



Network News

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Waterloo Wellington Infection Control Network September/October 2007

The Recipe for Infection Control Week Success

National Infection Control Week is celebrated annually, during the third week of October. This year from October 15th to the 19th, the theme in Canada is "Infection Control – Practice and Participate".

Established in 1988 and proclaimed as an annual event by the federal government in 1989, the primary goal of the week-long celebration is to highlight infection control efforts in acute, non-acute and community health care settings. The week presents a perfect opportunity to educate people about the importance of behaviours such as hand hygiene and respiratory etiquette that help to prevent the spread of infections. Infection Control Week is also a fantastic way to promote the work that is done by those involved in the prevention and control of infections on a daily basis, in a visible and entertaining way. In many respects, the process of celebrating Infection Control Week can be compared to baking a cake. A successful Infection Control Week takes the right ingredients, time, forethought and reflection after the events are over.

Before you can begin to bake a cake, you must consider what you want the cake to look like, what flavour it will be, if it will be made from scratch or a mix, what ingredients are needed, how much time you have to make it, and who you will serve it to. The answers to these questions provide guidelines and direction to make decisions regarding the cake. The questions that you need to consider when planning your Infection Control Week celebration activities are similar: you need to have an idea of what you want to do, who will be involved, what will be gained from involvement in the activity, how much time you have to plan and what equipment you will need. To help generate ideas for your celebration, the

Regional Infection Control Networks have created an Infection Control Week Idea Primer that you can access by visiting www.ricn.on.ca.

The next step, once you have gathered the ingredients and equipment, is to measure each ingredient out carefully and combine them to form the cake batter. Essential ingredients for an Infection Control Week activity include education with a focus on infection prevention and control and a group of people who are committed to working together to help mark the occasion in a memorable way. Ideas must contain these ingredients at a minimum. Ideas don't have to be highly complex or technical.

Pouring the cake batter into the pan and placing it in the oven where it will bake can be equated to the time and effort that go into planning and preparing the Infection Control Week activity. Some kinds of cakes require longer baking times than others and the same is true of Infection Control Week activities. Allow yourself enough time to prepare for the activity and just as you would check to ensure that the cake was fully baked before removing it from the oven, check that those involved with the activity are thoroughly prepared to implement it.

The best part about baking a cake, undoubtedly, is finally getting to enjoy it! Putting your Infection Control Week activity into action is when you get to see

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Page 2...*



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your hard work come to life. Are people having fun? Keep a camera nearby to capture the extraordinary moments and share what you have accomplished with others, especially those at your Regional Infection Control Network who would like to share your success with others! We hope that you will find the Infection Control Week Idea Primer to be helpful to you in creating your own Infection Control Week success!



Recipe for: *Infection Control Week Success*

From the Kitchen of: *The Regional Infection Control Networks*

Essential Ingredients:

- Great Idea.....1 or more*
- Committed People.....as many as you can get*
- Fun.....heaps*
- Education with IPAC Focus (minced).....lots*

Preparation Time: *varies*

Serves: *unlimited*

Directions: *Using your well thought out great idea as a base, combine the committed people who are working together. Fold in several cups of fun, saving at least one cup to enjoy with the finished product. Remember to add in an equal amount of Infection Prevention and Control Education that will leave participants with some food for thought. Mix the concoction thoroughly and add a dash of creativity and a pinch of innovation to taste.*

Enjoy Infection Control Week!

Waterloo Wellington Infection Control Network Activity Update

For more information about any topic covered below, please contact the WWICN office by calling 519-624-9781 or emailing Cathy Egan at cegan@cmh.org or Ellen Otterbein at otterbein@cmh.org.

Infection Control Week!

The WWICN would be pleased to lend out a variety of teaching aids and resources, such as the 'Glitter Bug' products that you could use in your Infection Control Week celebration! Please call the WWICN office to reserve.

Welcome Tammie!

The WWICN is delighted to welcome Tammie Corrigan to the position of Administrative Assistant. Tammie comes to the Network from Cambridge Memorial Hospital where she provided support for Patient Services and many other service areas. Tammie has extensive experience and interest in computer software and producing educational material. Tammie starts work at the WWICN office on October 9. Please welcome Tammie!

Who's Who in the Waterloo Wellington Infection Control Network?

