

Editorial

Elizabeth Scicluna
IJIC Administrator

doi: 10.3396/IJIC.v9i4.027.13

Since we are now in the influenza season, we are starting this current issue of IJIC with an article from New Zealand by Schousboe and Jennings about the review of the hospital winter influenza management strategy following an outbreak that occurred in the 2012 influenza season. This strategy included the provision of free influenza vaccine for all healthcare workers, patient sampling on admission and testing for influenza and other respiratory viruses by PCR, dedicated influenza admission wards, infection control protocols and the use of Oseltamivir for treatment of confirmed influenza cases and prophylaxis of their contacts.

Behnaz and colleagues report on a prospective study performed in Iran to evaluate latent tuberculosis infection in preclinical medical students and new infections during clinical rotations. In this study 38.9% had reactive skin test during the first step. They had no previous history of tuberculosis or signs of current tuberculosis. All students with positive skin test had BCG scar following vaccination. In the second step 10 mm increase in induration was observed in one student without scar of BCG and 7 mm increase was seen in another one. In the third step, performed 1-3 years after the first step, 59% had positive tuberculin skin test. The authors conclude that the high rate of

conversion highlights transmission during clinical rotations in hospital and that implementation of effective TB infection control program is necessary for prevention of tuberculosis among health care workers not only medical students.

Continuing on the occupational risks of infections for healthcare workers, the next paper is about sharps injuries. Walle and co-authors conducted a study to assess the prevalence and factors associated with needle stick and sharp injuries among healthcare workers in the Felege Hiwot Referral Hospital of Ethiopia. This study found that one third of participants had needle stick and sharp injury at least once in the previous year. Even though healthcare workers were aware of the risks of disease transmission following needle stick and sharp injury, one third of the study participants were recapping the needle using the two-hand techniques. The authors suggest that on job training should be given to all healthcare workers.

The next two papers tackle the topic of hand hygiene in different parts of Nigeria. Bello and co-workers report on a cross-sectional study to investigate the practice, knowledge, attitude and determinants of handwashing among healthcare providers in a teaching hospital in southern Nigeria. In the second paper, Ekwere and

Okafor give the results obtained following a study performed at Lagos University Teaching Hospital, south-west Nigeria. Both studies were conducted by self-administered questionnaires.

Padmaja and co-authors describes the presenting symptoms and management of a patient with blood stream infection caused by *Aeromonas hydrophila* admitted at Nizams Institute of Medical Sciences,

Hyderabad, Andhra Pradesh, India. Sepsis started within 24 hours after coronary angioplasty in another hospital. This patient was treated successfully with intravenous tigecycline 50mg and meropenem 500mg 12-hourly.

As usual we would like to thank all authors for choosing IJIC to publish their work and invite other authors to send us their manuscripts for publication in our future issues.