

From the Centers for Disease Control

POSTSURGICAL INFECTIONS ASSOCIATED WITH NONSTERILE IMPLANTABLE DEVICES

Two recent cases of postsurgical infection reported to Centers for Disease Control (CDC) occurred after the implantation of devices labeled and sold as nonsterile. Although there was no evidence that the infections resulted from the implant, these occurrences serve as reminders of the importance of monitoring the sterility of implants.

Because manufacturers may supply implantable devices such as orthopedic (e.g., hip prostheses), cardiovascular (e.g., cardiac valve grafts), and neurologic (e.g., shunts) devices as nonsterile, hospital personnel must ensure that these devices are adequately sterilized before implantation. The sterilization process used for an implantable device should be closely monitored and documented in the patient's medical record, including the sterilization method; the duration of exposure to the sterilization agent; conditions such as pressure, temperature, chemical concentration, date, time, and biological monitors; and other process indicators.

Steam or ethylene oxide is recommended for sterilization of implantable devices. Specific manufacturer recommendations for sterilization of the device should be available in the product packaging; if they are not, hospital personnel should contact the manufacturer for sterilization recommendations or to ensure that the sterilization method to be used will not adversely affect device safety and performance. If the information is not available in the product packaging, and recommendations cannot be obtained from the manufacturer, the device should not be used.

Adverse effects associated with implantation of nonsterile implantable devices (received from the manufacturer) must be reported to the manufacturer, who must report the event to the Food and Drug Administration (FDA) by mail (Center for Devices and Radiological Health, FDA User Report, PO Box 3002, Rockville, MD 20847-3002) or by fax ([301] 881-6670). When the manufacturer is unknown, user facilities must report deaths related to implanted devices or adverse effects directly to the FDA at the above address or by fax ([301] 427-1967). To ascertain the extent of complications resulting from infections associated with implantable devices labeled as nonsterile, hospital personnel are requested to report these events through state health departments to CDC's Hospital Infections Program, National Center for Infectious Diseases; telephone (404) 639-1550.

REFERENCE

1. Garner JS, Favero MS. Guideline for handwashing and hospital environmental control, 1985. *Am J Infect Control.* 1986;14:110-129.

From *MMWR.* 1992;41:263.

UPDATE: FOODBORNE LISTERIOSIS, UNITED STATES, 1988-1990

Although outbreaks of invasive disease caused by *Listeria monocytogenes* have been associated with ingestion of a variety of contaminated foods,¹⁻⁵ most listeriosis in the United States occurs as isolated or sporadic cases. To determine the incidence of listeriosis and identify risk factors for disease, during 1988-1990, the CDC collaborated with investigators in four states to conduct active laboratory-based surveillance and special studies in a population of more than 18 million US residents. This report summarizes the findings of these studies.^{6,7}

The study areas included Los Angeles County, the San Francisco Bay area, the Atlanta metropolitan area, four counties in Tennessee, and the state of Oklahoma. Investigators made regular calls to all hospital laboratories and completed case report forms for all residents in whom *L monocytogenes* was isolated from a usually sterile site (e.g., blood, cerebrospinal fluid [CSF], or amniotic fluid).

From November 1988 through December 1990, 301 cases were identified in the surveillance areas, an annual incidence of 7.4 cases per 1 million population; 67 (23%) persons died. Of the 301 cases, 99 (33%) occurred among pregnant women or their newborns. Among the 98 persons with nonperinatal listeriosis for whom information was available, nearly all had at least one immunosuppressive condition, including corticosteroid use (31%), malignancy (29%), renal disease (24%), diabetes (24%), or acquired immunodeficiency syndrome (20%).

