

Editorial

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Welcome to the Autumn 2011 edition of the IFIC Journal. The twelve papers reflect IFIC's International scope. They come from Canada, Cameroons, China, Egypt, Finland, India, Indonesia, Japan, Latin America and Uganda. The co-authors include two from the United States, and two from Europe. The methodology ranges from surveys of attitudes and of education using questionnaires to prevalence surveys, case presentations, and laboratory research.

As might be expected the H1N1 influenza epidemic is high on the list, and figures in three papers. The arrival of H1N1 into India prompted Chauhan et al in Chandigarh to check their tertiary care hospital's Outpatient and Emergency Department's readiness to deal with the epidemic. They found that it took two months after the first case appeared in Chandigarh to develop a strategy to deal with expected cases, and their experience should be valuable to any readers with similar problems. Their paper includes a useful 'checklist' and especially notable was their proposal to set up a dedicated emergency tent to house suspected cases. Nakada and co-authors from Tokyo sent questionnaires to fourteen hospitals in Japan to explore the effect of the epidemic on cancer care. Eleven replied and the authors were re-assured to find that the number of cancelled operations on cancer patients was insignificant. Finally Professor Elbanna and colleagues from Cairo report two cases of an unusual way for H1N1 infection to present – symptoms of an

'acute abdomen'. The first was so severe as to warrant an abdominal operation. This is most unusual - but during an epidemic might well arise and is something to be aware of.

Surveys of the provision of Infection Control services or the attitudes of Healthcare workers to it are presented from China, Finland and Indonesia. Song et al analysed 880 replies to a questionnaire they presented to participants at National Conferences on Infection Control in China. They concluded that more training was needed, but sadly that although provision of Infection Control staff was good; they need more influence (empowerment) in their work. Once again they provide a questionnaire that would be valuable for our readers. Karki et al present an overview of Infection Control in Finnish Hospitals. All 57 replied, and although the provision of services was very good, much better than in a previous survey, they still estimate some 5000 hospital-acquired infections a year. Two points of note were: the value of 'link nurses' on wards, and the lack of back-up Information Technology (IT).

Another survey from Makerere compares the knowledge about use of antibiotics between medical students and those from other faculties. In a country where these are available 'over the counter', most had had a course of antibiotics during the past year especially for respiratory tract symptoms. Many had

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taken antibiotics without medical advice, although medical students were better in this respect. The authors present their questionnaire as a Table, which again might be used as a basis by others.

Curcio *et al* present a prevalence survey of Nosocomial Infections in Latin American Intensive Care units, an extension of the surveys from Argentina previously reported at IFIC meetings by Victor Rosenthal. This must have been a monster undertaking, with 32 Units from 8 countries involved. However they all used a programme from a standardised non-commercial website (http://clinicalrec.com.ar; PRIDEH) to ensure their data was comparable. As might be expected the increase in multi-drug resistant (MDR) bacteria was a problem, and the authors hope to stimulate more prospective studies to improve our knowledge of the subject.

Sari and co-workers provide a self-administered questionnaire survey of a fundamental topic -Attitudes and adherence to Universal precautions, in the Obs/gynae Department of a teaching hospital in Bandung, Indonesia. While attitudes to hand washing and personal protection were good, staff attitudes/knowledge of sharps disposal was poor, and this was reflected in another paper from Indonesia where 55% of staff reported ≥1 sharps injury per year. The Obstetrics department also figures in the paper from the Cameroons on the charitable programme supported by the 2010 IFIC-Covidien grant, set up to teach infection prevention to the 'Trained Birth Attendants' (Community Mother and Child Health Aides), who work largely in village communities. Participants were asked to complete a questionnaire (20 questions), before and after an 8-hour training course. The target of 80% pass after the course was

achieved, but importantly the programme is on-going with support, monitoring and encouragement from nurse supervisors. It appears on the IFIC website.

Universal precautions/sharps injuries also appear in the two papers from the Dental College in Yamunanager, India. The first is an analysis of glove punctures and sharps injuries in dental surgery. The operators used two pairs of gloves, and found that following 270 operations – outer gloves were punctured 290 times, while 110 inner gloves were punctured and 80 sharps injuries followed. This work reminds me of some research I did many years ago, to help the development of 'Biogel Indicator gloves' when a coloured inner glove showed up any puncture on the outer glove (Shaw M and Newsom SWB. Lancet 1993:342, 984-5), and I note that these glove packs are still on the market. The second paper describes a simple and useful technique to avoid needlesticks when irrigating wounds or performing lavage during oral and fasciomaxillary surgery.

Finally the only laboratory research comes from Massicotte *et al* in Canada. They studied removal of *Clostridium difficile* from surfaces, and concluded that a three-step process was the most efficient. This involves cleaning with a detergent disinfectant, exposure to a bleach solution, and a final (but important) rinse with water.

In summary – an interesting selection of work from IFIC members all over the world. There are several useful Tables of topics/questionnaires etc., which readers anywhere could use, and would allow valuable research at the cost only of time. I hope you will feel encouraged to try some out.