Hand Hygiene Gaps Identified

Hand washing or using an alcohol-based hand sanitizer after touching shopping carts, gas pumps, automated teller machines, and other frequently touched surfaces is a key strategy the CDC recommends to curb the spread of coronavirus disease 2019 (COVID-19). Yet a pair of surveys in the CDC’s Morbidity and Mortality Weekly Report found serious gaps in hand hygiene practices by race, age, and sex.

An internet survey conducted in late June included about 4800 US adults who said they had been out in public during the previous week. Overall, 85% of the participants said they always or often washed their hands or used hand sanitizer after coming in contact with high-touch surfaces in public places.

However, men and younger adults were less likely than women and older adults to practice proper hand hygiene after touching common objects while out to shop or for other reasons. About 72% of adults younger than 24 years used hand sanitizer or washed their hands compared with approximately 89% of adults aged 65 years or older.

Men were 35% less likely than women to frequently wash their hands; non-Hispanic Asian adults were 66% more likely than White adults to wash their hands often.

People who were extremely concerned about contracting severe acute respiratory syndrome coronavirus 2 infection were twice as likely to frequently wash their hands as those who weren’t uneasy about becoming infected. Adults who made less than $25,000 a year were less likely than wealthier individuals to use hand sanitizer, perhaps because of the product’s cost, the authors suggested.

A second survey of about 4000 US adults found that less than 75% said they were likely to remember to wash their hands after having respiratory symptoms or before eating at home or in a restaurant during 2020. Men, young adults, and White people were less likely than other groups to wash their hands in those situations.

Active Surveillance Testing to Prevent Staph Spread in NICUs

Personnel in neonatal intensive care units (NICUs) should conduct active surveillance testing for Staphylococcus aureus colonization of neonates to prevent the spread of infection during outbreaks or when incidence increases, according to a new CDC guideline.

S aureus infections among NICU patients are common and sometimes include difficult-to-treat methicillin-resistant strains. Yet data to guide their management are limited. The new guideline provides evidence-based guidance for managing S aureus in this vulnerable population, and it can be used in conjunction with other infection control guidelines for health care settings.

In addition to recommending active surveillance testing at regular intervals during outbreaks, increases in incidence, or when evidence of health care–associated transmission is detected in the NICU, the guideline also suggests collecting samples from the anterior nares and using culture-based or polymerase chain reaction–based methods to test samples.

“Any neonatal infection can be associated with long-term sequelae, including negative long-term neurocognitive outcomes and poor prognosis,” the guideline authors wrote.

In a companion white paper, the Society for Healthcare Epidemiology of America emphasized the importance of balancing the need for infection prevention with the benefits of skin-to-skin contact between newborns and their family members. The document recommends that family members and visitors practice proper hand hygiene to prevent S aureus transmission. It also suggests that family and visitors may forgo personal protective gear when interacting with infants infected with S aureus.

“The potential benefit of routine gown and glove use by family members and visitors to prevent [methicillin-resistant S aureus] transmission does not outweigh the impact on care and bonding with the infant,” the white paper’s authors wrote. – Bridget M. Kuehn, MSJ

Note: Source references are available through embedded hyperlinks in the article text online.