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EDITORIAL

Editorial

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It is my pleasure to introduce to you the first issue of IJIC for 2013. In this issue we have six original articles and three short reports. The articles come from India, Nigeria, Iran, USA and Turkey. Two of the original articles are laboratory based studies, while four are questionnaire based studies searching for knowledge, attitudes and practice in injection safety, standard isolation precautions, practice of hand hygiene in connection with diarrhoeal and upper respiratory disease and use of antibiotics in a student group. The short reports bring us a report of agreement between standard definition of ventilator associated pneumonia and clinical pulmonary infection score for the surveillance of ventilator associated pneumonia and two very interesting and rare case studies.

Tuhina Banerjee and coauthors from Varanasi, India, have shown the difference in activity of three newly introduced disinfectants in a number of tertiary care hospitals against some multidrug resistant pathogenic bacteria in different conditions. None of these three disinfectants was the best option against all pathogens in all conditions presented. So the authors concluded that it is very important when choosing particular disinfectant to know the purpose of disinfection.
Uday Kelkar and co-authors performed very interesting study about effectiveness of face masks in the operating theatre. They have investigated the number of bacteria that can pass through the mask (fabric or two ply disposable) as a function of time, in comparison with the number of bacteria the same person can shed without the mask. The findings were first, that both mask type were equal in preventing spread of mouth/nose bacteria, and second that mask prevent this spread significantly and efficiently but only until 90 minutes of wearing. After that time, masks were not preventing this spread at all. These findings have very important consequence for surgery longer than 90 minutes.

In the questionnaire-based study about knowledge, attitude and practice of injection safety among 385 nurses from two hospitals Prisca Olabisi Adejumo found that the knowledge was very high (association of unsafe injection with blood-borne infections, threat of contaminated sharps to the community, need to discard sharps in a sharps waste box, and danger of two handed recapping). But, when coming to the practice, it was not so good, as about half of the study participants had recently experienced sharps injury, and only 15% of them did reported it. Possible reasons for that could be non-availability of safety devices, lack of reporting system, lack of hospital policies guiding safe injection practice for all hospital staff.

In another questionnaire-based study about knowledge, practice and attitude towards standard isolation precautions in 200 nurses, auxiliary nurses

and midwives Mahmoud Mohammadzadeh and co-authors found that their knowledge and attitudes were moderate but their practice was relatively poor. They also have found that practice was better in women than man, that knowledge increased with age and that knowledge and practice were positively correlated. But they have found serious gaps in knowledge regarding hand hygiene, disinfecting endoscopes, recapping needles and respiratory isolation precautions.

Folasade Ogunsola and co-authors did a cross-sectional descriptive study on perception and practice of hand washing in an urban slum community setting in a total of 1000 people. The goal was also to assess a perception of prevalence and aetiology of diarrhoea and upper respiratory tract infections. Diarrhoeal diseases as well as upper respiratory diseases are frequent in that community, but in the same time there was very little knowledge of the role of the hands in the aetiology of diarrhoea and URTI. The authors conclude that in that particular community, rising awareness about the link of hand hygiene and diarrhoeal and respiratory disease would be of great importance. We can see in this article how low is the awareness of people outside hospitals about transmission of those diseases, and how much effort should be put to educate them.

Next we have questionnaire-based study performed by Igbeneghu Oluwatoyin Abimbola, about knowledge and practices in the use of antibiotics among a group of 500 university students (excluding pharmacy, health sciences and microbiology students). The results showed high rate of antibiotic use in the group, but the students very often do not complete the course of the therapy, they do not know whom to ask for antibiotics when they are sick, and they use unofficial sources to get antibiotic. They mostly use the same antibiotic as they have used for previous infection, or they use the leftovers from previous infection. This is actually small but very indicative picture of antibiotic misuse due to the lack of knowledge and regulation of antibiotic use.

We have now three short reports, first of them is a comparison between the original and modified clinical pulmonary infection score (CPIS) and National Healthcare Safety Network NHSN definition of ventilator associated pneumonia (VAP), written by Nasia Safdar and co-authors. They have found that the original CPIS and NHSN definition of VAP have good correlation and that CPIS could be used in VAP surveillance. The omission of microbiological data from modified CPIS significantly decreased the correlation with NHSN definition of VAP and could not be used in VAP surveillance.

The second short report is a rare case report about a patient with prosthetic valve endocarditis (PVE) due to *Achromobacter xylosoxidans* subsp. *denitrificans* written by Kanne Padmaja and co-authors. A 17 year old boy with congenital aortic stenosis and a valvotomy in his childhood, has undergone valve replacement in May 2011, and in October he has been admitted with the PVE and *Achromobacter xylosoxidans* subsp. *denitrificans* was isolated from his blood cultures and valve tissue. The patient recovered fully after antibiotic treatment. The authors have not been able to find the source of this very rare organism as a cause of PVE.

Final report is another case report written by Sonmezer and co-authors, about relapsing peritonitis caused by *Corynebacterium amycolatum* in a patient undergoing continuous ambulatory peritoneal dialysis (CAPD). Although peritonitis in CAPD patients is not a rare event, corynebacteria as causative agents are rare in this setting. This is the first report of *C. amycolatum* as a cause of relapsing peritonitis in CAPD patients. This bacterium has not been isolated using conventional culture methods, but only in blood culture media. The message for the reader would be that in peritonitis in CAPD patients better culture methods should be used in order not to miss unusual organisms.

We thank all the authors and co-authors of these valuable contributions to IJIC, and hope that interesting results of their work would inspire others, especially young authors to share their experiences with our infection prevention and control community. Welcome to IJIC!