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INFECTION CONTROL

LETTERS TO THE EDITOR

To the Editor:

One of the recommendations in the new CDC Guidelines on Infection Control appears to create a problem for my hospital and, I suspect, for many others. The Guidelines for Hospital Environmental Control include a section entitled "Cleaning, Disinfection, and Sterilization of Hospital Equipment." Recommendation 7B in this section states that every steam sterilizer load should be monitored with a spore test if it contains implantable objects. Moreover, these objects should not be used until the spore test is determined to be negative at 48 hours. "Flash" sterilization is specifically cited as inadequate. Although the recommendation has received Category I status, there are no adequate scientific studies to document validity of this recommendation. Thus, a majority of the CDC panel members who developed this recommendation must have viewed it as useful and practical to implement in a majority of hospitals. While the recommendation may represent an ideal, I contend that it is impractical for our hospital and the great majority of other institutions which operate on tight budgets.

All would agree, I think, that spore tests are not infallible. Indeed, the introductory paragraphs in this section of the Guidelines emphasize this fact. The recommendation as written appears to require individual wrapping of every screw, pin, nail and other items, in addition to such larger implantables as total joint prostheses and silicone implants. It is probable that many institutions will have to employ additional personnel to process this increased workload. Each item processed will have a limited shelf life and, if not used within an appropriate time period will have to be unwrapped, rewrapped, and resterilized. Certain implantable items (e.g. vascular grafts) are limited by the number of times they can be subjected to sterilization, and may, on occasion, have to be discarded without ever having been used. Additional costs to institutions will include the substantially larger inventory that will be required, the increased costs of the spore tests themselves, and the increased amount of space which will be required to hold each individually wrapped item.

It seems to me that the cost of this single recommendation will be impossible to bear in many institutions. Indeed, an informal survey of ten hospitals in this state indicated that none presently comply with the recommendation, nor could they comply for the reasons I have stated. It is my understanding that some members of the working group on the Guidelines for Hospital Environmental Control argued strongly against this particular recommendation, but were outvoted by the majority of the members on the committee. I was even more dismayed by the lead article in the June issue of *Hospital Infection Control,* which quoted malpractice attorneys as stating that new guidelines will be considered the national standard of care and that institutions which fail to comply will be held liable.

I am concerned that those who developed this recommendation did not adequately consider the practical implications for most hospitals. I would be interested in the thoughts of other readers and hope that a representative of the CDC panel might be asked to respond to my concerns in this forum.

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This letter was referred to Dr. Layman and to the Centers for Disease Control, for the following replies:

Dr. Weinstein's letter was referred to me, presumably more for my comment as a pragmatic surgeon than as a consultant in infection control. Dr. Weinstein's points are difficult for me to comprehend, because they make short shrift of the realities of the hazards of infection in implant surgery.

If implanted prostheses never or rarely became infected, there would be no need for all sorts of special precautions currently being taken by orthopedic surgeons—let alone spore testing of the prostheses. But, alas, infections do occur, some catastrophic. The vectors of many infections defy detection. But that does not stop us from taking aseptic precautions, some ad-