

Planning a Trip to the Centres for Disease Control, Atlanta Georgia

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Since taking up the position of Clinical Nurse Consultant – Infection Control in January 1992 I have constantly been exposed to the abbreviated initials CDC and publications referring to the Centers for Disease Control (CDC).

What was this icon of infection control that determined all infection control policies I often pondered whenever I quoted CDC guidelines and researched various infection control issues. In late 1994 an opportunity arose for me to have this question answered when I received an announcement notice for the Johnson & Johnson Infection Control Scholarship. This scholarship is offered annually as a \$5000 Medical Study and Travel Grant to infection control practitioners in Australia and New Zealand and I was encouraged to submit my application for the 1995 award. This application is submitted as a scholarship proposal which includes a comprehensive curriculum vitae, concise study objectives, a proposed travel itinerary and a brief estimation of costs.

As part of the proposal process I decided to make preliminary contact with the Centers for Disease Control in order to formulate achievable and realistic objectives but naturally had no idea of whom or how to contact an appropriate employee. In my journal readings I spotted the name of a nurse author of a recent journal article on obstetric wound infection surveillance who listed her contact address as the CDC in Atlanta Georgia so I simply contacted her by mail explaining my potential visit requirements and study

objectives. I added this initial correspondence and the name of a respected infection control colleague as a referee and submitted the application to Johnson & Johnson Medical Pty Ltd. A long four months later I was notified by their Director of Marketing that I had been successful and in order to receive payment of the awarded funds I was required to submit my final itinerary listing all relevant travel plans. The following somewhat narrative process I hope will assist any future visitors to the CDC and avoid the inefficient process I went through to get there.

In a stroke of luck the name Elizabeth Bolyard which I chose at random from a recent journal article turned out to be the Chief of Prevention Activity for the HIV Infections Branch of the Hospital Infections Program at the National Center for Infectious Diseases. Elizabeth was extremely helpful in arranging appointments to meet all the objectives that I had faxed her. Due to the time differences and the eight different CDC locations in Atlanta I found that the fax machine was the best method of communication with all responses being replied to within 24-48 hours. During this correspondence period Elizabeth herself discovered a CDC resource that she was previously unaware of in the form of a International Visitors Activity Office. The staff of this office are purposely employed by the CDC to coordinate and facilitate all international visits. This new contact person's fax address led to all the assistance I required in the form of CDC and Atlanta maps, directions from the international airport, public transport advice and accommodation listings with their costs and proximity to the CDC fully explained.

The CDC is located to the North-

East of metropolitan Atlanta adjacent to the campus of the prestigious Emory University and Hospital. The accommodations guide I was given listed (i) the Emory Inn as situated directly across the road from the CDC, and (ii) the International Villa as a short walk away. I chose the Emory Inn due to its convenient hotel shuttle service and proximity to the CDC. A very reasonable room rate is offered to CDC visitors. As it turned out the shuttle service became invaluable with pick-up and drop-off to railway station, shopping malls, and all the different CDC locations. This service saved me a significant amount in cab charges as the CDC is slightly isolated from any shops or public transport within walking distance.

On arrival at Atlanta's International Airport the quickest and cheapest method of getting to the CDC is on the MARTA (Metropolitan Atlanta Rapid Transport Authority). The station is right above the baggage claim area and the train is safe to travel late at night with all stations verbally announced for the visitor. The CDC advised me to catch the MARTA North Line to the Lindbergh station. The price of a token was \$1.25 and travel time was approximately 40 minutes. On arrival at the Lindbergh station a phone call is required to have the Emory Inn shuttle pick you up (operates between 7am-11pm) or alternatively a cab rank is located at the station exit.

On the morning of my CDC appointments I was met in the foyer of the CDC Building directly across the road from the Emory Inn by Ms Linda Ford the Program Assistant for International Visitors. Linda provided me with a confirmed itinerary and an orientation package outlining all CDC offices and activities. The CDC also has

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a large library, canteen, snack bar and souvenir shop. As all my appointments were with the Hospital Infections Program it was necessary to use the hotel shuttle once again to transfer over to the CDC offices at Executive Park some distance away. I should say at this point that my mind image of what the CDC would look like was very quickly changed after my tour of both CDC locations. Unfortunately my proposed tour of the well publicised Ebola Virus Quarantine Laboratories and its space suit environment was not available due to high security requirements.

