

## Editorial

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10.3396/IJIC.v11i1.001.15

This new issue of IJIC is really intercontinental – articles are from Australia, India, Saudi Arabia, Ethiopia and Nigeria, and one article has been written by authors from seven countries and three continents! I hope you will find all these articles interesting and informative.

First we have a review of D Cioffi and J Cioffi on the important question in infection prevention and control: why the infection prevention and control in the whole world is suboptimal and which are the factors that determine this? The authors discuss strategies to improve the practice, apply a social psychology perspective to explain the resistance to change the suboptimal practice and conclude that the invisibility of microbes and a delay between suboptimal practice and occurrence of healthcare associated infections (HCAI) play an important role in this resistance to change.

Fouad and co-authors studied the effect of introducing central line insertion and maintenance bundles in the haemodialysis unit over 12 months. They have succeeded to reduce central line associated bloodstream infection by 52% (from 4.9/1,000 line days before intervention to 2.3/1,000 line days in intervention period), showing thus again and again the success of central line insertion and maintenance bundles.

Popp and colleagues have done a worldwide questionnaire-based descriptive study on handling faeces and urine in hospitals with the results from 93 countries (1,440 hospitals), of these 22 countries had more than 10 hospitals per country. The questionnaire was translated to eight languages and was very detailed and so are the results. The habits on handling faeces and urine in hospitals are very different in different parts of the world. These are influenced partly by the GDP of the country, but also there are big influences of cultural and religious background on these habits. The special value of this study, despite some limitations, is that this is the first worldwide study on handling faeces and urine in hospital.

In their study Narayanasamy and co-workers report for the first time the prevalence of HBV and HCV in Southern India, testing 3,182 residents. They have shown the prevalence of HBV to be 3.3% and HCV 0.3%, with differences between gender, place of living and occupation. The prevalence of HCV was lower but the prevalence of HBV was slightly higher in urban areas than in Northern India.

Although Seale and co-authors have interviewed only eighteen healthcare workers (HCWs) about perception and behaviours around the use of masks and

respirators in their everyday work, their findings are very interesting and in a way surprising: namely, the HCWs were from wards with high risk of respiratory infections, and they nevertheless had no regular use of masks and respirators, mostly pointing to lack of training, uncertainty regarding hospital/department guidelines and discomfort and difficulties with masks/respirators use. The authors compare the hospitals efforts to train HCWs in hand hygiene, suggesting that it would be necessary to put efforts to the use of masks/respirators for prevention of respiratory transmissions.

The next article from Mulisa and co-authors give us a study about bacterial contamination of mobile phones: the study compared mobile phones of HCWs and non-HCWs, confirming the well known fact: 71.2% of cell phones were contaminated with different bacteria, including *Staphylococcus aureus*, *Serratia* spp and *Klebsiella pneumoniae*. Using questionnaire, they also found that none of the participants washed their hands after use of mobile phone, and that 75.5% of HCWs

use their mobile phones while attending patients. So we have here another confirmation about the possible role of cell phones in transmission of bacteria in hospitals.

In the last article Nwankwo and Akande describe contamination of theatre foot wear in their operating theatre. They have found that 41.2% of foot wear have bacteria on the surface and soles, and blood stain were evident on 58.8% of them. When searching for human haemoglobin, the percentage was even higher: human haemoglobin was found on 68% of foot wear. While bacteria on foot wear were not connected with the HCAI in their hospital, I think that the finding of blood contamination of 68% of foot wear is very important as a potential for blood borne pathogen transmission to the HCWs in the operating theatre.

I thank all above authors for considering IJIC for their work, and hope this sharing of experiences will encourage new authors to send their work to IJIC.