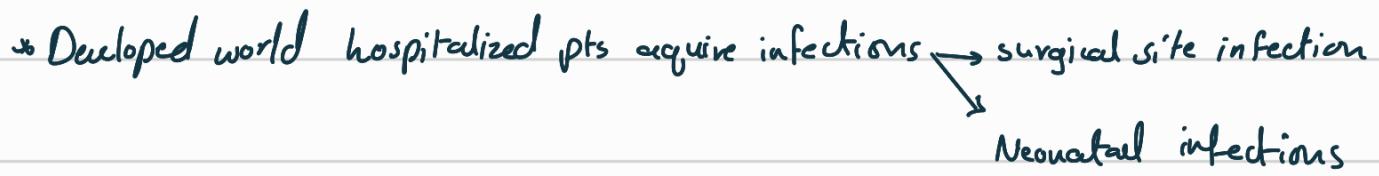
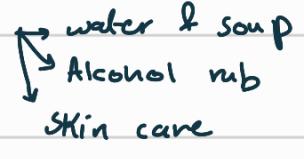


► Developed world hospitalized pts acquire infections 
 surgical site infection
Neonatal infections

► Important measure in infection control \Rightarrow Hand hygiene 
① wash turn well ② let hand air dry ③ Hand lotion water & soap
Alcohol rub Skin care

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

* Wash hands before & after wearing gloves.

► Vaccines : - HBV \Rightarrow (3 doses / 0, 1, 6 months / check titer after 1-2 months)

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

1. sexual

- HIV / HCV \Rightarrow No vaccine

2. Needles

- MMR \Rightarrow Rubella , congenital anomalies if not vaccinated

3. Mom to baby

- To

4. contact damage skin

- VZV \Leftrightarrow shp.

5. contact mucosal membrane - flu

► Isolation : ① gowns , gloves , masks \rightarrow MRSA

② -ve pressure room , N95 mask \Rightarrow RS \Leftrightarrow Measles
 $\frac{TB}{VZV}$

③ Surgical mask , private room \rightarrow Meningitis

④ Private room , mask , gloves , gown \Rightarrow Neutropenic pts .

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

Needle sticks

blev 9
sp. 1.

- 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

