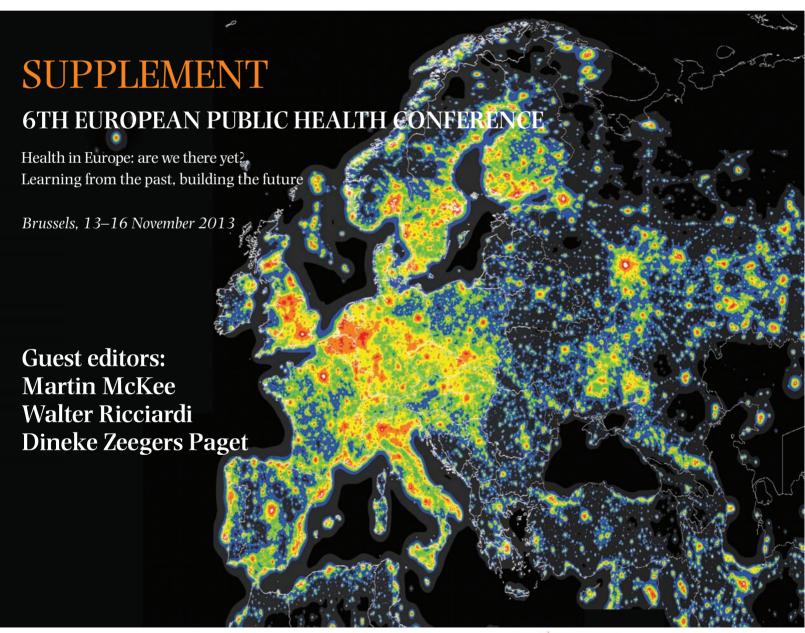
# EUROPEAN JOURNAL OF PUBLIC HEALTH

Volume 23 Supplement 1

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## EUROPEAN JOURNAL OF PUBLIC HEALTH

Volume 23 Supplement 1

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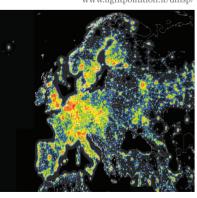
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## EUROPEAN JOURNAL OF PUBLIC HEALTH

Volume 23 Supplement 1

## SUPPLEMENT

### **6TH EUROPEAN PUBLIC HEALTH CONFERENCE**

Health in Europe: are we there yet? Learning from the past, building the future

Brussels, 13–16 November 2013

ABSTRACT SUPPLEMENT

Guest editors: Martin McKee, Walter Ricciardi, Dineke Zeegers Paget

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Typeset by Cenevo Publisher Services, Bangalore, India Printed by Bell & Bain Ltd, UK 3rd vaccine dose. In patients vaccinated >180 days before surgery, the fraction of those presenting anti-HBs titer <10.1 mIU/ml was significantly (p = 0.0005) higher in those vaccinated with a 2-dose regimen compared to vaccinated with 3 doses.

#### Conclusions

- 1. The preoperative vaccination policy seems to be an effective public health tool to limit the spread of the epidemic.
- 2. However, a 2-dose vaccination schedule does not protect a significant fraction of operated patients against HBV infection, especially those vaccinated less than 2 months before surgery.

#### Key message

• Current recommendations regarding a preoperative 2-dose vaccination schedule in Poland should be revised.

#### Evaluation of the Italian sentinel surveillance system for acute viral hepatitis (SEIEVA) Silvia Longhi

S Longhi<sup>1</sup>, ME Tosti<sup>2</sup>, C de Waure<sup>1</sup>, A Filia<sup>2</sup>, A Mele<sup>2</sup>, W Ricciardi<sup>1</sup> <sup>1</sup>Istituto di Igiene, Università Cattolica del Sacro Cuore di Roma, Rome, Italy <sup>2</sup>Istituto Superiore di Sanità, Rome, Italy Contact: silvia.longhi@rm.unicatt.it

A reliable surveillance system is the key to establishing connections between the epidemiological situation and the planning, monitoring and evaluation of public health interventions. Periodic evaluation of surveillance systems is essential to verify whether they are operating efficiently.

