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Consent has been obtained from the parents of the patient.
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Francesco Sbrana, MD*
U.O. Lipoapheresis and Center for Inherited Dyslipidemias, Fondazione Toscana Gabriele Monasterio, Pisa, Italy

Paola Bellacchi, MD
North-West District, Tuscany Health Care, Pisa, Italy

Cristiana Domenichini, PhD
Department of Clinical and Experimental Medicine, University of Pisa, Pisa, Italy

Carlo Tascini, MD
First Division of Infectious Diseases, Cotugno Hospital, Napoli, Italy

* Address correspondence to Francesco Sbrana, MD, Fondazione Toscana Gabriele Monasterio, Via Moruzzi, 1, 56124 Pisa, Italy.
E-mail address: Francesco.sbrana@ftgm.it (F. Sbrana).

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Regarding observation of stethoscope sanitation practices in an emergency department setting

To the Editor:

I commend Vasudevan and colleagues[1] for their work on the direct observation of stethoscope sanitation practices in the emergency department. I do, however, have a couple concerns.

First, the authors did not account for disposable antimicrobial cover use[2] by physicians. Stethoscope covers act as physical barriers, which have been shown to prevent both surface contamination and transmission of microbes,[3] although Wood and colleagues[4] questioned the practical utility of antimicrobial covers in the prevention of disease transmission. Notable, a physician using these disposable covers may not have been observed cleaning the stethoscope diaphragm because it is disposable.

Second, all health care providers, regardless of specialty, should have hygienic stethoscope cleaning practices. I am curious, however, whether Vasudevan and colleagues considered examining the stethoscope sanitation practice by physician's specialty (eg, infectious disease specialist vs psychiatrist vs surgeon). Therefore, it may be interesting and informative to assess the association between a physician's specialty and stethoscope sanitation practice.

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Ayodeji Otufowora, MB, BS, MPH, CPH*
Department of Epidemiology, College of Public Health and Health Professions & College of Medicine, University of Florida, Gainesville, FL

* Address correspondence to Ayodeji Otufowora, MB, BS, MPH, CPH, Department of Epidemiology, College of Public Health and Health Professions & College of Medicine, University of Florida, 2004 Mowry Rd, CTRB Rm 4206, Gainesville, FL 32610.
E-mail address: deji.otufowora@ufl.edu (A. Otufowora).

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Response to "Regarding observation of stethoscope sanitation practices in an emergency department setting"

To the Editor:

Thank you, Mr. Otufowora, for your criticisms. Our goal in this study was to assess stethoscope hygiene through direct observation and thus more accurately document provider stethoscope hygiene. However, given the nature of blind observation, it is difficult to account for certain details of the observed circumstances.

1. We did not observe for the use of disposable stethoscope covers, as they were not known to be available in the emergency department in which observation took place. It is possible that some providers carried these covers autonomously, but it was our judgment that this was not even remotely common in our setting; however, we did account for the use of a certain barrier precaution—the use of a sterile glove over the stethoscope diaphragm. We concur that physical barrier precautions in the form of disposable covers would be an effective form of stethoscope hygiene, but hospitals need to enforce this method of hygiene in order for it to be commonplace. Recent literature has questioned the effectiveness of antiseptic methods of stethoscope hygiene. One study has investigated the resistance of certain microbes to 70% isopropyl alcohol