One of the strategic goals of the Regional Infection Control Networks is to enhance communication among health care facilities. To this end, the WWICN has compiled a list of all the Infection Prevention and Control Practitioners working in the hospitals in our network area. This list is available on the WWICN section of the RICN website at www.ricn.on.ca.

CIC Study Group!

Another study group is forming this fall! We will be working through the newly revised Certification Study Guide together. If you are interested in learning more about this opportunity please contact Ellen at otterbein@cmh.org.

One Year Anniversary!

It's hard to believe that the WWICN has been in operation for a year already! The WWICN Annual Report is available on the RICN website at www.ricn.on.ca. If you would like a printed copy, please call the WWICN office at 519-624-9781.

Congratulations to Louise Dellelce and Mark Jefferson of the Wellington-Dufferin-Guelph Public Health Unit! They recently wrote the CIC exam and earned their CIC designation!

Education Opportunities

Webber Training Teleclasses

Teleclass Topics in September/October Include:

- September 20, 2007, Extreme Makeover IPC Edition: Exploring New Challenges to Our identity in Infection Control
- September 24, 2007, Infection Prevention: Challenging Behaviour, Changing the Culture
- September 25, 2007, Voices of CHICA
- September 27, 2007, Ethical Issues in Infection Control
- October 4, 2007, Green Cleaning Strategies for Health Care
- October 10, 2007, Infection Prevention Among Refugees
- October 18, 2007, Hot Issues in Hand Hygiene Improvement: The First Global Challenge

To participate in these teleclasses, contact Ellen at etotterbein@cmh.org

**Canadian Association of Environmental Management
Green Goes Blue!**

- September 23 - 25, 2007
- Blue Mountain Resort
- For more information visit www.caha1972.ca

**Infection Connection
Practice and Participate!**

- September 26, 2007
- Fergus, Ontario
- Contact Mark Jefferson at mark.jefferson@wdghu.org for more information

**Windsor-Essex Infection Control and Prevention Committee
9th Annual Infectious Disease Conference**

- September 26, 2007, 9:00am-4:00pm
- 6770 Tecumseh Road East, Windsor, Ontario
- Send completed registration form and payment to: Windsor-Essex County Health Unit, Attention Pat Gray 1005 Ouellette Avenue, Windsor, Ontario N9A 4J8 or call Pat at 519-258-2146 ext. 1480

**CHICA Northwestern Ontario:
007 Live to Die Another Day**

- September 27 - 28, 2007
- Airline Travelodge Hotel, Thunder Bay, Ontario
- Contact Brandy Ponka at ponkab@tbh.net for more information

Middlesex-London Health Unit:

Best Practices, Best Outcomes Infection Prevention and Control Workshop

- October 16, 2007
- Hellenic Community Centre of Londong, 133 Southdale Road W., London, Ontario
- Contact Christine Felker at chris.felker@mlhu.on.ca with questions about registration.

**CHICA-Canada/HUPIC
Diversity in Infection Control Annual Education Day
Divide – Conquer – Destroy**

- October 18, 2007
- Lee Manor, 875 6th St. E., Owen Sound, Ontario
- Contact Colleen Robinson at 519-396-4400 for general information.

**Region of Waterloo Public Health
Infection Control Forum**

- October 23, 2007, 9:00am – 4:00pm
- 99 Regina St., Waterloo, Room 508
- Contact Brenda Miller at mbrenda@region.waterloo.on.ca for more information

September 2007

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October 2007

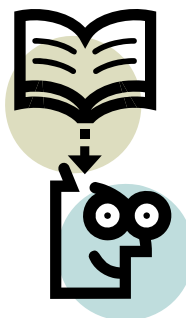
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**Chatham-Kent Infection Control Committee
10th Annual Infection Control Conference:
Have You Been Sneezing Around?**

- October 24, 2007, 8:00am – 3:30pm
- Club Lentinas, 250 National Road, Chatham
- Contact Pat Taylor at pat.taylor@css.gov.on.ca or Kathy Thompson-Mondo at ktompson-mondo@ckha.on.ca for more information

**Algoma District Infection Control Conference
You Have a HAND in Infection Control**

- November 1 – 2, 2007
- Algoma's Water Tower Inn
- For more information, forward your contact information to continuingeducation@saultcollege.ca



An education isn't how much you have committed to memory, or even how much you know. It's being able to differentiate between what you do know and what you don't.