Dietary histories of persons with listeriosis identified through the active surveillance project were compared with those of controls matched for age and medical condition (including pregnancy). Patients with listeriosis were more likely than controls to have eaten soft cheeses (odds ratio [OR] = 2.6; 95% confidence interval [CI]₉₅ = 1.4-4.8) or food purchased from store delicatessen counters (OR = 1.6; CI₉₅ = 1.0-2.5). Thirty-two percent of sporadic disease could be attributed to consumption of these foods. Eating undercooked chicken also was associated with increased risk in immunosuppressed persons (OR = 3.3; CI₉₅ = 1.2-9.2).⁶

Food obtained from the refrigerators of patients with listeriosis was cultured for *L monocytogenes* using at least two selective enrichment methods, and isolates of *L monocytogenes* from food were compared

with isolates from patients using multilocus enzyme electrophoresis. Overall, 79 (64%) of 123 refrigerators contained at least one food with *L monocytogenes*, and 26 (33%) of the 79 refrigerators with *L monocytogenes* grew the same strain as that which caused illness in a person living in the household. Foods that were ready to eat and foods containing higher concentrations of *L monocytogenes* (those positive by a direct-plating method) were independently associated with an increased likelihood of containing the patient-matching strain.⁷

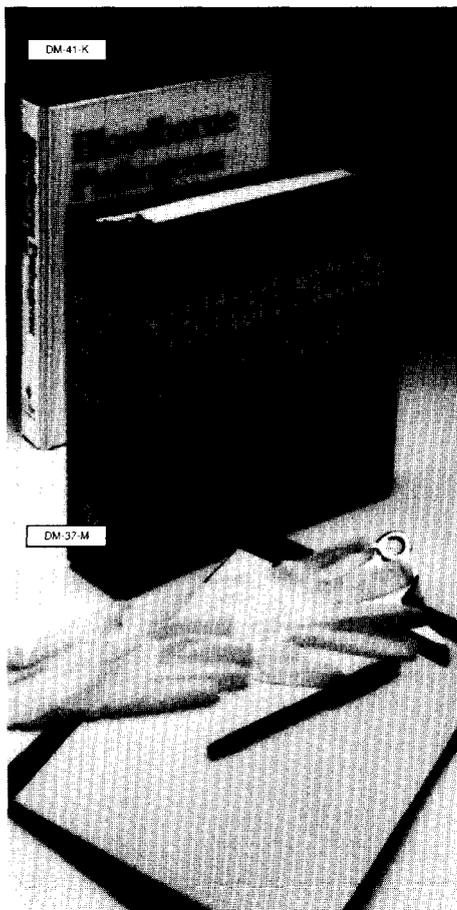
REFERENCES

1. Schlech WF, Lavigne PM, Bortolussi RA, et al. Epidemic listeriosis-evidence for transmission by food. *N Engl J Med.* 1983;308:203-206.
2. Fleming DW, Cochi SL, MacDonald KL, et al. Pasteurized milk as a vehicle of infection in an outbreak of listeriosis. *N Engl J*

Med. 1985;312:404-407.

3. Linnan MJ, Mascola L, Lou XD, et al. Epidemic listeriosis associated with Mexican-style cheese. *N Engl J Med.* 1988;319:823-828.
4. Bille J. Epidemiology of human listeriosis in Europe, with special reference to the Swiss outbreak. In: Miller AJ, Smith JL, Somkuti GA, eds. *Foodborne Listeriosis.* Amsterdam: Elsevier; 1990:71-74.
5. McLauchlin J, Hall SM, Velani SK, Gilbert RJ. Human listeriosis and pâté: a possible association. *Br Med J.* 1991;303:773-775.
6. Schuchat A, Deaver K, Wenger JD, et al. Role of foods in sporadic listeriosis, I: case-control study of dietary risk factors. *JAMA.* 1992;267:2041-2045.
7. Pinner R, Schuchat A, Swaminathan B, et al. Role of foods in sporadic listeriosis, II: microbiologic and epidemiologic investigation. *JAMA.* 1992;267:2046-2050.
8. Schwartz B, Ciesielski CA, Broome CV, et al. Association of sporadic listeriosis with consumption of uncooked hot dogs and undercooked chicken. *Lancet.* 1988;2:779-782.

From *MMWR* 1992;41:251-258.



Assessment: OSHA's new bloodborne pathogens requirements effective 5/5, 6/4, 7/6 of 1992.

