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# Editorial

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It is my great honour to take charge as Editor of IJIC, after Judith Richards has assumed the role of IFIC chair. From the humble start as a Newsletter in 1989, IJIC has become an online journal, well known nowadays to many readers, especially among IFIC member societies. This success was made possible by two of my predecessors – Gertie van Knippenberg-Gordebeke and Judith Richards, as well as to Elizabeth Scicluna as journal administrator. However, most importantly are your contributions, which make the Journal interesting and useful for infection control professionals all over the world.

In this issue we have several very interesting articles. In an interventional study (285 patients in the pre-intervention period and 426 patients in the post-intervention period), Khan and colleagues describe the significant impact of setting an infection control team, with its activity such as education and surveillance, had on the decrease of ventilator associated pneumonia in the intensive care unit of a tertiary care public sector hospital in Karachi, Pakistan, although there was only limited impact on mortality and on antimicrobial resistance.

Bibi *et al.* present frequency and risk factors for surgical site infections in their hospital (Jinnah Postgraduate medical Centre, Karachi, Pakistan: 1120 patients during one year study). They have shown that the percentage of surgical site infections (SSI) in their hospital is lower or equal to that of some other hospitals in developing countries, but higher than in USA and some European countries. Their risk factors were identical as those anywhere in the world.

Hosoglu performed a countrywide (36 hospitals in 12 cities in Turkey) study about how many surgeons are consulting infectious disease (ID) specialists about diagnosis and treatment of SSI, and found out that most surgeons (87.1%) use microbiology laboratory for the diagnosis of SSI, but only minority of them (19.3%) use ID specialist consultation for the treatment of SSI.

Bataduwaarachchi and co-authors present results of a questionnaire combined with observation of practice in aseptic precautions during intravenous access among 83 members of nursing staff in national Hospital of Sri Lanka. They have pointed out very poor compliance of hand washing and other aseptic practices, and not only knowledge was unsatisfactory, but there was shortage of equipment too. They have concluded that there is a need of continuing education but also of provision of necessary equipment.

Jaber did another questionnaire based survey of knowledge and attitudes about needle stick injuries, and incidence of needle stick injuries among 230 dental students of College of Dentistry, Ajman University

of Science & Technology, United Arab Emirates. The results are strengthened with very detailed discussion, very useful as a source of information in the field of needle stick injuries. The general conclusion is that preclinical immunization is needed for dental students, as well as much more education during the undergraduate studies of dental students so as to be aware of the transmission of blood borne viruses through needle stick injuries.

In the Practice Forum section there is an article of Kumar, with the presentation of very simple but useful techniques for beard hair control during intraoral surgical procedure using surgical masks and cheek retractor, when the patient is not willing to shave the beard.

In a short report Singh *et al.* stressed the importance of infection control in travelling dental clinics that are very important for public oral health care delivery in India.

Carnell and colleagues reported about a longitudinal survey of nasal MRSA colonisation among resident physicians at an urban public hospital in Oakland, California, USA. The study was conducted during three years (120 residents have been investigated for all the three years of this study), and they suggested that residents could be a source of transmission of MRSA in hospitals.

Finally, Gado and Ebeid have drawn our attention to the condition of reusable channel cleaning brush in endoscope reprocessing, and the need of checking such brush if it is in good condition prior every use.

I hope you will find this issue interesting. Your submissions are the most valuable contribution to IFIC as sharing experiences gives us all new power in solving problems of infection prevention and control in any setting in the world.