In Italy, viral hepatitis is a statutorily notifiable disease and cases are reported to the notification system of the Ministry of Health. In addition, a voluntary sentinel surveillance system, named SEIEVA, coordinated by the National Institute of Health, has been active since 1985 to promote monitoring and control of acute viral hepatitis infections at both local and national levels.

The aim of the present study was to assess the performance of SEIEVA, from the years 2007 to 2010, in accurately monitoring viral hepatitis cases in Italy.

A literature review was performed to identify system attributes to be evaluated and to select the appropriate indicators for measuring sensitivity, representativeness, data quality, and timeliness of the system.

During the study period 5,851 acute viral hepatitis cases were notified to SEIEVA. More than half of the observed cases were attributable to hepatitis A virus (HAV) (51.8%) and 33.9% to hepatitis B (HBV). Overall, 64.6% of reports had data on all relevant serological markers and the representativeness of the system was 71.7%. Complete information on gender, age and city of residence was available for 91.9% of reports. Data on major risk factors for HAV were available for 96.7% of cases, while risk factors for HBV were available in only 84.0%. Information on date of diagnosis and date of interview of the patients was available for 5.812 reports (99.3%).

Statistically significant differences in sensitivity and representativeness were observed between geographical areas, with higher values reported for both attributes in central Italy. In addition, a significantly higher percentage of cases reported in central Italy had complete information on risk factors for HBV and HCV, vaccination status and outcome of infection. Monitoring and evaluation of the SEIEVA system was critical to assessing its performance by providing evidence of the validity of the data and identifying areas where surveillance needs to be strengthened.

#### Key messages

- A reliable surveillance system is the key to establishing connections between the epidemiological situation and the planning, monitoring and evaluation of public health interventions.
- Monitoring and evaluation of the SEIEVA was critical to assessing its performance by providing evidence of the validity of the data and identifying areas where surveillance needs to be strengthened.

#### Unwanted stethoscopes' hosts Gabriele Messina

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#### Background

Stethoscopes are probably the most common medical device used by physicians. They represent a carrier of bacteria and other microorganisms and may play a role in the spread of health-care associated infections (HAI). HAIs are the most frequent adverse event of health care and represent a significant cause of morbidity, mortality and increase of health care costs. Prevention of these infections involves regular disinfection of instruments and devices. The aim of this study was to evaluate the contamination levels of stethoscopes before and after use of a disinfecting technique (DT).

Methods

We conducted a cross-over study involving different departments of three italian hospitals. We evaluated: i) contamination on 74 shared and non shared stethoscopes; ii) bacterial load before and after use of a putty compound, composed primary by ethanol, combined with water, guar, colorants and odorants; it has a malleable-elastic consistency, which adheres and removes the dirt, in combination with disinfecting activity. Total bacterial count (BTC) at 36°C and 22°C, Staphylococcus spp., moulds, Enterococcus spp., Pseudomonas spp., Escherichia coli and total coliform bacteria were evaluated. Mann Whitney and Wilcoxon tests were used to assess statistical differences (p < 0.05).

#### Results

Before applying the disinfecting technique, 49 out 74 stethoscopes were positive for BTC at  $36^{\circ}$ C, 48 for BTC at  $22^{\circ}$ C, 40 for Staphylococcus spp., (18) for methicillin-resistant Staphylococcus aureus (MRSA), 33 for total coliform, 5 for Enterococcus spp. and 2 for moulds. After cleaning, the percentage reduction in CFUs in all samples was 99.8% for BTC at  $36^{\circ}$ C; 99.9% for BTC at  $22^{\circ}$ C, 99.7% for coliforms, 99.8% for Staphylococcus spp., 100% for E. coli, Enterococcus spp. and MRSA. Shared stethoscopes proved to be less contaminated with E. coli, Enterococcus spp, Staphylococcus spp. and MRSA than non shared ones (p < 0.05).

**Conclusions** 

Our results suggest that stethoscopes must be considered an important carrier of nosocomial infection. The disinfecting technique tested was effective in reducing bacterial contamination.

#### Key messages

- Stethoscopes can be consider important carriers of healthcare associated infections.
- This research describes a rapid, useful and effective disinfecting technique for medical devices.