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It has long been the wish of the Infection Control Unit of St. Luke's Hospital to produce a regular newsletter in order to disseminate and increase awareness of topical issues pertaining to the prevention of hospital infection. Countless studies have shown that the effort invested in the prevention of hospital infection reduces both morbidity and mortality for the patient and saves money.

The control of nosocomial infections is based on common sense, safe practices and knowledge of established policies; the purpose of this newsletter is precisely to improve such knowledge for the benefit of one and all. It is intended that the content of the newsletter will vary such that it will prove useful to both medical as well as nursing and paramedical personnel. It is also hoped that it will serve a forum for the exchange of ideas and by no means is it meant to project a one-way flow of ideas. For this reason we welcome comments, criticism (constructive, we hope!) and contributions of general interest on issues related to hospital infections.

"Successful (antibiotic) chemotherapy must be rational and rational chemotherapy demands a diagnosis. This may only be provisional and it may later be proved wrong but the treatment chosen should be based on some explicit assumption as to the nature of the ... micro-organism." [Garrod 1992].

The delay which goes part and parcel with culturing bacteria and then testing antibiotic susceptibility patterns, often frustrates clinicians. As a result, it is not uncommon that therapeutic decisions are taken without any laboratory involvement. This need not be so. By establishing the type of infection most likely to be present, a reasonable idea of which bacteria are most probably responsible, can be arrived at. Most infections do not commonly vary in pathogenesis. The next decision would then be to decide which antibiotics are the best choice for the most likely pathogens. This, however, will require an up-to-date knowledge of local patterns of resistance.

For this reason, this issue is dedicated primarily to disseminate information of current antibiotic sensitivity patterns for the more common bacterial pathogens kindly provided by the Bacteriology Laboratory, St. Luke's Hospital. A total of 1,204 isolates have been analysed; they are a combination of both hospital and community aetiologies but with a strong nosocomial predominance. Awareness of such trends will allow clinicians better judgement in blind therapy of infectious disease and more restricted antibiotic prescribing.

**"Does wearing a face mask reduce bacterial wound infection?" F. McCluskey  
British J. of Theatre Nursing; Aug 1996**

Excerpts:

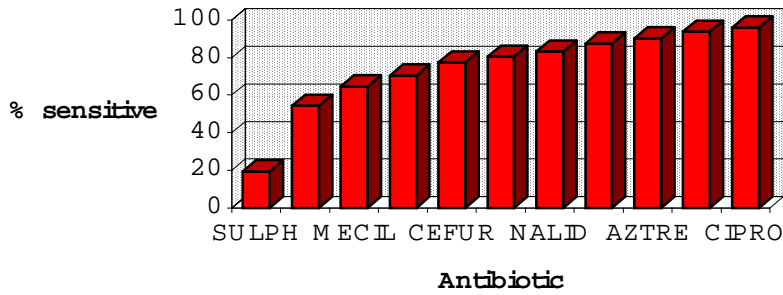
" It is not clear which of the often ritualistic practices (in surgery) add to the incidence of wound infection. Some studies suggest that surgical face masks might actually increase the incidence of surgical wound infection by increasing the shedding of facial skin. Another hypothesis may be that by discarding masks, individual nasal and oral droplets might be more likely to atomise and remain airborne. *Further research is required* with carefully designed clinical studies in specialised areas such as cardiac and orthopaedic surgery where the use of masks is traditionally defended, to ensure that their use is beneficial. *But surgical principle, in the absence of hard data, will make it unlikely that such studies will be considered ethical.*"

Copies of the full article can be obtained from the Unit. Also available are issues of the **Journal of Hospital Infection** from January 1992.

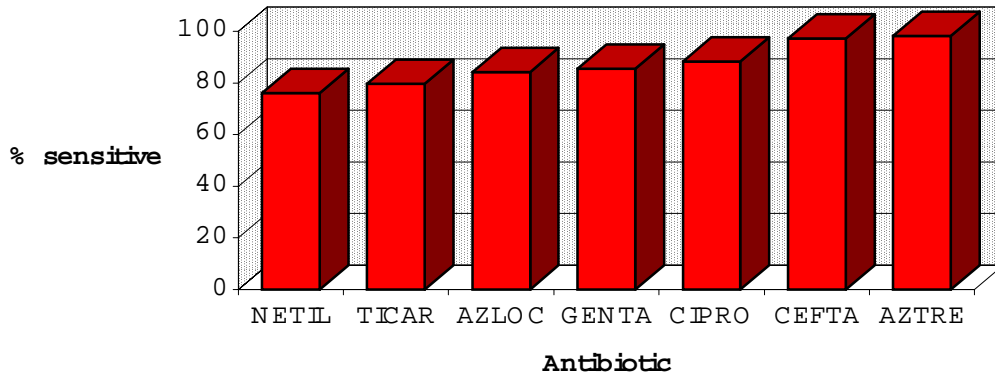
ANTIBIOTIC SENSITIVITY PATTERNS OF SELECTED PATHOGENS

Abbreviations:

