

## Search for Handwashing Studies

### Dear Colleagues:

We are conducting a historical review of studies that evaluate the influence of handwashing on infections. We are seeking information about *any* such studies, published or unpublished, that were conducted in the nineteenth and twentieth centuries. If you have information on such studies, we would be most appreciative if you could share it with us. Please address correspondence to Dr. Elaine Larson, The Johns Hopkins University School of Nursing, Houck 386, 600 N. Wolfe Street, Baltimore, MD 21205, or call collect to 301-955-7484. Thank you.

**Elaine Larson, PhD, RN, FAAN**  
Nutting Chair in Clinical Nursing

## Recreational Infections

### To the Editor:

We much appreciated the article "Infections Related to Summer Recreational Activities" by Beverly J. Gray and Charles E. Haley.<sup>1</sup> Nevertheless, their exhaustive list in Table 1 lacked a relevant cause of this kind of infection, ie, leptospirosis.

We propose its inclusion in that table, with the following statements: infection: *Leptospirosis*; infectious agent: *Leptospira interrogans*; source: water, soil; epidemiology<sup>2</sup>: swimming, fishing, drinking unpurified water;

major clinical features<sup>3</sup>: fever, headache; diagnostic tests<sup>4</sup>: serologic tests.

### REFERENCES

1. Gray BJ, Haley CE: Infections related to summer recreational activities. *Infect Control* 1985; 6(12):498-500.
2. Diesch SL, Ellinghausen HC: Leptospirosis, in Hubber WT, McCulloch WF, Schnurrenberger PR (eds): *Diseases Transmitted from Animals to Men*, ed 6. Springfield, CC Thomas, 1975, pp 436-462.
3. Heath CW Jr, Alexander AD, Galton MD: Leptospirosis in the United States. Analysis of 483 cases in man, 1949-1961. *N Engl J Med* 1965; 273:915-922.
4. Alexander AD: Leptospira, in Lennette EH, Balows A, Hausner WJ Jr, et al (eds): *Manual of Clinical Microbiology*, Washington, American Society for Microbiology, 1985, pp 473-478.

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*Dr. Charles Craig responds to Drs. Maffei and Di Stanislao.*

Drs. Maffei and Di Stanislao have correctly suggested that summer recreational activities can expose individuals to infection with leptospire. The annual incidence of leptospire is relatively small, about 75 cases being reported annually to the Centers for Disease Control. It is suspected by some that the disease is significantly underreported, and that most cases are passed off as summer "flu" with fever, headache, muscle aching, and occasionally abdominal pain, nausea, and vomiting. Humans, when they acquire leptospire, represent a dead end for the disease, person-to-person infection being exceedingly rare.

However, the organism can persist in nature, almost perpetually. Wild animals are an important reservoir and provide a source for infection of

domestic animals, rather than humans. The organism is excreted in large concentrations in the urine and may subsequently contaminate water and soil.

Maffei and Di Stanislao comment that the list originally published in *Infection Control* was "exhaustive," but I would add that the list of diseases to which travelers may be exposed is also "exhausting." Indeed, if we spend too much time making preparations for all the potential diseases we might acquire, we may never get beyond the front door next summer.

### REFERENCES

1. Farrar WE: Leptospira species, in Mandell GH, Douglas RG Jr, Bennett JE (eds): *Principles and Practice of Infectious Diseases*. New York, John Wiley & Sons, 1979, pp 1844-1849.
2. Gray BJ, Haley CE: Infections related to summer recreational activities. *Infect Control* 1985; 6(12):498-500.

