

6. Paauw A, Verhoef J, Fluit AC, *et al.* Failure to control an outbreak of *qnrA1*-positive multidrug-resistant *Enterobacter cloacae* infection despite adequate implementation of recommended infection control measures. *J Clin Microbiol* 2007;45:1420–1425.
7. Jarlier V, Nicolas MH, Fournier G, Philippon A. Extended-broad-spectrum β -lactamases conferring transferable resistance to newer β -lactam agents in Enterobacteriaceae: hospital prevalence and susceptibility patterns. *Rev Infect Dis* 1988;10:867–878.
8. Touati A, Benallaoua S, Djoudi F, Madoux J, Brasme L, De Champs C. Characterization of CTX-M-15 producing *Klebsiella pneumoniae* and *E. coli* strains isolated from hospital environment in Algeria. *Microb Drug Resist* 2007;13:85–89.

A. Touati^{a,*}
 L. Brasme^b
 S. Benallaoua^a
 J. Madoux^b
 A. Gharout^a
 C. de Champs^b

^aLaboratoire de microbiologie appliquée, FSNV, Université A/MIRA de Béjaia, Algérie

^bLaboratoire de Bactériologie-Virologie-Hygiène Hospitalière, CHU Reims, Hôpital Robert Debre, Reims, France

E-mail address: ziz1999@yahoo.fr

Available online 14 January 2008

* Corresponding author. Address: Laboratoire de microbiologie appliquée, FSNV, Université A/MIRA de Béjaia, 06000, Algérie. Tel./fax: +213 34 21 47 62.

© 2007 The Hospital Infection Society. Published by Elsevier Ltd. All rights reserved.

doi:10.1016/j.jhin.2007.11.001

Infection and its control in group homes for the elderly in Japan

Madam,

Following the implementation in Japan of a new, long-term care insurance system in April 2000, the number of small-scale facilities known as group homes has risen rapidly to more than 6000. These homes, which provide an alternative to traditional, larger-scale long-term care facilities for elderly demented people, are regulated by the municipality. The municipality is responsible for assigning, supervising and instructing all group home employers. Compared with care at traditional, larger-scale facilities, care at small-scale group homes is believed to treat patients better primarily in terms

of dementia symptom management and minimizing functional decline.

Recently, mass outbreaks of influenza and norovirus in senior care facilities have been reported in many regions.^{1–3} Small-scale facilities have paid less attention to infection control than large-scale ones and were unequipped with manuals outlining policies for the prevention of infectious diseases. Therefore, we examined the actual conditions of infection and the systems of infection control in small-scale care facilities in Japan.

Questionnaires were sent to 1899 care facilities registered with the National Association of Dementia Group Homes throughout Japan to investigate infection control measures at each facility. Discussions were held with community-based service representatives, including municipal supervisors and instructors as well as infection control specialists; and inspections of small-scale multifunctional group homes, dementia group homes, and group homes for fewer than 29 people needing heavy care were conducted to examine the current situation from multiple perspectives.

In all, 684 facilities (36%) completed the questionnaires. As shown in Figure 1, 26% of facilities had residents who had been infected with influenza, 14.5% with scabies, 12% with norovirus and 8.2% with meticillin-resistant *Staphylococcus aureus* (MRSA). These four communicable diseases were frequently found in residents. The mass outbreaks

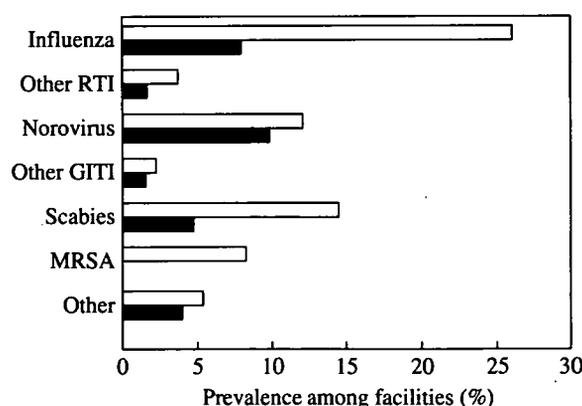


Figure 1 Prevalence of infections and outbreaks among the facilities. Open bars show the prevalence of facilities which had residents who suffered from the infection indicated. Closed bars show the prevalence of facilities which experienced mass outbreaks of infection indicated. 'Other RTI' denotes respiratory tract infections other than influenza and meticillin-resistant *Staphylococcus aureus* (MRSA). 'Other GITI' denotes gastrointestinal tract infections other than norovirus and MRSA. 'Other' denotes infection in organs other than the respiratory tract and the gastrointestinal tract.

