

Editorial

The World Health Organization states that health care associated infections (HCAI) are the most frequent adverse events in health care in all countries, with at any given time 7 and 10 of every 100 hospitalized patients in developed and developing countries respectively acquiring at least one health care related infection during their hospital stay.¹ However, the true global burden of HCAI remains unknown, at least partly due to the difficulty of obtaining reliable data in many countries. Surveillance of HCAI is patchy and even when a system for surveillance is present, there are many issues in reliability and uniformity of reporting as well as in effective implementation.

The Invited Paper in the current Journal ‘Infection prevention and control in Sri Lankan hospitals in relation to WHO Guidelines’ gives us a timely reminder that although the process has started, there is much more which needs to be done to create a ‘safe’ environment for patients who access the state health services of Sri Lanka.

The article on the awareness of workers in funeral parlours in the Western Province of Sri Lanka on infection risks encountered during their work is an eye opener. The authors point out that knowledge of risks as well as a commitment to safe practices needs urgent improvement, and stress the need for establishment of guidelines and a regulatory framework in this industry.

Although control of human rabies in Sri Lanka has been improving with human fatalities due to rabies falling very dramatically over the past decade, the authors of the paper on knowledge and attitudes pertaining to rabies point out some important gaps in the perception of the public, in spite of many mass awareness programmes and campaigns carried out throughout the country. Patrick Remington, author of ‘Communicating Public Health Information Effectively’ says, ‘in order to compete in this increasingly competitive and complex environment, those in public health must make the science and art of communication as integral a part of our everyday activities as the science of epidemiology and disease control.’² I would like to invite our readers to contribute their ideas on effective communication of key messages in infectious diseases, not only in Sri Lanka but also in other countries in our region and elsewhere.

We hope that you will continue to find the contents of this issue useful and thought provoking. Do let us have your feedback as well as contributions for publication in forthcoming issues. Please visit the journal’s submission and peer review website at <http://www.sljol.info/>. We would also invite you to register as a Reviewer, as the availability of a wide pool of subject specialists for this purpose would assist us in our task of continuously improving the quality of the Journal.

References:

¹ http://www.who.int/gpsc/country_work/gpsc_ccisc_fact_sheet_en.pdf

² <https://publichealthonline.gwu.edu/blog/health-communication-campaigns/> accessed 29.4.17

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