, Japan. Subscription rates in the US and possessions: Individual: One year—\$35.00; Two years—\$60.00; Three years—\$75.00. Institutional: One year—\$50.00; Two years—\$75.00; Three years—\$90.00; all other countries: \$15.00 additional each year. Single copies of current issues may be obtained for \$5.00, United States and possessions; \$8.00 all other countries.

Change of address: Notice should be sent to the publisher six weeks in advance of effective date. Include old and new addresses with zip codes. The publisher cannot accept responsibility for undelivered copies. Second-class postage is paid at Thorofare, New Jersey 08086. **Postmaster:** Send address changes to SLACK Incorporated, 6900 Grove Road, Thorofare, NJ 08086.

As of Volume 1, Number 1, INFECTION CONTROL is listed in *Index Medicus*, *Current Contents—Clinical Practice*, *Hospital Literature Index*, and *Cumulative Index to Nursing and Allied Health Literature*.

Disinfect Scopes Safely and Completely in just 10 Minutes



COURTESY OF OLYMPUS AND ACMI

**In a C.D.C. study,
Sporicidin (diluted 1:16)
inactivated the
Hepatitis B Virus***



Sporicidin®
COLD STERILIZING SOLUTION
An exclusive glutaraldehyde formula

*Journal of Clinical Microbiology, Vol. 18, No. 3, P. 535. To determine whether the HBV could be inactivated by intermediate to high-level disinfectants, five chimpanzees were each challenged with an inoculum treated with a different germicidal chemical. Researchers observed that the small amount of direct data, although not conclusive, will have to suffice until a laboratory culture method is developed.

**Recommended by All
Major Scope Manufacturers**

Sporicidin is a "tamed" glutaraldehyde that does not yellow or irritate skin or mucous membranes.

Sporicidin is safe for delicate instruments and it will not cloud lenses or clog air/water channels.

Sporicidin (1:16) is tuberculocidal, bactericidal, fungicidal & virucidal (including Herpes I & II, Influenza A₂ and Polio I).

**Proof Comes from 15 Years
of Research and Clinical Use**

"In 5000 procedures the cystoscopes were used directly from the Sporidicin soak; there were no known incidents of iatrogenic infection or post-operative irritation. Sporidicin is safe and effective in 10 minutes."

Urology, Vol. 23, No. 2, 1984

"After 3 years and 4001 procedures (laparoscopy, cystoscopy and colonoscopy), we observed
(1) no post-operative tissue irritation or infection
(2) no lens clouding or endoscope damage
(3) preferred by our staff."

Journal Of The Operating Room Research Institute, Vol. 3, No. 8, 1983

"Sporicidin . . . was both more stable and more active against test spores than . . . Cidex and Cidex-7."

Infection Control, Vol. 1, No. 2, 1980

These and other studies available upon request.



EDITOR

Richard P. Wenzel, MD
Charlottesville, Virginia

ACTING EDITOR 1985-1986

Dieter H.M. Gröschel, MD
Charlottesville, Virginia

SENIOR ASSOCIATE EDITOR

William Schaffner, MD
Nashville, Tennessee

ASSOCIATE EDITORS

Sue Crow, RN, MSN
Shreveport, Louisiana

John E. McGowan, Jr., MD
Atlanta, Georgia

Dennis G. Maki, MD
Madison, Wisconsin

SLACK

SLACK Incorporated
6900 Grove Road
Thorofare, New Jersey 08086

Publisher
Richard N. Roash

Associate Publisher
Eric M. Baloff

Executive Editor
Donna Carpenter

Associate Editor
M. Lynne Stanwood

Assistant Editor
Jane F. Martens

Circulation Manager
Kevin J. Fenton

Advertising Manager
Randall Roash

**Classified
Advertising Representative**
Thomas Leonhardt

EDITORIAL

ADVISORY BOARD

Robert C. Aber, MD
Hershey, Pennsylvania

Charles S. Bryan, MD
Columbia, South Carolina

John P. Burke, MD
Salt Lake City, Utah

Marie B. Coyle, PhD
Seattle, Washington

Burke A. Cunha, MD
Mineola, New York

Richard E. Dixon, MD
Trenton, New Jersey

Harvey A. Elder, MD
Loma Linda, California

Bruce Farber, MD
Pittsburgh, Pennsylvania

Peter C. Fuchs, MD, PhD
Portland, Oregon

Richard A. Garibaldi, MD
Farmington, Connecticut

Donald A. Goldmann, MD
Boston, Massachusetts

Dieter H.M. Gröschel, MD
Charlottesville, Virginia

Peter A. Gross, MD
Hackensack, New Jersey

Karen Hadley, RN, MPH
New Orleans, Louisiana

David K. Henderson, MD
Bethesda, Maryland

Peter N.R. Heseltine, MD
Los Angeles, California

Cyrus C. Hopkins, MD
Boston, Massachusetts

Allen B. Kaiser, MD
Nashville, Tennessee

Harold Laufman, MD, PhD
New York, New York

William J. Ledger, MD
New York, New York

Barbara McArthur, RN, PhD
Detroit, Michigan

Rob Roy MacGregor, MD
Philadelphia, Pennsylvania

C. Glen Mayhall, MD
Richmond, Virginia

Ronald Lee Nichols, MD
New Orleans, Louisiana

Harry C. Nottebart, Jr., JD, MD
Richmond, Virginia

James E. Peacock, Jr., MD
Winston-Salem, North Carolina

Frank S. Rhame, MD
Minneapolis, Minnesota

William A. Rutala, PhD, MPH
Chapel Hill, North Carolina

William E. Scheckler, MD
Madison, Wisconsin

Robert J. Shannon, MSPH
Boston, Massachusetts

Walter E. Stamm, MD
Seattle, Washington

Charles W. Stratton, MD
Nashville, Tennessee

Timothy R. Townsend, MD
Baltimore, Maryland

William M. Valenti, MD
Rochester, New York

James Veazey, MD
Albany, New York

Kathy J. Wydra, RN
Geneva, New York

FOREIGN ADVISORY BOARD

Graham Ayliffe, MD, FRC Path.
Birmingham, England

Professor G. Berencsi
Szeged, Hungary

Professor Jaap Dankert
Groningen, Netherlands

Professor Dr. F. Daschner
Freiburg, West Germany

Lars O. Kallings, MD
Stockholm, Sweden

Professor W.B. Kędzia
Sieroca, Poland

Professor A.P. Krasilnikow
Minsk, USSR

Professor Dr. W. Marget
Munich, West Germany

Bertil Nyström, MD
Huddinge, Sweden

Ian Phillips, MA, MD, MRC Path.
London, England

Samuel Ponce de Leon, MD
Mexico City, Mexico

Hans Reber, MD
Basel, Switzerland

Professor Gerald Reybrouck
Leuven, Belgium

Manfred L. Rotter, MD, DipBact
Vienna, Austria

Theodore Sacks, MD
Jerusalem, Israel

Dr. Bernhard M. Thimm
Federal Republic of Germany

Professor Dr. med. H.P. Werner
Mainz, West Germany

Professor Dr. W. Weuffen
Greifswald, German Democratic Republic