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## Protective Precautions for the Patient with AIDS

### To the Editor:

The increasing number of persons with Acquired Immune Deficiency Syndrome (AIDS), with their need for frequent and prolonged hospitalization, may create a problem of bed availability for hospitals. Patients with AIDS are often placed in a private

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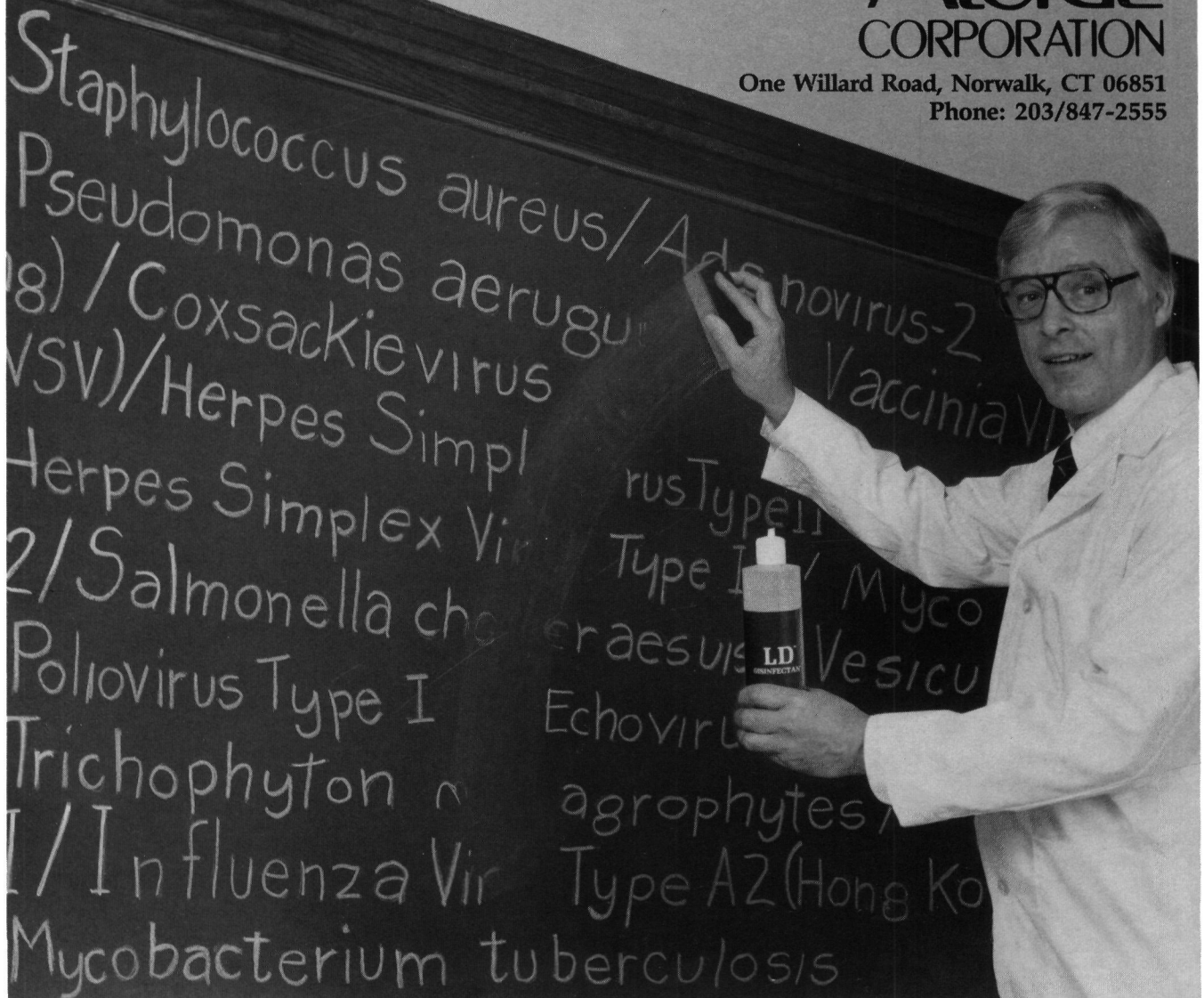
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room to avoid exposing other patients to real or perceived danger of contagion. To avoid alarming patients with other medical problems and yet conserve hospital beds, our hospital has adopted a policy of rooming patients with AIDS together if the patients do not have a respiratory tract infection with tuberculosis, open wounds, or diarrhea, and if they are able to maintain their personal hygiene. This policy is in accordance with published guidelines for isolation precautions in hospitals.<sup>1,2</sup> One of our patients was inadvertently placed in a room with another patient in violation of these guidelines with a result that dramatically emphasizes the potential danger of violating these guidelines.

