International Journal of Infection Control
www.ijic.info ISSN 1996-9783

Editorial

Ulrika Ransjö
Assistant Editor

doi: 10.3396/ijic.v8i1.001.12

The International Journal of Infection Control has travelled a long way during its relatively short existence: from an extended newsletter-and-conference-abstract-book in 2005 to a fully grown peer-reviewed scientific journal in 2011. It has been a great pleasure and also a learning experience to accompany the IJIC on this voyage, which has been and is propelled by the joint effort, knowledge and enthusiasm of its contributors and its editorial staff.

The topics of the journal are all central to the Infection Prevention and Control world, whether we work in low, medium or high income countries. It is obvious that we all struggle with the problems of resources in health care, and that we need to share experiences both of success and of failures in order to feel that we are not alone in our struggles. A main challenge is to convince health care staff that to follow the IPC practitioners' advices is worth while

It is the policy of the IJIC to publish not only data that are new to the whole scientific world but also contributions that illustrate how conditions and solutions interplay in local settings. We welcome papers that may not be acceptable to the major international journals because they are more of local than of general interest, as long as they conform to the instructions for authors and are scientifically sound. Comments from reviewers and editors on a manuscript are intended as a help to the authors to improve their work, when we feel the science behind it has merits, and should not discourage them from writing.

In this issue of the IJIC, we have several contributions from around the globe and from high, medium and low resource settings, dealing with protection of staff from viral infections and with training of health care personnel with different knowledge about infection prevention.

Lukianskyte and co-workers from Lithuania show that sharps injuries are still frequent, both among staff nurses and nurse students, particularly through recapping of needles in the procedure rooms, and that vaccination policies against HBV need improving.

Birks and co-workers did a survey of perceptions of hand hygiene amongst health care workers in East Malaysia at the out start of a training course on research skills. Hand hygiene, in the form of alcoholic hand rub, was perceived as extremely important to themselves, colleagues, management and patients. For

improvement of practices, model behaviour, training, and availability were considered more important than patients reminding staff.

To and co-workers analysed the current situation concerning the structure of infection control and prevention (ICP) in a major teaching hospital in Vietnam. They found that the hospital had in place all the national documents concerning ICP and on paper the organisation to fulfil the requirements. Despite this, the incidence of healthcare-associated infections was high. In-depth interviews revealed several obstacles to good ICP practices. These obstacles are very clearly described, as well as the measures undertaken to overcome them, and are most likely to be applicable to many big healthcare institutions around the world whether they be located in high or low income countries.

Kumar and co-workers describe a H1N1 outbreak in a closed community of medical students in Pakistan. It took two weeks until the outbreak was recognised, and another week before the departments involved met to organise measures to counteract it. When mass awareness was finally initiated, the outbreak had already begun to peter out. They emphasize that this is a low resource setting, but again, this could happen anywhere.

Zimmerman and co-workers describe the process of developing an infection prevention and control programme (IPCP) in the republic of Kiribati and explore the adoption stages of an IPCP in a specific case situation of SARS. They pinpoint important steps such as: exploit the opportunities that external stimuli such as shocks to the health care system can provide, use the resources available, involve key people and healthcare workers themselves, provide practical ways to demonstrate how the innovation benefits the healthcare worker and the patient, incorporate the IPCP into the day to day work of the healthcare worker. The authors conclude that practical insights were gained that can serve as an IPCP adoption model in similar healthcare settings. Again, these insights are applicable in most healthcare systems.

Singh and co-workers in Uttar Pradesh, India, tackled the challenge of teaching illiterate cleaners and patient helpers the basics of transmission of "bugs" in an intensive care unit through interactive individual training sessions. They interviewed the workers about their practices, both at home and at work, before and after the intervention, and found a significant improvement in their understanding. They have developed an innovative approach to teaching infection control and prevention not only to illiterate but also to other untrained workers and volunteers

Rummukainen and co-workers have promoted the use of alcohol hand rub in long-term care facilities (LTCF) in central Finland, and proved a three-year sustainability of alcohol-based hand rub use increase of 70% as measured in litres per 1000 patient days. The number of MRSA- and ESBL- cases increased as well, and the amounts of hand rub per 1000 patient days was lower than that measured in acute care facilities. They conclude that their results show that LTCFs do learn to use alcohol based hand rubs, but that a regular training program in hand hygiene is needed, and that when the hand rub bottles are placed at the point of care in LTCFs, it will be time for an adherence study.

Kelkar reports on an aggregation of fungal endophtalmitis cases associated with contaminated air conditioners in the operation rooms in Puna, India. He concludes that, particularly in warm humid climates, the operating room AC units should be meticulously maintained and frequently monitored to minimise the chances of growth and proliferation of potentially pathogenic fungi. Maintenance of ventilation is stressed in the forthcoming IFIC SIG recommendation on Ventilation in healthcare facilities, and should be stated more clearly in the SIG recommendation on design of a surgical block.

Biggs has searched for evidence about the practice of "bare below the elbows" in the UK and found none, so he concludes that regular hand washing is highly important in reducing the spread of infection and should take priority over the 'bare below the elbows' campaign. His letter fuels the debate about feasibility of and compliance to hand washing or hand disinfection and also about doctors' white coats, and we look forward to an interesting discussion in the correspondence section of IFIC!