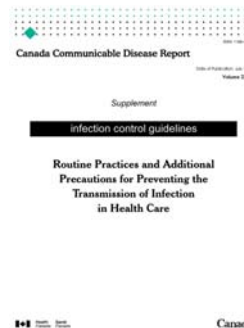
–Anatole France

Website of the Month: www.nosocomial.ca

PUBLIC HEALTH AGENCY of CANADA

The Public Health Agency of Canada has recently updated its Nosocomial and Occupational Infections web page which can be accessed by visiting www.nosocomial.ca. With objectives including surveillance of nosocomial and occupational infections, provision of leadership in the identification, evaluation and management of these infections, as well as the development and on-going revision of Infection Control Guideline documents as supplements to the Canada Communicable Disease Report (CCDR), this website is truly a wealth of valuable information at your fingertips! Have you ever wondered about surveillance of infectious disease on a national scale? You can learn about the

Canadian Nosocomial Infection Surveillance Program (CNISP) and find out how infection rate benchmarks are established. Discover how the results of truly collaborative efforts between experts and professional bodies positively impact the continually evolving practice of infection prevention and control. The website is your source for Canadian Infection Control Guidelines, providing links to each guideline in addition to a number of other publications that form the foundation of evidence-based infection prevention and control practice in this country. Explore this site. You will be happy you did!



Infection Control in History: The Boy in the Plastic Bubble

A look back in time to consider the development and implementation of Infection Prevention and Control Practice

Extraordinary from the moment of his birth, David Vetter was born on September 21, 1971 with a rare condition called Severe Combined Immune Deficiency Syndrome (SCIDS). Put simply, due to an inherited genetic disorder, he was born with a non-functional immune system. As a result, he lived exclusively in a plastic bubble where he was protected from germs for twelve years.

The unique circumstances and timing of his life created a number of challenges for David, his family and the medical community. As he grew, he became increasingly fearful of abandonment and germs. He battled hopelessness and depression after eventually realizing that without a cure for his condition his fate was sealed. Caught up in the opportunity to further immunological research and discovery, the medical community forged ahead with unfounded optimism and confidence that a cure for David's condition would be found, unprepared for the numerous ethical



dilemmas that they would encounter along the way.

In an attempt to remedy his immune deficiency, David underwent a bone marrow transfusion one month after his 12th birthday. Bone marrow donated by his sister was not the ideal perfect match to David's, but doctors felt that the potential benefit of the procedure for David outweighed the risks and that medicine had advanced to a point where a less-than-perfect match between donor and recipient could

be supported. Initially, David appeared to have tolerated the procedure well, but in December of that year, doctors suspected there was a problem. David was so ill by February that he had to leave his bubble to receive intense treatment. Two weeks after leaving his bubble, on February 22, 1984 David died. His autopsy showed that he had developed Burkitt's Lymphoma as a result of the Epstein-Barr virus. The virus that commonly causes mononucleosis had lain dormant and undetected in his sister's bone marrow until it arrived in David's body where it met no immune resistance. The virus proliferated and invaded his B-lymphocytes, cells that usually fight off infection as components of the lymphatic system, causing them to become cancerous and form tumours throughout his abdomen.

David's story is a cautionary tale of the delicate interface that exists between humanity, technology, blind optimism, medicine and hope.

Ask the Expert:

I am pregnant and I work with elderly people in a long-term care home. The Infection Prevention and Control Manager at my workplace is encouraging all staff to receive their annual influenza immunization. Is it safe to be immunized against influenza while pregnant?



Yes! The influenza vaccine has been studied and found to be safe for pregnant women at all stages of pregnancy. It is also safe for breastfeeding women. In the Advisory Committee Statement on Influenza Vaccination for the 2007-2008 season, The National Advisory Committee on Immunization (NACI) has expanded its recommendation to include **all pregnant women**. This is a change from previous seasons when vaccination was recommended for pregnant women with chronic conditions causing them to be at high risk for complications associated with influenza. Research has shown that healthy pregnant women have higher influenza-associated respiratory hospitalizations and medical visits than women who are not pregnant. While the incidence of complications related to influenza infection in healthy expectant mothers is lower than in



pregnant women who have chronic conditions, immunization prevents infection, thereby eliminating the risk of complications. Expectant or breastfeeding mothers who receive influenza immunization may provide an extra measure of protection to the fetus by means of antibody passage through the placenta or breast milk. Since there is no effective vaccine against influenza for infants who are less than six months old, this age group is at high risk of developing influenza-related complications. This is yet another reason for you, as a mother, to protect your baby from influenza once it is born by being immunized yourself.

