

Medical News

EDITED BY GINA PUGLIESE, RN, MS; MARTIN S. FAVERO, PHD

Additional news items in this issue: *Triclosan and Antibiotic Resistance in S aureus*, page 629; *Fatal Arenavirus Infections in California*, page 638; *First Responders Not at Occupational Risk of HCV*, page 658.

CDC Offers Web Site on Antimicrobial Resistance

The National Center for Infectious Diseases (NCID) at the CDC recently launched a section in the CDC web site devoted to antimicrobial resistance. The section includes information for the general public and for healthcare professionals. The section for professionals includes technical fact sheets, clinical guidelines, prevention tools, surveillance systems and published data, laboratory information, scientific articles from the CDC and other sources, and links to related web sites. The professional section also includes a link to the CDC Hospital Infections Program's web-site section on antimicrobial resistance. Information includes letters to consumers explaining why viral illness is not treated with antibiotics and treatment summaries for common infections, including otitis media and bronchitis. The goal of this web site (www.cdc.gov/drugresistance) is to offer quick and easy access to all types of antimicrobial resistance information.

FROM: Centers for Disease Control and Prevention. NCID antimicrobial resistance web site. <http://www.cdc.gov/drugresistance>.

Barrier Cream and Oil-Containing Lotion Protects Hand, Promotes Hand Washing

Many healthcare workers (HCWs) suffer severe hand irritation, with cracking and bleeding, as a consequence of frequent hand washing and glove use. Integumentary breakdown has major implications for nosocomial infection control and promotes the spread of bloodborne viruses. The potential benefits of scheduled use of hand-care agents (lotions or creams) in HCWs have not been established by a controlled trial.

McCormick, Buchman, and Maki, from the University of Wisconsin Medical School, conducted a prospective, randomized, double-blinded trial to compare the value of an oil-containing lotion with a novel barrier skin cream, Hand Sense (North American Safety Products Inc, Orange, CA), in HCWs with severe hand irritation. Hand Sense is an emulsion containing glycerin, isopropyl myristate, triethanolamine, stearic acid, dimethicone, 2-bromonitropropane, 1,3 diol, acrylates C-10/C-30 and alkyl acrylate cross polymer, with the preservative methylparaben in

water. It is marketed for use in the United States as a cosmetic skin-care product. The study was conducted in a university medical center. Study participants were 54 HCWs from multiple departments with severe hand irritation; 74% had one or more full-thickness cracks or other integumentary breaks. Objective and subjective parameters for scaling, cracking, weeping, bleeding, and pain were scored by two blinded investigators weekly for 4 weeks. The hands of subjects were cultured quantitatively at the onset and after 2 weeks and 4 weeks.

Subjects in both groups experienced marked improvement in overall hand condition (each, $P < .02$), particularly in scaling, cracking, and pain. Persons randomized to use of the oil-containing lotion showed greater improvement (mean score, 6.5-2.7 vs 6.8-4.7; $P = .006$). In 18 (69%) of 26 persons who used the control lotion, all full-thickness integumentary breaks were healed and pain was totally resolved, compared with 14 (52%) of 27 persons who used the barrier cream ($P = .26$). Use of the two agents in a scheduled fashion had no effect on the levels or profile of the transient hand flora. However, by the fourth week of use, handwashing frequency was 50% higher in subjects randomized to use the control lotion than it was in subjects randomized to use the barrier cream (17.8 vs 11.7 times per day, $P = .04$).

The authors concluded that the use of an oil-containing lotion or a barrier cream on a scheduled basis can substantially protect the hands of vulnerable HCWs against drying and chemical irritation, preventing skin breakdown and promoting more frequent hand washing.

FROM: McCormick RD, Buchman TL, Maki DG. Double-blind, randomized trial of scheduled use of a novel barrier cream and an oil-containing lotion for protecting the hands of health care workers. *Am J Infect Control* 2000;28:302-310.

Increased Mortality With Inappropriate Treatment of Bloodstream Infections

Ibrahim and colleagues, from Washington University School of Medicine and Nursing, and BJC Hospital in St Louis, Missouri, recently evaluated the relation between the adequacy of antimicrobial treatment for bloodstream infections and clinical outcomes among patients requiring ICU admission. In a prospective cohort study, 492 patients were evaluated in a 19-bed medical ICU and an 18-bed surgical ICU.