

uso y la aplicación de faboterápicos, ya que el principal problema actual en términos del tratamiento con antiviperinos no es demostrar la efectividad del producto contra el veneno de víboras, sino más bien la difusión que incrementa el conocimiento médico en la materia. De esta manera será posible suministrar una adecuada atención a los pacientes envenenados por ofidios venenosos y reducir así las estadísticas de mortalidad y las secuelas permanentes en el área de la lesión, además de evitar el uso de remedios caseros al que aún hoy recurren las víctimas de este tipo de accidentes.

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Outbreak of intra-hospital acquired rotavirus in a pediatric hospital in Mexico

To the Editor: Rotavirus constitutes the principal causal agent of intra-hospital diarrhea in children, with a described incidence of intra-hospital gastroenteritis of 2 to 7% of hospitalized children primarily between 6 and 23 months old.¹ The transmission is from person to person and the virus survives on the hands of health workers during four hours; in inanimate objects it could survive for several days. For this reason, health workers are considered to be

the probable cause of transmission in the majority of the cases.²⁻³ People infected by rotavirus generally present acute vomiting followed by profuse, watery diarrhea without blood and with or without fever. The first episode is normally very serious, thus the clinical signs are very severe in children as well as in immunocompromised patients and elderly people.⁴⁻⁵

The objective of this letter is to briefly comment on the presentation of intra-hospital outbreaks of rotavirus at the Instituto Nacional de Pediatría, from February 7 to 28, 2007. Patients with clinical signs of diarrhea three days prior to their admission to the hospital and positive for rotavirus by ELISA were included in the study. Follow-up of the cases was done and preventive measures and control of the outbreak were implemented. Two cases of community rotavirus were considered as the cause of the outbreak with identification of 13 cases of intra-hospital rotavirus, including the two community cases. The result of the outbreak was corroborated by reviewing the virology laboratory reports prior to the outbreak, for the year 2006, during which only six cases of rotavirus were reported. The first case was seen on February 7, 2007 which led the Intra-hospital Infection Committee and the Epidemiology Service to begin to strengthen the standard and take specific control measures, such as hand hygiene and isolation of the cases so as to control the outbreak; the last case was presented on February 28, 2007.

None of the cases had a record of vaccination against rotavirus. The mean age of children was six months with a range of 1 to 24 months. The average hospital stay for the cases, from the beginning of the diarrhea, was 11 days (with a range of 3 to 33 days). Transmission was probably by health workers who did not adequately observe techniques for washing their hands with soap and water, considering that the most effective method of tackling intra-hospital outbreak of rotavirus, besides isolating the patients and strictly following contact measures, is the use of alcohol gel in hand asepsis, as is described by the literature.⁵

Rapid implementation of measures for isolation from contact in a rotavirus outbreak is recommended, as well as reinforcement of standard precautions by indicating the use of gel with alcohol for hand asepsis in the affected units, in addition to continued education of personnel to modify their conduct and remind them of the importance of following the standard and specific precautions to prevent new outbreaks, as happened in our study.

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