Additionally, you specified that you work in a setting where you have contact with elderly people. By virtue of this fact alone, it is important that you receive influenza immunization for your own health, as well as that of your residents. The NACI recommends immunization against influenza for anyone 65 years of age and older, anyone residing in a long-term care home or chronic care facility or any health care provider at any age who is potentially capable of transmitting influenza to those at high risk of complications related to the illness. Influenza is spread from person to person through droplets generated from the respiratory tract. It is transmitted by contact, through coughing or sneezing, or by hands or surfaces that are contaminated with respiratory secretions containing the influenza virus. Severe complications and even death can result from influenza infection. Don't take the risk! Protect yourself and your baby against influenza by receiving your immunization this year!



Janice Walters, R.N., B.Sc.N, M.Ed, Control of Infectious Diseases Program Manager at the Wellington-Dufferin-Guelph Public Health Unit served as the Expert Reviewer for this article.

Resource Profile:

The Little Book of Pandemics

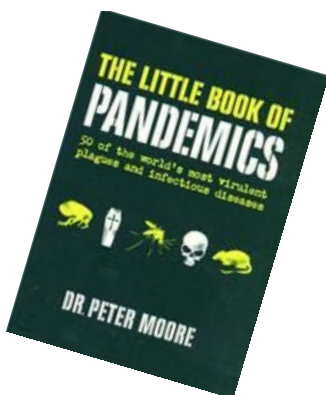
"The three greatest killers in human history have not been war, famine, or natural disaster. They have been influenza, Black Death, and AIDS."

50 of the world's most virulent plagues and infectious diseases

Many people, when confronted with the unsettling thought of an approaching pandemic, influenza or otherwise, become anxious and alarmed. Fear of the unknown may infiltrate rational thought, causing a person to experience irrational judgment and related unpredictable behaviour. This fear may be quelled by education to foster understanding of the nature of the threat, its characteristics and potential impact on society. Fear may subside once understanding how the infectious illness is transmitted as this enables individuals to take protective measures like performing thorough and frequent hand hygiene and applying personal protective equipment when engaging in activity that increases risk of infection.

This book is a superb resource to provide education to fill gaps in knowledge. Examining a variety of diseases commonly found in communities, including airborne, sexually transmitted, food- and water-borne, and animal-borne diseases, author Dr. Peter Moore provides a succinct history of each disease and insight into what the future may hold in terms of infectious illness. Each infection addressed in the book identifies the type of disease-causing agent and when and where it was first encountered. Each infectious disease is also rated on a scale according to its infectivity, severity of illness caused, potential lethality, and the suitability of the agent for use as a bio-weapon. The information contained within the covers of this book, though at times alarming, highlights the need for continued vigilance on behalf every global citizen.

Please contact us if you would like to borrow this resource!



Are You Interested in Webinar Learning?

The WWICN thanks the North Eastern Ontario Infection Control Network for sharing this information!

In the June/July edition of Network News, webinars from the Association for Professionals in Infection Control and Epidemiology (APIC) were featured as great, free opportunities for education. This time, we would like to take the opportunity to let you know about a few other learning resources that you can access on the web!

The Ontario Hospital Association (OHA) website houses archived webcasts and videoconferences accessible at no cost by anyone.

- ☞ Infection Control in Pediatrics
- ☞ Clostridium difficile
- ☞ New Provincial Safety and Quarterly Reporting Requirements
- ☞ PIDAC Best Practices for the Management of Resident Staphylococcus aureus and Enterococcus
- ☞ Infection Prevention and Control Core Competency Education for Acute Care Professionals
- ☞ Prevention and Control of Transmission of Clostridium difficile
- ☞ A User Friendly Approach to Hand Hygiene Practice in Acute Care Settings
- ☞ Improving Hand Hygiene in Health Care Settings – Lessons Learned from the UK Experience
- ☞ Surveillance 101: Developing an Infection Control Surveillance Program

To access the following recordings, please visit http://www.oha.com/client/oha/oha_lp4w_ind_webstation.nsf/page/Archived+Webcasts+and+Videoconferences

Infection Control Education Institute offers free webinars, on demand!