reported in these facilities were norovirus (9.8%), influenza (7.9%) and scabies (4.7%) (Figure 1). Influenza vaccination was provided to all employees and residents upon request, in most facilities. Although facilities did not experience any mass outbreaks of MRSA, the procedures to cope with MRSA differed among facilities; 10.1% failed to address MRSA, 3.9% isolated infected/colonised individuals in a room while 3.5% used gowns and pre-prepared disinfectant. Regarding the response following norovirus infection, 90.1% of facilities used gloves but only 60.1% used masks when disposing of vomit. In all, 26.9% of facilities kept pets, 11.6% kept dogs, 4.7% kept cats and 0.3% kept reptiles that are known to be carriers of *Salmonella* spp. Although most facilities reported policies addressing the collection of bodily fluids, blood and faeces for disposal, no standardized policies outlining final disposal methods were reported; 60% of facilities disposed of them as general refuse. Oral care, which is considered to have an effect in preventing pneumonia, was done regularly by dentists or hygienists in 22.4% of facilities. It was also revealed that even though many facilities implemented response measures to stop the spread of influenza, they experienced mass outbreaks of norovirus, influenza and scabies. Improvement is needed especially in the disposal of infectious waste since many facilities did not use masks when disposing of norovirus vomit.

We conclude that improvement in the management of infectious disease in small-scale facilities for elderly people in Japan is needed. The problems highlighted in this research show the need for developing standardized infectious disease control strategies and for creating a manual that outlines detailed measures designed to specifically meet the needs of small-scale group homes in Japan.

Conflict of interest statement

None declared.

Funding sources

Grant from the Ministry of Health, Labor and Welfare.

References

- Bradley SF. Prevention of influenza in long-term-care facilities. *Infect Control Hosp Epidemiol* 1999;20:629–637.
- Dedman D, Laurichesse H, Caul EO, Wall PG. Surveillance of small round structured virus (SRSV) infection in England and Wales, 1990–5. *Epidemiol Infect* 1998;121:131–149.
- Goller JL, Dimitriadis A, Tan A, Kelly H, Marshall JA. Long-term features of norovirus gastroenteritis in the elderly. *J Hosp Infect* 2004;58:286–291.

S. Ebihara^{a,b,*}

J. Aida^a

S. Freeman^b

K. Osaka^a

^aDepartment of International Oral Health,
Tohoku University School of Dentistry,
Sendai, Japan

^bDepartment of Geriatrics and Gerontology,
Tohoku University School of Medicine,
Sendai, Japan

E-mail address: s_ebihara@geriat.med.
tohoku.ac.jp

Available online 16 January 2008

* Corresponding author. Address: Department of Geriatrics and Gerontology, Tohoku University School of Medicine, Seiryomachi 1-1, Aoba-ku, Sendai 980-8574, Japan. Tel: +81 22 717 7182; fax: +81 22 717 7186.

© 2007 The Hospital Infection Society. Published by Elsevier Ltd. All rights reserved.

doi:10.1016/j.jhin.2007.11.009

Meticillin-resistant *Staphylococcus aureus* in the community: homeless are also at risk

Madam,

Thomas *et al.* recently identified the district nurse population as a significant reservoir for meticillin-resistant *Staphylococcus aureus* (MRSA) in the community, with 21.1% [confidence interval (CI): 11.6–30.4] of the study population found to be MRSA positive.¹ Other population groups known to be at risk of community MRSA colonisation or infection include military recruits, sports teams players, men who have sex with men, people in jail, injecting drug users (IDUs) and the homeless. Current or past IDUs and a history of skin abscess is associated with a higher prevalence of meticillin resistance in those who are *S. aureus*-colonised.^{2–5} Studies from the USA have shown that the homeless are at a significantly increased risk (odds ratio: 3.35; 95% confidence interval: 1.22–9.22) of community-acquired MRSA skin and soft tissue infections compared with the non-homeless.^{3,4} To our knowledge, we present the first assessment of skin and soft tissue infections due to MRSA in people who are homeless or at risk of homelessness in the UK.

We identified all wound swabs routinely submitted to the Health Protection Agency Regional Microbiology Laboratory in Cambridge over a period of four years (3 August 2003 to 3 August 2007) from

本研究報告書には下記の DVD が添付されています。

平成19年度厚生労働科学研究費補助金(長寿科学総合研究事業)

(H18-長寿-一般-020)「口腔機能の向上の実施体制と評価に関する研究」

1. 先進事例紹介地域版『お口の体操(健口体操)ビデオ』

- ① 神奈川県茅ヶ崎保健福祉事務所作成
「お口の健口体操・湘南版～みんなの元気はお口から！～」
- ② 東京都練馬区作成「ねりま お口すっきり体操」
- ③ 千葉県(県歯科衛生士会委託)作成「スマイルアップ！ちば体操」

2. 総括・分担研究報告書

