

Editorial

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This issue of IJIC is again intercontinental – articles are from USA, Brazil, South Africa, Ethiopia, Philippines and India. I hope you will find all these articles interesting and informative.

There is more and more patient education materials available on different websites about prevention and treatment of different diseases. These materials could be very useful or on the contrary, some of them might be incomplete or unclear. In the first article of this issue, Zellmer and co-authors from University of Wisconsin, USA have evaluated the usefulness of patient education materials for *Clostridium difficile* infection accessible online, using PEMAT tool. They found 19 materials, and an average score for understandability was 73.4% (ranged from 62.7 to 82.9), while the average score for actionability was only 50.5% (range from 13 to 73.3). They concluded that the results of their study could serve as a guide for the development of a complete and useful patient education materials about how to prevent CDI.

Antimicrobial prophylaxis of surgical site infections is a problem all over the world – right indication, right timing and right duration of prophylaxis are often inadequate. de Souza Fontes and colleagues from Brazil have studied if cefazolin restriction and

a guideline would improve the indication and the duration of antimicrobial prophylaxis in orthopaedic and in general surgery wards. They studied this in three periods: baseline, after the guidelines were created and made available and during restriction of cefazolin. The use of prophylaxis was correct in all three periods, but duration improved significantly after implementation of guidelines and again after restriction of cefazolin use.

Hakizimana, scholarship winner of 14th IFIC Congress (2014) from South Africa, shows in his article the actual situation in a hospital Central Sterile Services Department. Some parts of the services are well organized (decontamination and sterilization program), but many parts still need to be improved (use of detergents, hand hygiene practice, use of PPE, record keeping).

Next three articles are based on questionnaire studies. Beyera and Chercos from Gondar, Ethiopia, performed very important study about use of post-exposure prophylaxis (PEP) against HIV after exposure to HIV/AIDS risk factors in healthcare workers. They found that the use of PEP is very low (only 25.3% of HCW used it after exposure), and that gender, reporting occupational exposure and drinking alcohol are factors that were significantly associated with PEP uptake.

Teju and co-authors from Bahir Dar, Ethiopia studied the prevalence of needle stick injuries among healthcare workers in 10 public health centres. As in many other studies, the authors showed that 42.8% of study participants had a needle stick injuries, the major item of injury was syringe with needle (66%), and the most injured body parts were fingers (70.7%). The authors suggest ongoing training and supervision to improve the situation with needle stick injuries.

Tayaben investigated the compliance with the guideline about sharps injury prevention among 237 nurses in two government tertiary care hospitals in Philippines. Nurses' compliance with the guideline during preparation for procedure involving sharps, as well as during the procedure itself, was very high, while compliance with the guideline after the procedure was not satisfactory. The main factors affecting nurses' compliance were hospital policies and procedures, education and training and availability of resources.

Kahn and co-authors in a retrospective study shortly present the epidemiology of healthcare associated infections in critical care unit (CCU) of a tertiary care hospital in Southern India. The data showed that among 315 patients staying more than 48 hours in CCU 29.5% patients had CCU acquired infection: 15.5% pneumonias, 8.9% UTI, 8.2% BSI and 7% SSI. The most common isolates were *Pseudomonas aeruginosa* and *Acinetobacter baumannii*. Well known factors were significantly associated with higher infection rates (emergency surgery, diabetes, presence of tracheostomy and total parenteral nutrition), showing again what are the main problems in CCU and the main areas for infection prevention.

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