To learn about these webinars, please visit http://www.iceinstitute.com/webinar_faqs.html. To create an account (free and necessary to access these webinars), please visit <https://secure.vpico.com/icei/webinars/webinarshop.asp>

Topics include:

- ☞ Best Practices and Quality Issues in Flexible Endoscopy
- ☞ Humanizing Health Care Associated Infections (HAIs)
- ☞ Making Sense of the Evidence: From Papers to Practice
- ☞ Project to Reduce Surgical Site Infections
- ☞ New Non-Pharmacologic Opportunities to Reduce the Risk of Surgical Site Infections
- ☞ Evidence-Based Care of Indwelling Urinary Catheters
- ☞ Using Personal Protective Equipment for Patient Protection: Making the case for Contact Precautions Compliance
- ☞ Fomites and Disease Transmission
- ☞ Update on Resistant Pathogens & Emerging Infectious Diseases
- ☞ A Primer on Health Care Associated Infections (HAIs)
- ☞ Addressing Health Care Associated Sources Part I: Surgical Site Infections
- ☞ Addressing Health Care Associated Sources Part II: Central Line/Catheter-Related Infections
- ☞ Addressing Health Care Associated Sources Part III: Ventilator-Associated Pneumonia
- ☞ Hand Hygiene's Role in Preventing and Controlling Hospital-Associated Infections
- ☞ Update on Mandatory Reporting of Health Care Associated Infections
- ☞ Health Care Associated infections in the Sterile Processing Department
- ☞ Fighting Hospital Associated Infections in the Sterile Processing Department
- ☞ Sterilization Issues and Health Care Associated Infections

CDC Declares “Nosocomial No More!”

Look closely at the recently released CDC *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007* and you will note the distinct absence of the nebulous term ‘nosocomial infection’. Referring in modern times to those infections acquired or occurring in a hospital, the term has been officially abandoned by the epidemiologic kingdom, replaced in favour of the term ‘Healthcare Associated Infection’ (HAI). The change in vernacular reflects the evolution of health care delivery patterns, with care provision frequently taking place in settings beyond acute care hospitals.



In The News: *Happening Now!*

Canada's Hand Hygiene Campaign

The WWICN thanks the North Eastern Ontario Infection Control Network for sharing this information!



Canada's Hand Hygiene Campaign – “STOP! Clean Your Hands” was introduced in June during the 2007 National Education Conference of the Community and Hospital Infection Control Association-Canada (CHICA-Canada) in Edmonton, Alberta. The campaign has been tested in select national health care institutions over the summer of 2007. Following the pilot phase, the campaign toolkit will be refined and the full national campaign will be officially launched during the Canadian Health Care Safety Symposium in Ottawa, October 10-13, 2007.

The goal of Canada's Hand Hygiene Campaign is to promote awareness of the important role hand hygiene plays in reducing the occurrence of health care associated infections in Canada. Its main objective is to address the needs of health care organizations for capacity building, leadership development, and the development and implementation of tools to help promote hand hygiene. While the initiative is primarily aimed at health care providers across the continuum of health care settings, patients and visitors to health care facilities are also part of the solution. The campaign will include media activities and special events to raise awareness of the importance of proper hand hygiene among Canadians and to encourage the adoption of hand hygiene practices. Experts in Infection Prevention and Control agree that while hand hygiene improvement efforts are underway in various regions and provinces, a national strategy is essential to ensure that consistent, reproducible and measurable improvements are achieved across the country.

P5 Focus Group

This summer, the Waterloo Wellington Infection Control Network and five other Networks in the province of Ontario were asked to assist a group of researchers from Queen's University by convening focus groups of individuals from acute care with experience in and knowledge about their hospital's pandemic plan. Funded by The Change Foundation, the so-called P5 project (short for Pandemic Preparedness Planning Portal Project) is developing a web portal that will assist hospitals, especially those smaller in size and in rural areas, with their pandemic planning. The project's first phase was a needs assessment survey that was sent to acute care hospitals in Ontario. The information gathered from the survey was used as a foundation for initial web portal material development. The second stage, the focus groups, are a venue for discussing in more detail the barriers and enablers in the pandemic planning process as well as the expectations of acute care pandemic planners with respect to assistance in preparing for an influenza pandemic or another emerging communicable disease. Focus group members discussed the current status of pandemic planning in their respective organizations and the integration of planning within health care communities. Informed by the needs assessment survey and focus groups, module development for the pandemic planning portal will begin this fall and will be made available as early as the spring of 2008. The estimated timeline for completion of the entire project is two years.

Thank you to those who participated in the WWICN focus group. Your valuable contributions were much appreciated!