Plan: Call Keller toll-free for must-have compliance products. (And a free mug.)

Implementation:

1. Quickly find the information needed to comply with OSHA's bloodborne pathogens standard (1910.1030- in Keller's Healthcare Hazards Manual. This easy-to-use manual reprints the entire standard word-for-word, and clearly and concisely explains the requirements: exposure control plan, recordkeeping, information and training, engineering and work practice controls, PPE, housekeeping, labels and signs, and HBV vaccination and post-exposure evaluation. The manual also reprints the CDC Guidelines For Prevention Of Transmission Of HBV & HIV.
2. Provide the required training to all occupationally exposed employees with Keller's Bloodborne Pathogens Training Kit. This low-cost kit includes a 1 S-minute video, instructor's guide, employee handbooks, pre- and post-training quizzes, training log, and wallet cards. With its step-by-step training outline and absolutely minimum prep time, the kit addresses exposure determination, infection control, safe work practices, PPE, housekeeping practices, infectious waste disposal, and awareness signs/labels/warnings.

Evaluation:

Keller — a nationwide provider of regulatory compliance assistance since 1953 — offers fast, easy access to the new bloodborne pathogens requirements through the handy Healthcare Hazards Manual, and a convenient means of employee training through the all-in-one Bloodborne Pathogens Training Kit.

For complete details on these important products (and a handsome ceramic coffee mug FREE just for asking), please call toll-free . . .



1-800-531 -8899

Call Today!

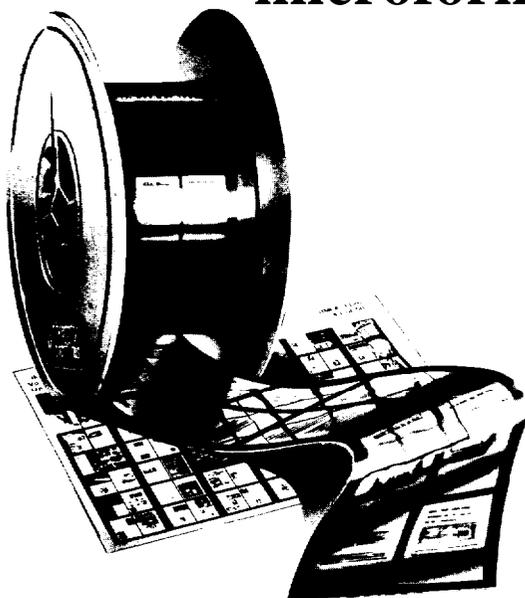
Action Code **1136**

J.J. Keller
& Associates, Inc.

3003 W. Breezewood Lane
P.O. Box 368
Neenah, WI 54957-0368

For information, circle #45.

This publication is available in microform.



University Microfilms International reproduces this publication in microform: microfiche and 16mm or 35mm film. For information about this publication or any of the more than 13,000 titles we offer, complete and mail the coupon to: University Microfilms International, 300 N. Zeeb Road, Ann Arbor, MI 48106. Call us toll-free for an immediate response: 800-521-3044. Or call collect in Michigan, Alaska and Hawaii: 313-761-4700.

Please send information about these titles:

Name _____

Company/Institution _____

Address _____

City _____

State _____ Zip _____

Phone () _____

University
Microfilms
International

EPIDEMIOLOGY & INFECTION CONTROL

St. Joseph's Hospital & Medical Center, a 787-bed regional teaching facility, seeks a professional to coordinate activities in our new Department of Epidemiology & Infection Control. You will implement programs, reducing risks to employees, patients and the facility. Responsibilities will include ensuring that state-of-the-art infection prevention and control procedures are adhered to, providing appropriate education to staff, and investigating incidents. Candidates must possess 5 years' infection Control experience in an acute care setting, Certification in Infection Control and 2 years' hospital experience as an RN or Medical Technologist. A Master's or Doctoral degree in Public Health or Epidemiology with thorough knowledge of all related areas required.

