Infection Control

Monash Health take infection control very seriously. People living with CF also need to take measures to help prevent the transfer of germs causing infection.

Bugs can be spread from one person to another by direct contact and through the air with laughing, coughing and sneezing.

Key infection control practices for CF patients include

- Handwashing – either with soap and water or alcohol-based hand rub
- The use of a mask when in communal hospital areas such as the café, X-ray department and corridors.
- Avoiding contact with other CF patients who do not normally live with you
- Avoid contact with people who are unwell
- Ensure vaccinations are up to date including the yearly influenza vaccine
- Avoid high risk environments with stagnant water

When you visit your healthcare team in hospital you will find that they will be wearing gloves and a gown when assessing you. This is to prevent the cross contamination on their clothes between patients. If you are admitted to hospital the nursing staff will also wear a gown and gloves when entering your room. You will be nursed in a single room.

Why all the precautions?

Patients with CF are at a greater risk of developing lung infections because of the thick mucus that accumulates in the lungs. Germs are microscopic organisms that can be found in the air, soil and water as well as on food, plants and animals. Some germs can only survive in the body while other germs can survive on surfaces for a number of days. All germs have one thing in common and that is that once they have found a place that is good for them they like to stay and multiply. Bacteria, viruses and mould are examples of germs that can be harmful for a CF patient.
Germs and infections can be spread through direct contact [by touch] or indirect [from surfaces] or through the air.

Some CF patients will develop lung infection with bugs which are difficult to treat and can lead to progressive lung damage. The latest medical research has shown that people with CF can spread bacteria and germs between one another, which can be

detrimental, particularly to a child who has never had that type of bug. This is why the latest infection control guidelines advise CF patients not to socialize together and to wear masks while in communal areas of hospitals at all times.

Common infections

- *Staphylococcus aureus* (Staph)
  The most common bug found in children with CF

- Methicillin Resistant *Staphylococcus aureus* (MRSA)
  A strain of Staphylococcus that is resistant to commonly used antibiotics. Can spread through direct contact and through the air with laughing, coughing and sneezing.

- *Pseudomonas aeruginosa* (*P. aeruginosa*)
  Common in older children and adults, there are many different strains. Some strains can be transmitted from person to person, some are resistant to antibiotics.

- *Burkholderia cepacia* complex (*B Cepacia*)
  Lives in cold damp places, difficult to treat.

- Nontuberculous mycobacteria (NTM)
  Lives in soil, swamps and water sources. This bug is found in a small but growing number of CF patients. Some strains can be transmitted from person to person. *Mycobacterium abscessus* is a type of NTM that can cause significant lung damage and is often difficult to treat.

- *Aspergillus* species
  Fungus often found in the airways of teenagers and young adults with CF. common symptoms associated with aspergillus include increased cough and wheeze. Aspergillus is usually treated with corticosteroids and anti-fungals.

Notes

References:

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