This 28-year-old man with AIDS was electively admitted for treatment of cytomegalovirus retinitis. He had been successfully treated for *Pneumocystis carinii* pneumonia five months earlier. Except for the development of the retinitis and recurrent oral candidiasis, his health was good. He had been gaining weight since recovering from the pneumonia and he denied having fevers or diarrhea. The fifth day of hospitalization he developed explosive diarrhea, headache, and high fever. Specimens of blood and stool both yielded *Salmonella* group B. He responded to ampicillin, and has been maintained on amoxicillin to prevent relapse. An investigation revealed that he had shared a hospital room and bathroom for 24 hours with another AIDS patient who had diarrhea subsequently diagnosed as caused by *Salmonella* group B, with an identical antibiogram to the isolate from our patient. No other potential sources of infection for our patient were identified, and we believe the infection was transmitted from one patient to the other.

The diarrhea in the one patient was not recognized by the staff at the time these patients were placed in the same semiprivate room. No direct contact between them occurred, and their room assignments were promptly changed when the diarrhea was noted. Unfortunately, transmission of infection had already occurred. This experience emphasizes the danger of nosocomial infection to immunosuppressed patients and the importance

of strictly adhering to published guidelines. Since bed assignments are often made by personnel other than the attending physician, the persons responsible for bed assignments should be informed of the relevant diagnosis of patients, not only at the time of admission but also whenever new diagnoses are established. The practice of cohorting patients with AIDS should be exercised with caution.

#### REFERENCES

1. Centers for Disease Control: *Guidelines for Isolation Precautions in Hospitals*. Atlanta: US Public Health Service, 1983.
2. Centers for Disease Control: Acquired immune deficiency syndrome (AIDS): Precautions for clinical and laboratory staff. *MMWR* 1982; 3:527-580.

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## Proper Handling of Dirty Linen

### To the Editor:

A recurring question of proper handling of dirty linen in Skilled Nursing Facilities has promoted this inquiry. Some surveyors insist on wearing gowns and gloves whenever they handle dirty linen. What guidelines are recommended by the Editorial Board of *Infection Control*?

**Harry J. Silver, MD**  
Los Angeles, CA

*Ms. Sue Crow responds to Dr. Silver's letter:*

### Dear Dr. Silver:

The Editorial Board of *Infection Control* does not provide infection control guidelines, but I offer my own response to your question.

Gowns and gloves are not necessary for routine handling of dirty linen. It

is much more efficient and less costly to assure that the dirty linen does not come into direct contact with personnel's attire and for personnel to wash their hands thoroughly after handling the linen. Gloves may be necessary if the linen is saturated with body fluids and/or if the employees have cuts or scratches on their hands.

As you know, various organizations follow various regulations. If wearing gowns and gloves is indeed a policy, you may want to challenge the policy. It is up to us to suggest change not only in the health care institutions, but also in the community.

**Sue Crow, MSN, RN, CIC**  
Nurse Epidemiologist

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*Letters to the Editor should be addressed to INFECTION CONTROL Editorial Offices, C41 General Hospital, University of Iowa Hospitals and Clinics, Iowa City, IA 52242. All letters must be typed, double spaced, and may not exceed four pages nor include more than one figure or table. The editors reserve the right to edit for purposes of clarity or brevity.*

## New Managing Editor in Editor's Office

Marikay Klein has accepted the position of Managing Editor in the INFECTION CONTROL editorial offices in Iowa City, Iowa. For five years Marikay was involved with the design and production of college textbooks at Wm. C. Brown Publishers in Dubuque, Iowa. She received a degree in Journalism and Graphic Design from The University of Iowa and has studied at the Centre for Journalism at the City University of London. In addition, Marikay has worked as a freelance graphic designer, illustrator, and copy editor. She can be reached at 319-356-0463.