

Medical News

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Cardo Named Director of Division of Healthcare Quality Promotion, Centers for Disease Control and Prevention

Denise M. Cardo, MD, has been named Director of the Division of Healthcare Quality Promotion, formerly known as the Hospital Infections Program, of the Centers for Disease Control and Prevention (CDC). Cardo first joined the CDC in 1993 as a medical epidemiologist with the HIV Infections Branch, Hospital Infections Program, National Center for Infectious Diseases. In July 1996, she became Chief of Epidemiologic Studies Activity in the HIV Infections Branch and subsequently became the Branch Chief. Prior to joining the CDC, she had a distinguished career in the Division of Infectious Diseases at Escola Paulista de Medicina, Sao Paulo, Brazil, where she received her medical degree in 1980, completed her residency and fellowship, and joined the faculty as Associate Professor of Infectious Diseases. Cardo was a cofounder and the President of the Sao Paulo Association of Infection Control and a consultant to the Brazilian Ministry of Health. Prior to being named Director, Cardo served as the Acting Deputy Director of the Division of Healthcare Quality Promotion since July 2002.

Coronavirus-Positive Nasopharyngeal Aspirate as a Predictor of Severe Acute Respiratory Syndrome Mortality

Severe acute respiratory syndrome (SARS) has caused a major epidemic worldwide. A novel coronavirus is deemed to be the causative agent. Early diagnosis can be made with reverse transcriptase-polymerase chain reaction (RT-PCR) of nasopharyngeal aspirate samples. Tsang et al. from the Princess Margaret Hospital in Hong Kong compared the symptoms of 156 SARS-positive and 62 SARS-negative patients; SARS was confirmed by RT-PCR. The RT-PCR-positive patients had significantly more shortness of breath, a lower lymphocyte count, and a lower lactate dehydrogenase level; they were also more likely to have bilateral and multifocal involvement on chest radiograph, to be admitted to intensive care, to need mechanical ventilation, and to have higher mortality rates. By multivariate analysis, positive RT-PCR on nasopharyngeal aspirate samples was an independent predictor of death within 30 days.

FROM: Tsang OT-Y, Chau T-N, Choi K-W, et al. Coronavirus-positive nasopharyngeal aspirate as predictor

for severe acute respiratory syndrome mortality. *Emerg Infect Dis*. Available at www.cdc.gov/ncidod/EID/vol9no11/03-0400.htm.

Workload Among Factors Influencing Hand Hygiene in Postanesthesia Care

Transmission of microorganisms from the hands of healthcare workers is the main source of cross-infection and can be prevented by hand cleansing. Pittet et al. from the University of Geneva Hospitals, Switzerland, assessed the compliance rate with hand cleansing practices in the postanesthesia care unit and investigated factors associated with noncompliance. Patient care activities and indications for and compliance of the postanesthesia care unit staff with hand cleansing, defined as either washing hands with soap and water or rubbing hands with alcohol, were monitored at the time of patient admission and during patient stays. Multivariate analysis identified predictors of noncompliance with hand cleansing on admission after adjustment for confounders.

A total of 3,143 patient care activities, including 1,091 opportunities for hand cleansing at high or medium risk for cross-transmission, were recorded among 187 patients. The higher the workload, the higher the number of indications for hand cleansing and the lower the compliance. Average compliance with hand cleansing on admission to a postanesthesia care unit was 19.6%. Independent predictors for noncompliance included caring for patients older than 65 years (odds ratio [OR], 2.23; 95% confidence interval [CI₉₅], 1.40 to 3.57) and those recovering from clean or clean-contaminated surgery (OR, 2.27; CI₉₅, 1.11 to 4.76) and a high intensity of patient care (OR, 1.01 per patient care activity; CI₉₅, 1.0 to 1.02). Compliance with hand cleansing for patients already admitted to the postanesthesia care unit was 12.5%.

The authors concluded that failure to cleanse hands during patient care is common in the postanesthesia care unit and is associated with identifiable factors. The close relationship between the intensity of patient care and noncompliance suggests that hand cleansing should not be viewed as a problematic individual behavior only, and system change must be considered in prevention strategies.

FROM: Pittet D, Stephan F, Hugonnet S, Akakpo C, Souweine B, Clergue F. Hand-cleansing during postanesthesia care. *Anesthesiology* 2003;99:530-535.