

Recent Literature Worth Noting

Unfinished Business: The Case for Chronic Home Care Services, A Policy Paper

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www.hollanderanalytical.com/downloads/unfinished_business.pdf

Achieving Real Improvement for the Benefit of Patients NHS Modernisation Agency Annual Review 2002/2003

www.modern.nhs.uk/home/11935/MAAnnualreview0203.pdf

The State of Infection Surveillance and Control in Canadian Acute Care Hospitals

American Journal of Infection Control

August 2003 o Volume 31 o Number 5

www2.us.elsevierhealth.com/scripts/om.dll/serve?action=searchDB&searchDBfor=art&artType=abs&id=amic0388&nav=abs

Abstract

Background: Nosocomial infections and antibiotic-resistant pathogens cause significant morbidity, mortality, and economic costs. The infection surveillance and control resources and activities in Canadian acute care hospitals had not been assessed in 20 years.

Methods: In 2000, surveys were mailed to infection control programs in all Canadian hospitals with more than 80 acute care beds. The survey was modelled after the U.S. Study on the Efficacy of Nosocomial Infection Control instrument, with new items dealing with resistant pathogens and computerization. Surveillance and control indices were calculated.

Results: One hundred seventy-two of 238 (72.3%) hospitals responded. In 42.1% of hospitals, there was less than 1 infection control practitioner per 250 beds. Just 60% of infection control programs had physicians or doctoral professionals with infection control training who provided services. The median surveillance index was 65.6/100, and the median control index was 60.5/100. Surgical site infection rates were reported to individual surgeons in only 36.8% of hospitals.

Conclusions: There were deficits in the identified components of effective infection control programs. Greater investment in resources is needed to meet recommended standards and thereby reduce morbidity, mortality and expense associated with nosocomial infections and antibiotic-resistant pathogens.

From the *British Medical Journal* 327: 411 (August 23)

WHO Issues Guidelines to Manage Any Future SARS Outbreak

The World Health Organization has released guidelines for the surveillance, alert and management of any future outbreak of severe acute respiratory syndrome (SARS) in a bid to contain an anticipated return of the disease this coming winter.

The lack of a reliable diagnostic test in the early stages of the disease and the similarity between symptoms of SARS and those of other seasonal respiratory diseases make it a difficult disease to identify. Even with a sophisticated surveillance system in place, the first cases will be difficult to detect.

The WHO guidelines are to help countries to manage an outbreak. They identify three levels of risk for SARS, with different recommended levels of surveillance.

The SARS outbreak highlighted poor coordination between the hospitals and the public health system. The guidelines also give a clear definition of what constitutes a SARS alert and recommendations on the public health management of a suspected outbreak. Developed countries may already have in place a mechanism for dealing with a major infectious disease, but the guidelines aim to help developing countries prepare for a potential outbreak.

The guidelines are at www.who.int/csr/sars/postoutbreak/en.



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