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EDITORIAL

Travel Bugs

The SARS (severe acute respiratory syndrome) outbreak of 2006 and fears of avian influenza have sensitized many to the risks of transmission of especially viral illnesses during air travel. People worry about recirculated air, and some wear masks during trips. On several recent flights I have noticed another likely means of viral transmission: careless hygiene practices by flight attendants serving drinks.

Using hands I never see washed or cleaned with waterless cleaners, and after handling money required for some of the drinks, the attendants pull stacks of cups out of their plastic wrappers and handle the cups by the rims when serving the drinks. Rims are the business ends of the cups—to which we apply our mouths when drinking. Wiser practice would be to place the cups upside down and keep them in their plastic sleeves on the cart, pull them out handling only the bottom outside surfaces of the cups, and never touch the rims from which we drink. The containers from which the drinks are served should always have openings that don't require handling the area over which the liquid flows when poured (think about how we handle milk-carton-type containers in which some kinds of orange juice are packaged).

Similar practices should apply in restaurants. Americans fly about 650 million domestic air trips annually. The number of meals eaten out annually is about 100 billion. Observe how your waiters handle pitchers and drinking glasses next time you eat in a restaurant. Does your waiter hold the water glass by the rim as he serves it? Does he place the water pitcher on the table and lean against it with his hands on the rim of the pitcher while pleasantly chatting with you? If so, he is putting his customers at risk from germs transmitted from his hands, from other customers, from handled money, or from his own nose and skin.

The message about the critical importance of hand washing in health care settings may finally be getting enough attention to turn heads and decrease nosocomial infection rates. The cleaning products industry has developed many new, quick, easy methods for sanitizing. But my observations suggest that common sense and thoughtful application of what we know about disease transmission—not only in the hospital setting but also in our everyday lives—are lacking.

We practicing physicians need to carry our greater mindfulness about sensible hygiene from the hospital and clinic out into the community. It is a matter of social responsibility and public health. The costs of the common cold and viral gastroenteritis in the US are each estimated at about \$40 billion annually.^{1,2} In 10% of acute hepatitis C cases and 30% of chronic hepatitis cases, a source of infection can't be identified.³ When I was in medical school, we were taught that hepatitis B could be transmitted only parenterally. At that time, Medicare funded maintenance dialysis; nurses and doctors worked without gloves and smoked and ate in the dialysis units—and lots of them developed hepatitis B—without having experienced needle-sticks.

“Doctor” means “teacher.” Our children are inclined to learn more from what we do than what we say. That is, we need to model good behavior. And we need to speak out to educate the community. Good pedagogy and good parenting depend on repetition. We need to be patient and persistent, observant and concerned—in our communities as well as in our hospitals. We can make an important difference.

As we enter flu season, and with lots of viral upper respiratory infections already affecting many of our communities, more attention to common-sense hygiene could significantly limit the spread of such illnesses. As we learned so unpleasantly in the early history of dialysis, hand-to-mouth transmission of viruses like hepatitis B also might be prevented.

Marcia R. Silver, MD, FACP
Associate Professor of Medicine
Case Western Reserve University at
MetroHealth Medical Center
Division of Nephrology and Hypertension
Cleveland, Ohio

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