INFECTION DENSITY AND PATHOGEN ANALYSIS IN A RESPIRATORY CARE WARD IN TAINAN HOSPITAL
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Purpose: More and more advanced medical instruments and equipment are available in recent years to prolonged patients life. With the increase in the number of long-term ventilator-dependent patients, ventilator-associated infection are increasing recently. The aim of this study was to investigate the density of infection and the most common pathogens in Respiratory Care Ward (RCW) at a district hospital in southern Taiwan.

Methods: In this study, we retrospectively analyzed clinical isolates in a RCW at a district hospital in southern Taiwan from 2009 to 2013. Antibiotic susceptibility was recorded.

Results: Totally 352 pathogens was isolated in RCW, with average of infection density was 3.65 pathogens/patient-day. The most often isolated gram-negative pathogens in RCW were Escherichia coli (18.75%), Pseudomonas aeruginosa (14.77%), Klebsiella pneumoniae (14.49%), Proteus mirabilis (9.94%), Acinetobacter spp. (6.82%), Providencia spp. (2.56%) and Enterobacter cloacae (1.99%). The most often isolated gram-positive pathogens in RCW were Staphylococcus aureus (13.35%), Enterococcus spp. (6.53%) and Staphylococcus epidermidis (2.56%). The prevalence of Candida albicans in RCW has increased markedly in the past 5 years, from 0% in year 2009 to 4.8% in year 2013. Particularly the non-albicans Candida species, such as C. tropicalis, and C. glabrata.

Conclusions: The most often isolated pathogen were E. coli and P. aeruginosa in GNBs and S. aureus in GPCs. However, the number of Candida spp. isolate was increasing.

AN OUTBREAK OF SCABIES IN A DISTRICT HOSPITAL: LESSONS LEARNED
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Background: Scabies is a global problem and a significant source of morbidity in long term care residents, especially the elderly, the debilitated, and the demented, because of its contagious nature of spread. Scabies can recur in a long term care unit even after all individuals infected with scabies have been properly treated, because the mites can be recovered from bedding, clothing, furniture and floor. The long term care residents may wear contaminated clothing, or sleep on the contaminated beds. On September 24 2013, fourteen elderly residents and five healthcare workers were infected with this parasite at our Respiratory Care Ward, believed to have come from a new resident from another hospital. The failure of staff to diagnose scabies in this patient on admission might be due to a lack of pruritus in this new resident under incomplete treatment by the previous hospital.

Materials and methods: Infection Control Team and the Occupational Health teams were informed. Aggressive infection control precautions would be implemented.

The experience of how to prevent scabies is shared with the attribute of psychiatric hospitals.

An outbreak of scabies in a district hospital: Lessons learned
Hui-Fang Hung a, Hui-Ju Hu b, Chi-Wei Wang c, “Infection Section, Ben Tang Cheng Ching Hospital, Taiwan;”bInfection Section, Cheng Ching Hospital, Taiwan

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The experience of influenza vaccination in the mental hospital

Purpose: Long-term psychiatric inpatients had self-care functional degradation due to chronic illness progress, poor personal hygiene than the general people, once influenza occurs it would cause cross-infection, leading unexpected group infection events. The cluster infection if found and intervention earlier, can effectively control and prevent spread of the disease. This article will share the experience of how to prevent influenza A epidemic enlarged processing in chronic psychiatric ward.

Methods: 49 inpatients, average 46.6 years old, length of stay was 258 days in the ward. Although setting an entrance guard, the patient need to participate occupational therapy, physical therapy, shopping and other activities in different area in hospital, also go out to the community or return home. Two A type influenza patients were report to infection control unit on 28 May and 31 May, 2014. The infection control teams to assess ward prevention necessity of influenza A, and start infection control prevention and intervention: 1. The patient with type influenza received Tamiflu medication and isolation care and restrict activity area. 2. Everyone must wear surgical mask. 3. Whole cold symptom screening. 4. Infection control advocacy in patients living group discussion meeting. 5. Infected patients suspend all treatment activities. 6. Restrict admission. 7. Provide masks for visitors and wash hands before visiting, body temperature measurement, restrict to the ward area while fever 8. To clean and disinfect the ward environment each shift.

Results: After infection control intervention, no more new cases occurred in a week since May 31, and the two cases have been cured.

Conclusions: The hospital has promoted intensive infection control education and the routine reporting system over the years, these infection control activities have been effective. The interventions may apply to other institutions with less experience for patient care. The interventions may apply to other institutions with less experience for patient care. The interventions may apply to other institutions with less experience for patient care.

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