

\* Developed world hospitalized pts acquire infections → surgical site infection  
→ Neonatal infections

▶ Important measure in infection control ⇒ Hand hygiene → water & soap  
→ Alcohol rub  
→ Skin care

① Wash them well

② let hand air dry

③ Hand lotion

Skin care

\* Wash with soap when feels sticky or after bathroom - eat or touch blood - dirty

\* Wash hands before & after wearing gloves.

▶ Vaccines : - HBV → (3 doses / 0, 1, 6 months / check titer after 1-2 months)

Transmission: ← Once / Booster shot in times of outbreak.

1. Sexual - HIV / HSV ⇒ No vaccine

2. Needles - MMR ⇒ Rubella, congenital anomalies if not vaccinated

3. Mom to baby - Td

4. contact damage skin - VZV conj.

5. contact mucosal membrane - flu

▶ Isolation : ① gowns, gloves, masks → MRSA

② -ve pressure room, N95 mask ⇒ RS  $\begin{cases} TB \\ Measles \\ VZV \end{cases}$

③ Surgical mask, private room → Meningitis

④ Private room, mask, gloves, gown ⇒ Neutropenic pts.

\* Never recap a needle / never bend or broken / sharp container / use forceps to pick a needle

# Needle sticks

نخ بالظلم  
نخ با 5

- Baseline:
  - HIV, HCV, HBsAg, HBsAb titer
- If no HBV vaccination and low titers
  - Give HBV vaccine ± HBV Immunoglobulin
- If pt has HIV → 3TC + AZT (1 month)
  - Check HIV, HCV, HBV at 1, 3, 6 months
- HCV: no post-exposure prophylaxis

## Central line infection pathogenesis

- Extra-luminal route: < 10 days
  - Most common mode of infection for non tunneled
  - 4 cm / h by capillary action (Cooper, J Clin Microb, 1988)
- Intra-luminal route: > 3 weeks
  - Most common mode of infection for tunneled

