

Editorial

Antibiotic Resistance

Stuart B. Levy, M.D.

Original Articles

Management of Infectious Waste From Hospitals

William A. Rutala, Ph.D., M.P.H., and
Felix A. Sarubbi, Jr., M.D.

**Nursery Salmonellosis: Delayed Recognition Due to
Unusually Long Incubation Period**

Jerry E. Seals, M.D., Patricia L. Parrott, R.N.,
John E. McGowan, Jr., M.D., and Roger A. Feldman, M.D.,

**The Short- and Long-term Effects of a Handbook on
Antimicrobial Prescribing Patterns of Hospital Physicians**

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Gary A. Preston, M.S., Michael H. Smolensky, Ph.D.,
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Methods, Reagents and Media: New Technology
in Clinical Microbiology**

Dieter H.M. Gröschel, M.D.

THE LAST THING YOUR HOSPITAL NEEDS

The threat of nosocomial infection

Between 4% and 8% of all hospitalized patients develop an infection at some time during their stay,¹ and such infections usually add to the length and cost of hospitalization.

Protecting patients and staff from nosocomial infection is becoming more difficult due to changing patterns of bacterial infection and the emergence of resistant bacteria, most notably methicillin-resistant *Staphylococcus aureus*.^{2,3}

The key to management

Pathogenic bacteria are easily transmitted by the hands of physicians, nurses, technicians, and other hospital personnel.⁴

Both the Center for Disease Control and the American Hospital Association consider handwashing the single most important procedure in preventing nosocomial infection and recommend handwashing after every patient contact.⁴ An increase in nosocomial infection that is transmitted by serial direct contact indicates suboptimal handwashing practices and antiseptic technique.⁵



A program for prevention

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If you would like more information, please write to Professional Services Department, Winthrop Laboratories,

90 Park Avenue, New York, NY 10016,
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References: 1. Infection control for the obstetric patient and the newborn infant. *NAACOG Tech Bull* 1981; March. 2. Kraybill EN: Needs of the term infant. in Avery GB (ed): *Neonatology*, ed 2. Philadelphia: Lippincott, 1981, p 226. 3. Haley RW, Hightower AW, Khabbaz RF et al: The emergence of methicillin-resistant *Staphylococcus aureus* infections in United States hospitals: Possible role of the house staff-patient transfer circuit. *Ann Intern Med* 1982; 97:297-308. 4. Albert RK, Condie F: Hand-washing patterns in medical intensive-care units. *N Engl J Med* 1981; 24:1465-1466. 5. Wenzel RP: The emergence of methicillin-resistant *Staphylococcus aureus*. *Ann Intern Med* 1982; 97:440-442.



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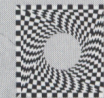
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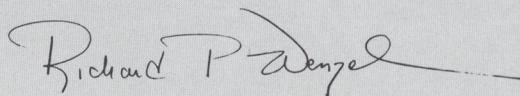
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As the editors of *Infection Control* prepare for the fifth year of publication, we are pleased to announce that beginning in January 1984, *Infection Control* will begin monthly publication; 12 issues per volume. An increasing rate of submission of manuscripts, as well as a healthy backlog, have made this decision an easy one.

By increasing our number of issues per year, a major advantage for our authors will be maintained: the possibility of having an outstanding manuscript published within four months of submission. Even so, this does not signal a relaxation of standards, for our rejection rate remains at 30%, with the quality of scientific articles increasing.

As of January 1984, with the beginning of monthly publication, *Infection Control* will be circulated to paid subscribers only at a modest subscription rate. Subscription information will be made available to all of our readers so that no one need miss a single issue.

Certainly, all of us welcome your comments about the change and your continued critique of the Journal and its content.



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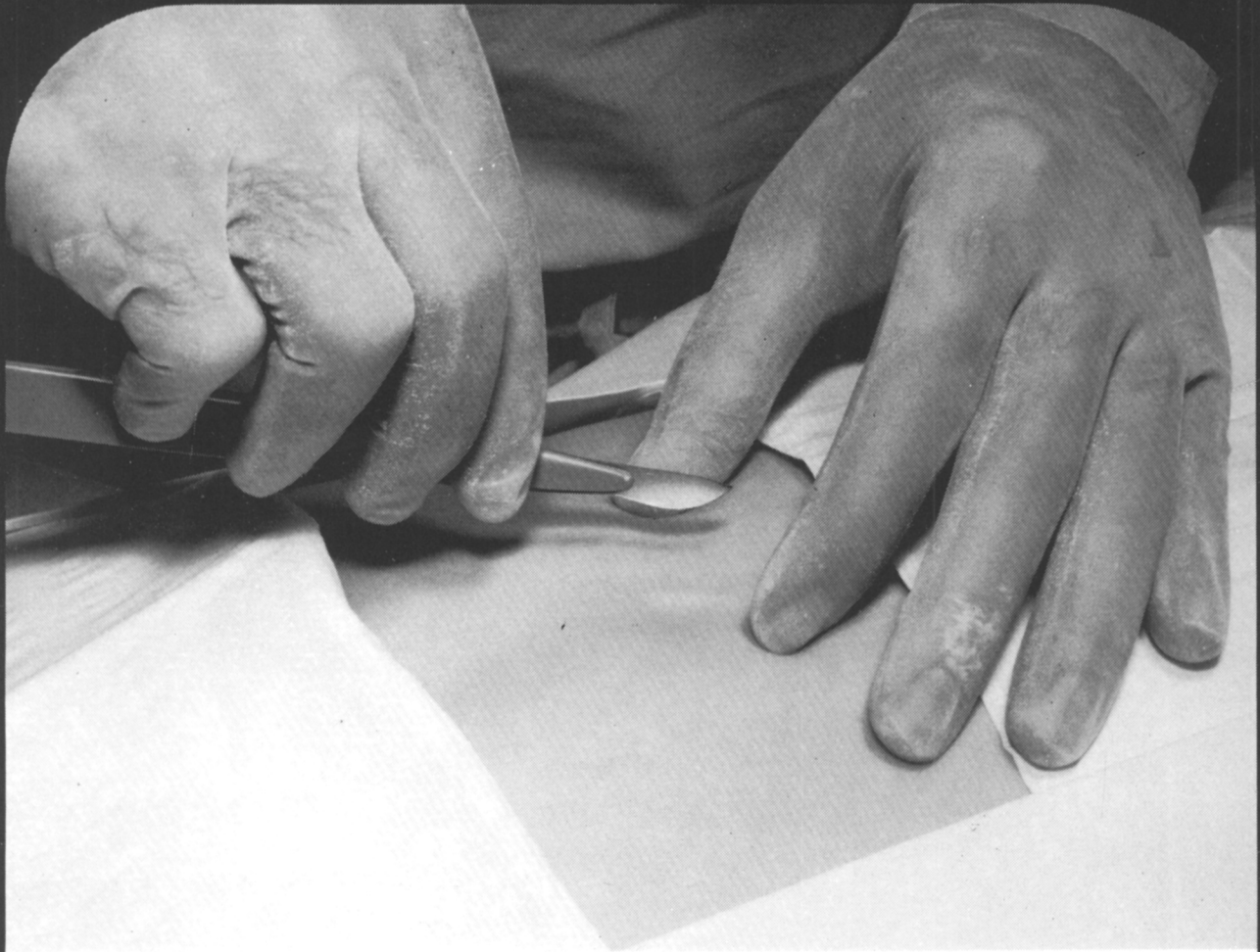
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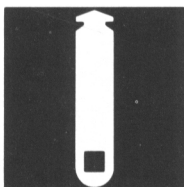


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