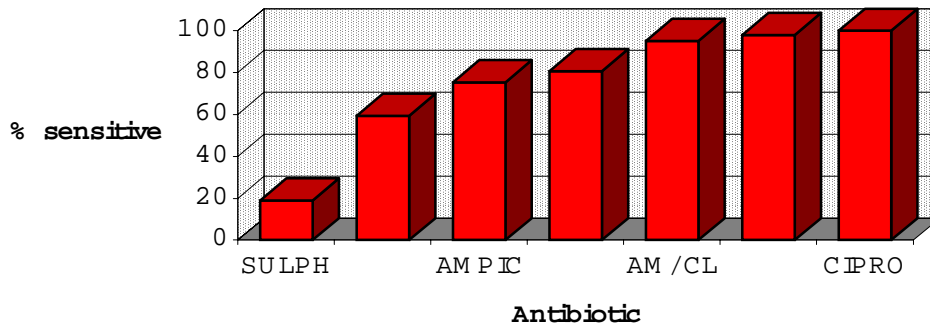
*Escherichia coli*



*Pseudomonas aeruginosa*



*Salmonella*



AM/CL  
Amoxicillin /  
clavulanic acid

AMPIC  
Amoxicillin

AZLOC  
Azlocillin

AZTRE  
Aztreonam

CEFTA  
Ceftazidime

CEFUR  
Cefuroxime

CHLOR  
Chloramphen-  
icol

CIPRO  
Ciprofloxacin

GENTA  
Gentamicin

MECIL  
Mecillinam

NALID  
Nalidixic acid

NETIL  
Netilmicin

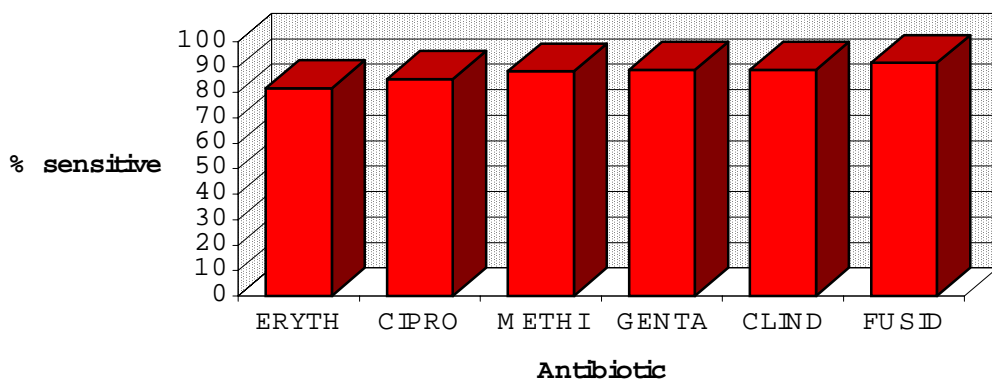
NITRO  
Nitrofurantoin

SULPH  
Sulphonamides

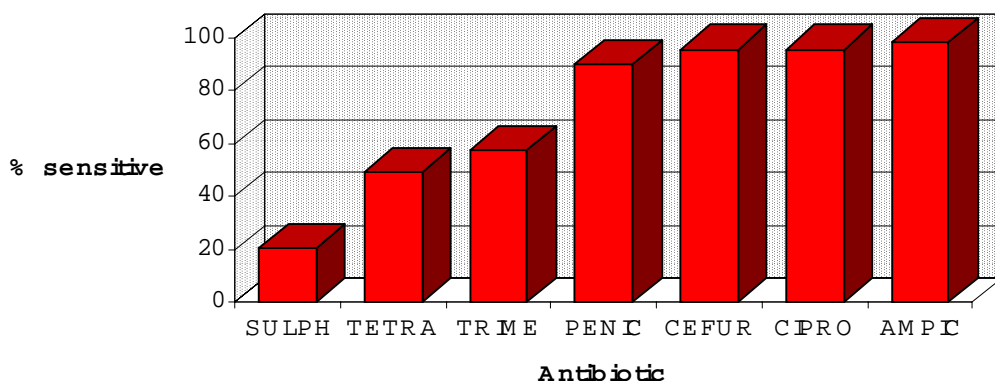
TICAR  
Ticarcillin

TRIME  
Trimethoprim

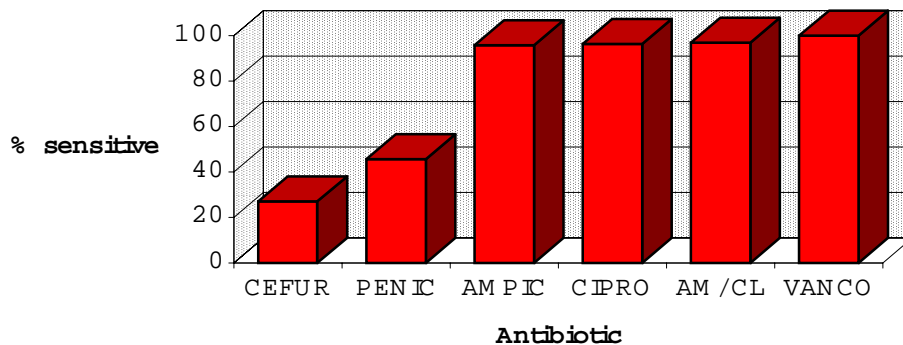
# *Staphylococcus aureus*



# *Streptococcus spp. (Grps A - C)*



# *Enterococcus*



Abbreviations:  
AM/CL  
Amoxicillin /  
clavulanic acid

AMPIC  
Amoxicillin

CEFUR  
Cefuroxime

CIPRO  
Ciprofloxacin

CLIND  
Clindamicin

ERYTH  
Erythromycin

FUSID  
Fusidic acid

GENTA  
Gentamicin

METHI  
Cloxacillin

PENIC  
Penicillin G

SULPH  
Sulphonamides

TETRA  
Tetracyclines

TRIME  
Trimethoprim

VANCO  
Vancomycin