

Protocol for Isolation of Operation Iraqi Freedom (OIF) and Operation Enduring Freedom (OEF) Casualties

Experience from the USNS Comfort, Landstuhl Regional Medical Center, and multiple conus MTF's has identified a multi-drug resistant bacterium called *Acinetobacter* as a common cause of both infection and colonization in casualties from the Iraqi/Afghanistan theaters of operations. *Acinetobacter* is a gram-negative rod which routinely lives in soil, water, and sewage, and survives very readily in healthcare settings. It can cause serious infections in hospitalized patients, including surgical site infections, bacteremia, pneumonia, meningitis and urinary tract infections. Although some hospital acquired strains of *Acinetobacter* can be resistant to all antibiotics, most strains are susceptible to imipenem and meropenem.

To prevent spread of this organism within the healthcare system, the following precautions have been recommended for DoD and VA facilities:

1. Initiate **contact isolation** on all Iraqi/Afghanistan war-related patients with penetrating injuries unless they are known not to be colonized with *Acinetobacter*.
2. Utilize dedicated patient care equipment as much as feasible.
3. Surveillance cultures will be obtained before isolation is discontinued.
4. Obtain surveillance cultures from the axilla, all wounds, and any portal of exit sites, such as tracheostomy, and urine if patient is catheterized. Mark the chit "R/O *Acinetobacter*".
5. Surveillance cultures may be ordered by the attending physician, Infectious Disease physician, and/or the Infection Control Nurse Consultants.
6. Order surveillance cultures 48-72 hours after all antibiotics are stopped.
7. If all surveillance cultures are negative, isolation may be discontinued. Please consult Infection Control before discontinuing isolation.

Handwashing and the use of alcohol-based hand gels is the most important measure for limiting the spread of nosocomial pathogens, including *Acinetobacter*.

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