Letters to the Editor

Shielded Safety Syringes

To the Editor:

The results of the study, "Impact of a Shielded Safety Syringe on Needlestick Injuries Among Healthcare Workers," in the June 1992 issue (1992;13:349-353) are encouraging. Technology that keeps the worker's hands behind the needle at all times and covers the needle after use should significantly lower the rate of needlestick injuries.

However, we noted the following inconsistencies between the data reported in the Study Phase column of Table 1 and 2:

Table 1 lists the number of needlesticks from prefilled cartridge, injection syringes as 11 during the study phase. However, in Table 2 the total number of needlesticks from this device at the three hospital sites is zero.

During the study phase, Table 1 reports 28 total injuries from IV/IV piggyback devices while the total number in Table 2 is 29.

Table 1 records 5 lancet injuries during the study phase; the corresponding total number of lancet injuries is 4 in Table 2.

The Study Phase Column of Table 1 lists 36 injuries with miscellaneous syringes, needles, and catheters. The same category total in Table 2 is 37.

Accurate information is essential to determine the impact of new technology on healthcare worker protection. This study is a step forward in our understanding of one potentially important needle design. We would appreciate clarification from the authors on these discrepancies so that we may accurately interpret these findings.

TABLE 1
NEEDLESTICKS BEFORE AND DURING USE OF A 3 cc SAFETY SYRINGE

Device	Background	study
1 cc syringe	11	17
2 cc syringe	5	0
3 cc syringe	27	3*
510 cc syringe	6	7
> 10 cc syringe	4	4
IV/IV piggyback	28	29
Suture needle	12	11
Lancet	4	4
Blood collection	4	6
Prefilled cartridge	3	0
Insulin	1	3
Miscellaneous	21	37
Unidentified	8	19
Total	134	140

*Includes 1 needlestick attributable to nonsafety syringe.

Beth Blackwell
Janine Jagger, MPH, **PhD**
Health Sciences Center
Charlottesville, Virginia

The authors reply.

Table 1 should read as indicated.

All of Table 2 is correct. In the abstract, the source identification number reads 1993; it should be 1992.

Sherri Hickey, RN
Sherwood Medical
St. Louis, Missouri

MRSA in Long-Term Care Facilities

To the Editor:

How frequently are patients being transfered from an acute-care hospital culture-positive for methicilline-resistant *Staphylococcus aureus*? If a patient is colonized and then the colonization resolves but then reappears two or three months later at the original site, is this by definition a colonized patient? Finally, a long-term asymptomatic resident in a skilled nursing facility presents with a positive MRSA culture and is by definition colonized. Can this patient become MRSA-negative without any antibiotic therapy? If so, what is the mechanism?

Harry J. Silver, MD
Los Angeles, California

John M. Boyce, MD, was asked to reply to this letter.

Several surveys have documented that the incidence of methicillin-resistant *Staphylococcus aureus* (MRSA) is increasing in acute-care hospitals.[1,2] Although comparable data are not available for skilled nursing facilities, there is little doubt that MRSA is being encountered with increased frequency in nursing home patients. As a result, many skilled nursing facilities have questions about the infection control measures that should be used when MRSA occurs among nursing home residents.

Unfortunately, no long-term prospective studies of MRSA have been conducted in free-standing

https://doi.org/10.1017/S0899823X00088966 Published online by Cambridge University Press