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Editorial

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The authors of this issue of IJIC, as usually, are from several continents and countries – articles are from Canada, Greece, Nigeria, Indonesia, South Africa and India. I hope you will find all these articles interesting and informative.

Clostridium difficile is well known cause of healthcare associated infections worldwide, and it is difficult to make surfaces in the patient room free of its spores after the patient was discharged. Back in 2011, Mafu and co-authors from Canada published a study in IJIC (http://dx.doi.org/10.3396/ijic.V7i4.031.11) where they showed that a three-step cleaning-disinfection procedure using a water rinse step in the middle of the procedure, has better results in decreasing CD spores than two-step procedure (without water rinse). Now they performed a study investigating mechanical action of water in the procedure of terminal disinfection of CD on different hospital surfaces. They found that the mechanical action of water is of great importance in decreasing spores on surfaces, but with various results on particular surfaces, mattress cover being the most difficult to clean.

In their study about central line associated bloodstream infections (CLABSI) in children Mougkou and co-authors from Greece have shown again and again the value of a prevention bundle: during the baseline period, they have found 4.07 infections per 1000 catheter days, while after implementing prevention bundle, infection rate dropped to 2.58/1000 catheter days (35% decrease) in following 12 months. In the text and tables you will find very detailed results divided by the type of paediatric unit (PICU, NICU, oncology, BMT), as well as by the post-intervention period one and two. Interestingly, considering staff education in use of the bundle, they delivered only two seminars on guidelines of CLABSI prevention to physicians and nurses.

Nwankwo and co-authors from Nigeria investigated microbial contamination of air in operating theatres (OR) and surgical wards with the idea that air contamination is an important source of surgical site infections. They also presumed that theatre attire could be a source of infection in the OR, so they have sampled it too. They have found 7 species of bacteria in the OR

and 9 species in the ward air, and besides 2 fungal species in both locations. They have shown again the well known fact that the air pollution increases with time in the day.

Sari and colleagues from Indonesia made a sero-epidemiological study of prevalence rate of infections caused by blood borne viruses (HIV, HBV, HCV) and syphilis in a population of almost 800 women (half pregnant and half non-pregnant women) in the West Java Province, as a normal risk group. Comparing with several earlier studies in Indonesian non most-at-risk groups, in current study the prevalence rate of HIV infection was 0.5%, HBsAg 2.76%, anti-HBc 18.4%, HCV 1% and syphilis 0.25%. The only difference between pregnant and non-pregnant women (the later were older) was the prevalence rate of anti-HBc (p=0.001), and the explanation was that older population was not vaccinated and might have been infected in younger age. Overall, the prevalence rate in this population (representing general population) is low, and prevention programmes should be focused on most-at-risk populations.

Mahomed and Coovadia from South Africa performed a study of faecal carriage of ESBL-producing *Escherichia coli* and *Klebsiella pneumoniae* as a part of a large study of health profile of children aged 4-6 years in the area of Kwadedangendlale. They wanted to find out if there are ESBL-producing bacteria in the community children, not only in the hospitalized persons. They have investigated stool samples from 300 children and found ESBL-producing *K. pneumoniae* in 3.7% and ESBL-producing *E. coli* in 1% of children. They concluded that this could be a problem because of empiric treatment of community acquired infections, and that regular surveillance of ESBL-producing bacteria in the community setting should be performed.

Finally, Sukanya and co-authors from India investigated the prevalence and resistance of *Acinetobacter baumannii* strains in clinical samples of patients in a tertiary care hospital, as a retrospective analysis of patients in 2014. They have found that most strains were isolated from respiratory specimens (over 60%); when searching for the carriage in four asymptomatic patients in a respiratory unit they have found *A. baumannii* in typical sites in all four patients, namely in underarms and groins. Multi-resistance was found in 77% of all strains, while 13% were extensively resistant, sensitive only to colistin. This is an important contribution to our knowledge about *A. baumannii*, the extensively resistant organisms that is spread now all over the world.

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.