Published Data Questioned

To the Editor:

In Hegger et al’s report, "Transient and resident microflora of burn personnel and its influence on burn wound sepsis," the authors state that auto-contamination via the urinary tract was responsible for 27.6% of the burn wound sepsis. If 29 patients with wound sepsis were studied and seven had the infecting organism in their urinary tract, the incidence is only 24.1%.

Secondly, Table 3 lists 27.6% as the incidence for the gastrointestinal tract. Unless these patients have cloacas, they are not the same tract. Which is it?

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Catalytic Models in Hospital Epidemiology

To the Editor:

The interesting study by Chavigny and Fischer in the January-February 1983 issue of Infection Control demonstrates a relatively simple sampling strategy for studying the epidemiology of hospital infection. A different approach of their data may result in more quantitative conclusions, especially regarding the rates of nosocomial infections in relation to the length of hospital stay (LOS).

By applying a catalytic model, as originally employed by Muench for cross-sectional (point-prevalence) surveys to their data, a force of infection may be calculated. The force of infection is expressed as “effective contacts” per patient per time unit. An effective contact is defined as a contact that would lead to an infection in a susceptible (ie, previously not infected) person. According to Muench, the application of the catalytic model is based on a set of assumptions. These observations are correct. It was an oversight on our editorial review; the correct term for Table 3 should be Urinary Tract instead of gastrointestinal.

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