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Staphylococcal Disease in Newborn Nursery

In the preceding four-week period, nine cases of staphylococcal disease in the newborn nursery occurred at the Bethel Public Health Service Hospital. Illnesses consisted of conjunctivitis and pyoderma, with no resulting deaths. Three staff member were noted to carry staphylococcus and phage typing is underway to determine possible source of spread.

Because of this problem, the nursery was closed for one week.

(Reported by George Brenneman, M.D. and Thomas Demarcus, Sanitarian.)

Control of Staphylococcal Outbreaks in Nurseries

The Center for Disease Control recommends the following procedures to control staphylococcal outbreaks in nurseries:

- 1) The occurrence of two or more concurrent cases of staphylococcal skin disease related to a single nursery or a single case of breast abscess in a nursing mother or infant is presumptive evidence of an epidemic and warrants further investigation.
- 2) Cases of disease in the nursery should be promptly isolated, cultured and treated.
- 3) Diligent handwashing for at least 10 seconds with 3% hexachlorophene or an iodophor preparation between each infant contact should be rigorously enforced.
- 4) Prescription of short-term, prophylactic daily bathing using 3% hexachlorophene may be indicated in healthy newborn infants as a control measure during an outbreak. Washing must be followed by thorough tap water rinsing. Two daily in-hospital applications (first 2 days) may be given to infants with normal skin weighing over 2,500 gm. The umbilicus and anterior nares of all infants hospitalized in the involved nursery should be cultured daily. Asymptomatic infants colonized with Staphylococcus aureus should be isolated from noncolonized infants and treated topically using bacitracin ointment or other suitable topical antimicrobial agents.
- 5) Surveillance of discharged infants should be continued for at least 14 days after discharge.
- 6) All personnel working in the nursery or entering it at any time should be questioned and examined for possible staphylococcal lesions. Anterior nares of all persons contacting babies should be cultured. Carriers of epidemic strains should be excluded from the nursery and treated with an appropriate topical agent in conjunction with a systemic anti-staphylococcal drug until cultures are negative.
- 7) A cohort system of nursery admission should be instituted. All well babies born during a period no longer than 48 hours are admitted into a single unit (maintained by personnel working only in that unit) until it is filled. Babies born during the next two-day interval are then admitted to a second unit. The first unit is emptied and cleaned before another cohort is admitted.