ficile types among clustered cases of diarrhea.[2,3] We hypothesize that some factors that may contribute to the differences observed are larger patient population with a higher turnover rate; higher number of healthcare personnel in the general medicine ward as compared to the oncology ward; and the lack of protective practices to decrease infection rates of immunocompromised hosts (such as single rooms) in the general medicine ward. Further studies with larger groups of patients and an analysis of some of these external factors are in progress.

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Primary Bacteremia and Needleless Safety Devices

To the Editor:

The incidence of needlestick injuries (NIs) continues to be high in healthcare workers (HCWs). There are recommendations aimed at reducing the incidence of NI, as it poses the risk of transmission of bloodborne infections between HCWs and patients. It is an issue of great concern from both the employee and employer perspective. Many hospitals have implemented various types of safety devices to reduce NI incidents. One of the safety devices used is a needleless vascular access system. The effects of the implementation of such needleless systems on the incidence of nosocomial primary bacteremias have been contradictory.[1-3] The objective of our study was to determine the effect of needleless safety devices on primary bacteremia in our hospital.

Arlington Hospital is a 350-bed acute-care community teaching hospital located in northern Virginia, with approximately 1,500 HCWs and an average of 16,000 patient admissions per year. We adopted an NI prevention program in 1992.[4] One of the components of our NI prevention program was the use of a needleless vascular access system.

All new safety devices for the NI prevention program were reviewed by the NI Prevention Committee and then evaluated by the prime users of the products. New device selection criteria were safety, user acceptance, device simplicity, patient satisfaction, infection risk, passive operation, and lack of need for disassembly for disposal after use. Because a substantial number of NIs were related to intravenous (IV) therapy, IV safety was the first priority addressed in this hospital. After evaluation by the nursing department, the committee approved the use of Braun Safsite Needleless Systems (B. Braun Medical Inc, Bethlehem, PA).

All primary bacteremia or bloodstream infections (BSIs) from 1989 to 1997 were reviewed using the Centers for Disease Control and Prevention's criteria for nosocomial infections. BSI before and after implementation of the needleless devices were calculated and compared for trend and clusters. No trend, cluster of infections or organisms, or outbreaks were noted during the study period. Rates of BSI before and after implementation of the Braun Safsite needleless devices were comparable. During the study period, the patient census did not change significantly. BSI rates also were calculated for coagulase-negative staphylococci, *Staphylococcus aureus*, aerobic gram-negative bacilli, *Candida* species, enterococci, and others. The distribution of organisms did not change significantly during the study period.

This 6-year surveillance study after the implementation of the Braun Safsite Needleless Systems suggests that its use was not associated with any increase in BSI.[3]

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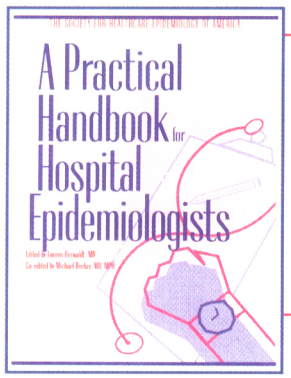

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https://doi.org/10.1086/503082 Published online by Cambridge University Press