

Editorial

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Reports of methicillin-resistant *Staphylococcus aureus* (MRSA) rates in blood culture are believed to be one of the best-based data about MRSA load in healthcare settings. This is supported by a study of van Gessel *et al.*¹ who did a retrospective audit of *Staphylococcus aureus* bacteraemia reported to the Healthcare Infection Surveillance Western Australian (HISWA) by Western Australian hospitals. They found a sensitivity of 77% and a specificity of 99%. Performance was worse in hospitals without an on-site clinical microbiologist, which supports demands for more staff in infection control and prevention. Discharge coding did not well reflect the real bacteraemia rates, which is in good accordance with the experience in Germany since the introduction of a diagnosis-related grouping (DRG) system in 2004. The impression from a European survey² seems to indicate that MRSA rates are lower in countries in which regulations exist longer and are not only concentrated on the hospital sector. This does not seem well supported by the Australian data where MRSA has been notifiable in Western Australia since 1982 and the bacteraemia rates are still nearly 20%, which is in a medium range in comparison to Europe.

Hand hygiene for children even outside the hospital setting is of growing interest in different countries (e.g. Germany: <http://www.ihph.de/hygiene-kids/cmsmade-simple/cmsmadesimple/uploads/PDF/Projektbericht.pdf> – unfortunately only in German). Patrick *et al.*³ report about a dual system of hand drying consisting of a retractable cloth towel followed by a warm air-towel. Using this system in a child-care setting, they report a reduction of bacterial transmission from the hands of children of around 80–90%. The authors conclude that further studies are needed to decide whether this may also lead to a reduction of infectious diseases

under real conditions. At any rate, the study shows that structured education of better hand hygiene is possible in child-care centres, and hopefully, schools. Whether the reported dual system for hand drying has real advantages in comparison to simple single-use paper towels should be addressed in further studies.

The third paper from Bradford *et al.*⁴ is a case report about one congenital tuberculosis case in a neonatal nursery. None of the other 23 patients developed tuberculosis, which underlines that an incubator may be proper protection in such rare cases of active tuberculosis. Extensive and time-consuming investigations did not reveal a new infection in staff or relatives. The authors conclude that a baseline screening at the beginning of employment would be a help in further situations, especially if staff originate from countries with a high TB prevalence.

References

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