We offer a competitive salary and comprehensive benefits package. Please forward your resume, with salary requirements, to:

Eileen **Kimbell**,
Coordinator, Nurse
Recruitment & Retention
(201) 9774808



**St. Joseph's Hospital
& Medical Center**
703 Main Street
Paterson, New Jersey 07503

*We are an equal opportunity employer M/F/H/V.
"Dedicated to a Smoke-Free Environment"*

High technology. Down-to-earth atmosphere.

If you're a top healthcare professional interested in a place that has a real sense of warmth and community — but still offers top career opportunities — take a look at North Colorado Medical Center in Greeley.

Infection Control Coordinator

This is a full-time position that offers the opportunity to implement and coordinate all infection control activities as established by NCMC's infection control committee. Guided by

Find it in Greeley.

Really.

JCAHO and CDC standards, you will serve as a resource for various other standing committees. In addition, you'll work closely with county and state public health departments to report communicable diseases as required by law. This position requires an RN, BSN preferred, with 3-5 years of clinical experience and 1 year of infection control experience. APIC training also required.

As home to the University of Northern Colorado, Greeley offers a variety of cultural and educational opportunities in an affordable, down-to-earth community. And, we're just a half hour away from the Rocky Mountains. At NCMC, you'll also enjoy competitive salaries and benefits, along with interview and relocation assistance. Simply call 1-800-421-6262 for consideration, or send your resume to: North Colorado Medical Center, Personnel, 180116th Street, Greeley, CO 80631. We are an Equal Opportunity Employer.



NORTH COLORADO MEDICAL CENTER

Monoject® ...

Because Your Health Is Too Precious To Risk



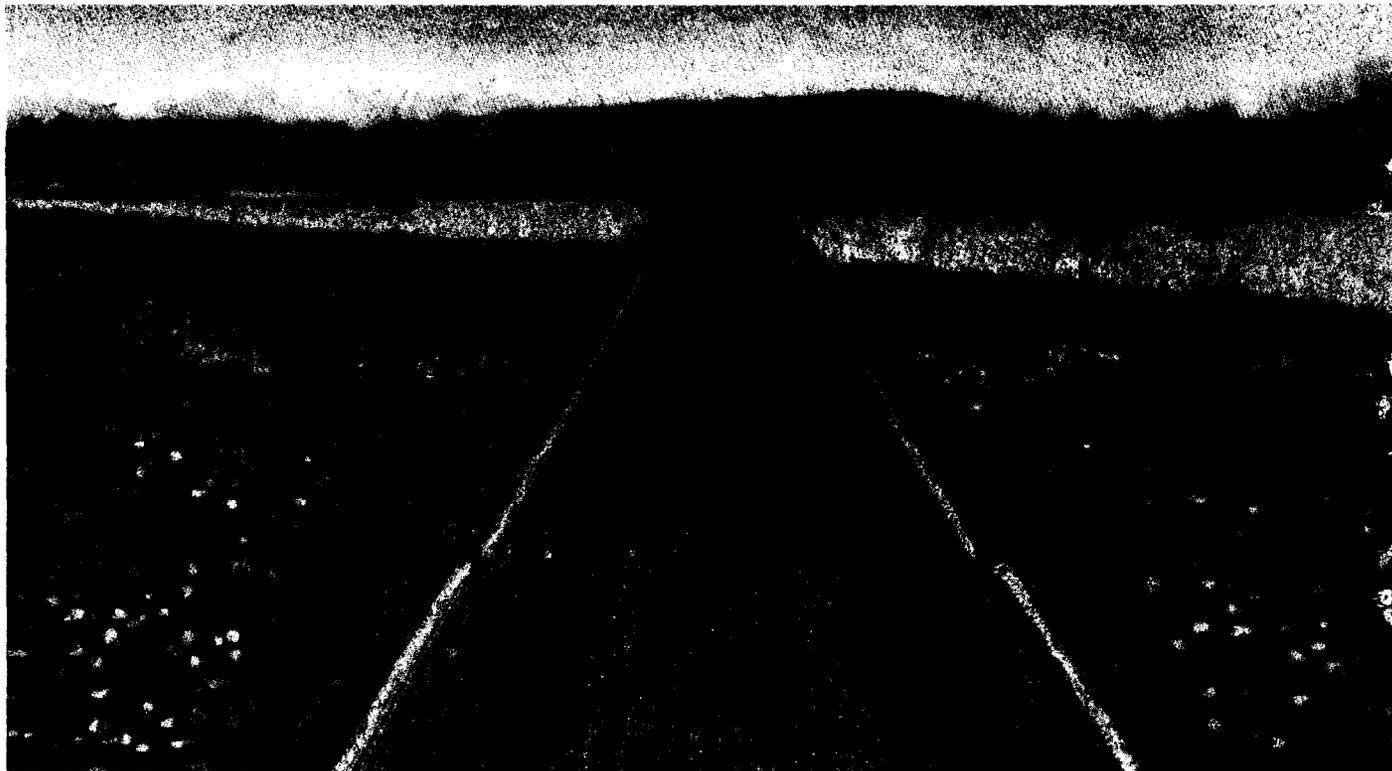
Now there's a Safety Syringe that's been tested and proven effective in reducing accidental needle sticks! It's Monoject the No. 1 selling Safety Syringe in the U.S. market. For good reason. Monoject Safety Syringes work. Our patented sliding safety shield and unique collar provide protection in transit. . protection after use protection whenever needed. When your health is involved, don't settle for less. Get the maximum protection you deserve. Request Monoject Safety Syringes. . **now available in 3cc and 12cc syringes and 3cc needle-syringe combinations!**

