Before you give your health care providers the green light to treat you, ask them the question: ‘Have you washed your hands?’

Figure. Poster, displayed in every inpatient room, to encourage patients to remind healthcare workers to practice hand hygiene. The poster was designed by Do Sunho.

minders remains a major challenge to individualized feedback strategies. More intensive efforts, beyond poster campaigns, may be necessary to encourage patients to remind HCWs. Prior patient feedback strategies used one-on-one patient information sessions; however, inpatient turnover imposes continual resource demands on that approach. Clinical leaders are needed to openly invite their teams to give hand hygiene feedback. It may be useful for future “empowerment” campaigns to build on the finding that most of the surveyed HCWs, at least in principle, accept reminder strategies. This is a step toward an open hospital culture where HCWs can mutually enforce hand hygiene adherence to promote patient safety.

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References

Alcohol-Based Hand Rub and Nosocomial Scabies

To the Editor—In the December 2007 issue of the journal, Garcia et al. described a hospital outbreak of scabies and its control. We ask the authors whether they used alcohol-based hand rub for hand hygiene at the study facility during the outbreak.

To our knowledge, no alcohol-based compound has been proven effective against Sarcoptes scabiei var. hominis and its eggs. Therefore, the replacement of hand-washing with
alcohol-based hand hygiene could facilitate scabies dissemination in many facilities in developing countries where scabies is endemic, and infected patients may be unrecognized by doctors, especially if scabies is not the reason for medical consultation.

We experienced an outbreak of scabies among healthcare workers at our institution, a tertiary acute-care hospital in Brazil, 1 month after 70% ethanol hand rub became available (data not published). At that time, 28 healthcare workers, mostly nurses, became infected, and they were all effectively treated with oral ivermectin. The source patient received a diagnosis of scabies only after the outbreak took place, which explains why he had not been placed under contact precautions.

Use of alcohol-based hand rub has many advantages, compared with hand-washing, and should be implemented in developing countries, as recently concluded by Allegranzi and Pittet. However, when a scabies diagnosis is made or suspected, healthcare workers should use traditional hand hygiene techniques instead of alcohol-based hand rub, in order to prevent transmission of scabies among staff or patients.

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REFERENCES


Reply to Bellissimo-Rodrigues et al.

To the Editor—Regarding our recent article on use of ivermectin, Bellissimo-Rodrigues et al. ask about hand hygiene policy during the outbreak period. The use of alcohol-based hand rub formulations has only been implemented in the newborn intensive care unit in this hospital. The outbreak took place in the medical intensive care unit, where no alcohol-based hand rubs were used.

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REFERENCES