Regional Infection Control Network Needs Assessment

Regional Infection Control Networks across Ontario have collectively developed a needs assessment survey that will ultimately provide a baseline inventory of current infection prevention and control resources and activities in Ontario. To conduct this project effectively and optimize efficiency, the Regional Infection Control Networks are collaborating with Research Strategy Group Inc.

The findings of the survey will inform the development and implementation of both provincial and local Regional Infection Control Network Strategic Plans. The Needs Assessment Survey will be distributed to Senior Administrators of agencies in Ontario involved with the provision of acute care, long term care, public health, emergency services, and community care to clients.

Preliminary results of this survey will be available in January 2008 and a full provincial report will follow in June 2008. Progress updates and reports on this project will be available on the Regional Infection Control Network website at www.ricn.on.ca. Look for the survey arriving by mail soon!

Chickenpox and Shingles... What You Need to Know

What microorganism is responsible for causing chickenpox and shingles?

Infection with the Varicella-Zoster Virus (VZV), a member of the herpes family of viruses, causes the generalized, pruritic, vesicular rash characteristic of chickenpox. Typically, anywhere from 250 to 500 lesions occur on the body in varying stages of development and resolution (crusting). These lesions are usually accompanied by mild fever. Although rare, life threatening complications can occur and may include secondary skin infections, pneumonia, and encephalitis. After the signs and symptoms of chickenpox clear, the virus remains in the body and becomes latent. It remains in this inactive stage for years in the dorsal root ganglia of the nervous system. The latent virus reactivates in approximately 15% of older adults and causes the blister-like fluid-filled vesicles and severe pain that characterize shingles.

Who is at risk for infection with VZV?

Chickenpox infection commonly occurs in childhood but can occur in adults with increased severity of disease symptoms.

Any person who has not been previously infected with VZV is at risk for developing infection from it if exposed to it. Some people when infected with VZV experienced such mild symptoms that they have no memory of having chickenpox. Though a person may not remember being ill with chickenpox and think that they have not had it, it is possible that they have acquired immunity to VZV. As a rule, people who have been ill with chickenpox once do not experience it a second time, though as with all rules, there are exceptions. If re-infection occurs, the severity of signs and symptoms of disease is decreased.

How is VZV transmitted?

Chickenpox is one of the most contagious diseases known, particularly in the early stages of vesicle eruption. Transmission of VZV related to shingles occurs less readily than with chickenpox. VZV moves from person to person through a number of different routes. Droplet and airborne spread of viral particles occurs through vesicle fluid and secretions from the respiratory tract of individuals infected with chickenpox, as well as from the vesicle fluid of those with shingles. Direct contact with an infected person and indirect contact with items freshly soiled with discharge from vesicles and mucous membranes of infected people also facilitate transmission of the virus. Once lesions caused by chickenpox or shingles have dried up and crusted over, VZV can no longer spread.

How can I prevent and control the spread of VZV?

In susceptible individuals (people who are not immune to VZV), the best way to prevent disease from VZV is to receive the VZV vaccine. If a person cannot be immunized against VZV due to immune deficiency, close contacts of that individual should be immunized to

provide protection. If the non-vaccinated, immunodeficient person were exposed to VZV, Varicella-zoster Immune Globulin (VZIG) could be administered within 96 hours of the exposure to minimize the effects or prevent the disease entirely. Regular and thorough hand hygiene and use of routine practices and additional precautions as indicated based on situational risk assessment are also important components of the infection prevention puzzle. Implementation of these measures will help to prevent the transmission of all potentially infectious organisms at all times.

What are the implications for health care workers?

The Varicella/Zoster (Chickenpox/Shingles) Surveillance Protocol for Ontario Hospitals (June 2006) developed by the Ontario Hospital Association and Ontario Medical Association (OHA and OMA, respectively) clearly delineates measures that should be taken in all health care settings to prevent and contain the spread of VZV.

'All susceptible health care workers should be immunized, preferably prior to employment or immediately upon employment, using the 2-dose [VZV vaccine] schedule.'

'Only health care workers known to be immune [to VZV] may be assigned to care for patients with chickenpox or zoster.'

For further information regarding health care workers and VZV, please refer directly to the above document which can be accessed on-line by visiting the OHA website at:

http://www.oha.com/client/oha/oha_lp4w_Ind_webstation.nsf/page/Communicable+Diseases+Surveillance+Protocols

