



Letters to the Editor

Water-borne infections and warming the sterile water for washing high-risk infants on neonatal intensive care units



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Sir,

Further to Dr Weinbren's informative article, 'The hand-wash station: friend or fiend?' [1] we would like to mention our previous letter regarding washing high-risk infants on neonatal intensive care units (NICUs) [2]. Washing such infants with tap water runs the risk of colonizing them with water-borne organisms. Furthermore, the use of small water collection pots for these infants can sample the initial tap water with the highest bacterial contamination [1]. Following an outbreak with an antibiotic-resistant Gram-negative organism (which was also found in sink taps), high-risk infants on an NICU were washed with sterile water from single-use bottles [3]. (This is in accordance with the Department of Health advice that sterile or filtered water can be used for 'top and tailing' neonates [4].) Infection control actions regarding the water supply and hand hygiene were taken together with use of sterile water for washing and there were no further cases for several years. Then two more infants developed serious infections with this organism [2].

It was subsequently found that staff had noticed that infants in the warm atmosphere of an incubator could react badly to the cold sterile water, even if it was kept at room temperature. They had therefore changed back to using warm water directly from the sink taps to wash the infants. The problem was resolved by keeping the single-use bottles of sterile water in a warming cabinet so that they were always warm before use. This is a small change but one which may have helped prevent further outbreaks with such water-borne organisms.

References

- [1] Weinbren MJ. The handwash station: friend or fiend? *J Hosp Infect* 2018;100:159–64.
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Hospital surface contamination with antimicrobial-resistant Gram-negative organisms in Tanzanian regional and tertiary hospitals: the need to improve environmental cleaning



Sir,

The upsurge of healthcare-associated infections (HAIs) caused by multi-drug-resistant Gram-negative bacteria (MDR-GNB) has become a serious global threat, especially in resource-limited countries [1]. GNB, such as *Escherichia coli*, *Klebsiella* spp., *Acinetobacter* spp. and *Pseudomonas aeruginosa*, can survive on inanimate surfaces for months, thus serving as a transmission source to healthcare workers and susceptible patients [2]. It is now well established that room occupancy by a patient shedding nosocomial pathogens enhances the risk of acquisition in subsequent patients cared for in the same room [3].

A cross-sectional study was conducted from June to August 2015 at Bugando Medical Centre (BMC) and Sekou Toure Hospital (STH) in Mwanza City, Tanzania to determine the presence