My first appointment was with Betty Bolyard, an experienced infection control nurse with a Masters qualification in Public Health. Betty was the co-chairperson of the organising committee for the 1994 Conference on Prevention of Transmission of Bloodborne Pathogens in Surgery and Obstetrics and has an extensive knowledge base on this particular topic. I was presented with her personal copy of the conference proceedings as well as many other recent CDC publications. I found it very interesting to see their working conditions and office spaces and compare them to what some of us have in Australia. The Executive Park location of the CDC is a neat, compact, one level building containing approximately 20 office spaces off one central corridor. An office space consists of a desk, filing cabinet and a personal computer. Offices are simply separated by carpeted wall panels with a design that does not encourage private conversations. Fortunately each office had a view of the beautiful Georgian forest currently in full fall splendour. The majority of communication is done by electronic mail but I sensed a great deal of camaraderie amongst the staff.

The next appointment of the day was with Teresa Horan, the coordinator of the National Nosocomial Infections Surveillance System (NNIS). Once again I found myself visiting a very dynamic personality with an enormous responsibility and scope of infection control activity. The NNIS is an ongoing collaborative surveillance system sponsored by the CDC to obtain national data on nosocomial infections. The CDC uses the data that is reported voluntarily by participating hospitals to estimate the magnitude of the nosocomial infection problem in the United States and to monitor trends in infections and risk factors. It was at this stage that I began to fully appreciate the potential benefits of an Australian National Database with a large number of contributing hospitals.

Teresa Horan also advised me that all qualified infection control practitioners in the United States are certified (CIC) by the Certification Board of Infection Control, Inc following success in a proctored examination. Recertification is required after a certain time period and a self-assessment recertification examination (SARE) is now offered as an alternative to the proctored exam. The SARE is a 150 question, multiple choice examination designed to assess the knowledge of practitioners of infection control and epidemiology. In essence this examination is an open book test developed to prepare individuals for the proctored exam or assist in maintaining knowledge in the field of infection control. The SARE is promoted by the CDC as an excellent learning tool for anyone interested in measuring and improving his or her performance. It can be especially helpful to new practitioners; practitioners who have temporarily left the field of infection control and are maintaining expertise, or for teachers and students of

infection control. Teresa identified that Australian Infection Control Practitioners may wish to purchase the (US\$230) package for their own performance planning and review.

The second day of my visit to Atlanta was affected by the volatile state that Downtown Atlanta was experiencing due to that days afternoon verdict from the O J Simpson trial. Hotel guests were advised firstly not to risk their safety by travelling and secondly that all services and departments will probably come to a standstill in order to watch the televised verdict. They were right!

The third and successive days of my visit were dramatically affected by the sudden fury of Hurricane Opal which moved into Atlanta overnight. It became very disconcerting to have regular tornado warnings flashing across the television screen whilst listening to the cyclonic winds and torrential rain outside the hotel. The inevitable power loss soon followed and after 24-hours in a hotel room with no electricity, air conditioning or hot water I decided to make a break for the airport and depart beautiful Atlanta and the Centers for Disease Control.

The Centers for Disease Control and Prevention (CDC) has been active in the fight against disease for almost half a century. In that time it has remained a worldwide public health icon that has led efforts to prevent such diseases as malaria, polio, smallpox, toxic shock syndrome, Legionnaire's disease, and, more recently, acquired immunodeficiency syndrome (AIDS) and tuberculosis. The CDC has a vision for the 21st century: Healthy people in a healthy world – through prevention. As a visitor I was able to share this vision for a short time and hopefully departed with a little of their commitment to a goal for all infection control practitioners.



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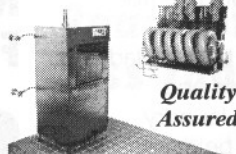
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