For technical information, call 1-800-527-1073.

Younger, B; Hunt, E; Robinson, C; McLemore, C. Impact of a shielded safety syringe on needlestick injuries among healthcare workers. *Infect Control Hosp Epidemiol* 1992;13:349-353.



By adding 3 inches to our gloves, we've gone the extra mile when it comes to your protection.



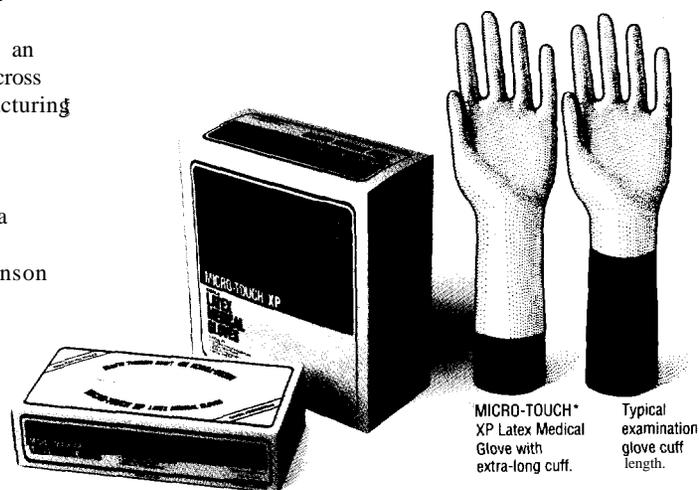
By adding an extra 3 inches to the cuffs of our MICRO-TOUCH* XI' Latex Medical Gloves and insisting on 100 percent on-line visual inspection, we go the distance to assure you of extra protection and added strength. The kinds of quality you expect in Johnson & Johnson Medical, Inc. products.

Because your safety is important to us, we've added an extra 3 inches that can help prevent the possibility of cross contamination. Safety that is translated to our manufacturing process which produces gloves with quality standards that far exceed those required by the FDA.

That's important to you.

MICRO-TOUCH** XI' Medical Gloves, three extra inches, a lot more protection and added strength.

For more information contact your Johnson & Johnson Medical sales representative or call 1-800-433-5009.



MICRO-TOUCH*
XP Latex Medical
Glove with
extra-long cuff.

Typical
examination
glove cuff
length.

Johnson & Johnson
MEDICAL INC.

*TRADEMARK © J.J.M., INC. 1992