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Introduction
Burns are a serious global public health problem. There are over 300,000 deaths per year from fires alone with more deaths from other types of burn, including scalds, and electrical and chemical burns. In addition, millions more are left with lifelong disabilities and disfigurements, often with resulting stigma and rejection. All of these result in further personal difficulties and economic losses for victims and their families.

The vast majority (over 95%) of these burns occur in low- and middle income countries. Rates of fire-related burn deaths in low- and middle income countries are 5.5 deaths/100,000 people per year. This is nearly six times higher than the 0.9

Literature Review
Bacterial isolation from environment and nosocomial pathogens in burned patient, with their susceptibility pattern in burn and plastic surgery department, Aljalla Hospital Benghazi

Abstract

Background: Hospital environment is a potential reservoir of bacterial pathogens, therefore Burn patients are at high risk of developing nosocomial infection because of their destroyed skin barrier and suppressed immune system, compounded by prolonged hospitalization and invasive therapeutic procedures.

Aim: The aim of this study was to detect rate of nosocomial pathogens in burned patients with their susceptibility pattern, and to determine the environmental contamination in Burn and plastic surgery department, Aljalla Hospital, Benghazi.

Method: In a prospective study and statistical analysis was performed for 120 samples were collected from different wound sites in burn and plastic surgery department, Aljalla Hospital during year 2016, additional to 217 samples were collected from patient zones, floor areas, walls, bed-frames, door handles, light switches, sinks, besides corridors, tables, autoclave, cupboards, medical waste transport cart, dressing room, nursing station, drums, trolley, nasal and hand swabs for nursing staff, then cultured on blood agar and MacConkey agar, Isolation and identification of microorganisms was done according to standard procedure.

Result: A total of 195 samples were collected from patient zones and the environment, the culture positive was seen in 143 (73%), 106 (74.1%) of them were pathogenic. The most predominant bacterial isolate was Staph.albus (33.6%), followed by klebsialla (29.5%), N.L.F (14.7%), Pseudomonas (11.47%), E.coli (5%), N.H.S (4.1%), Staph.aureus (1.6%). of the 11 nasal swabs were obtained from nursing staff in the department, (81.8%) of them were pathogenic, predominant bacterial isolate was Staph.albus (30.7%), Staph.aureus (1.6%). of the 11 hand swabs were obtained, (54.5%) were pathogenic, Staph.albus (50%), N.H.S (25%), N.L.F (15%), Klebsialla (10%). A total of 31 burned patient, 21 (67.7%) were females and 10 (32.2%) males, 120 burn swabs were collected from them, the predominant bacterial isolate was Pseudomonas (50.8%), Staph.aureus (16.7), Klebsialla (13.3%) Acinetobacter (10%), Enterobacter (2.5%), E.coli (2.5%), N.H.S (2.5%), Proteus (0.8%), Staph:Albus (0.8%). Among these isolates P. aeruginosa was found washingly resistant for most the antibiotic tested, while it had less resistance to ciprofloxacin and sensitive for colisten also present study showed that staph aureus was highly resistant for Augmantine, ceftriaxone, ciprofloxacin, ceftazidim, Acinetobacter and Klebsiella where highly resistance for Augmantine, Ceftrixone, Ciprofloxacin, Ceftazidim, Gentamicin, Amikacin and highly sensitive to colisten.

A burn is defined as damage to the skin caused by excessive heat or caustic chemicals. The most common burn injuries result from exposure to heat and chemicals. Full-thickness burns usually develop, causing immediate cell death and matrix destruction, with the most severe damage on the wound surface. Additional heat and inflammation induce tissue injury beneath the nonviable surface, which can either progress over time to healing or can deteriorate to further necrosis, depending on the approach to treatment [3].

Mortality and morbidity have been markedly reduced due to overall major improvements in critical care, metabolic support, infection control, and wound management [3].

The major challenge for a burn team is nosocomial infection in burn patients, which is known to cause over 50% of burn deaths, because of their destroyed skin barrier and suppressed immune system, compounded by prolonged hospitalization and invasive therapeutic and diagnostic procedures [4].

**Literature Review**

Many studies on nosocomial infection in burn patients focused on burn wound infection, one of them was during the second part of 2010, 164 burn patients were admitted to the Motahari Hospital, Tehran, Iran included in this study. Of the 164 patients, 717 samples were taken and 812 bacteria were identified, the bacterial isolate was 325 (40%) Pseudomonas, 140 (17%) Acinetobacter, 132 (16%) S. aureus, and 215 (27%) other bacteria [5].

In the Taleghani Burn Hospital which is an academic educational hospital affiliated to Ahvaz Jundi- Shapour University of Medical Sciences, A total of 182 patients were admitted to the hospital during the one year period (from May 2003 to April 2004), 173 bacterial isolates were obtained. The most predominant bacterial isolate was Pseudomonas aeruginosa (37.5%) followed by Staphylococcus aureus (28.5%) and Enterococcus spp. (19.5%). Other isolates included Klebsiella pneumoniae (15%), other non-fermenting (9%), coagulase negative staphylococci (8%), Enterobacter cloacae (4%), and E. coli (2%) [6].

**Objectives**

The aim of this study was to detect rate of nosocomial pathogens in burned patients with their susceptibility pattern, and to determine the environmental contamination in Burn and plastic surgery department, aljallahospital, Benghazi.
Materials and Methods

In a prospective study and statistical analysis was performed for 120 samples were collected from different wound sites in burn and plastic surgery department, Aljalla hospital during one year 2016, addition to 217 samples were collected from patient zones, floor areas, walls, bed-frames, door handles, light switches, sinks, besides corridors, tables, autoclave, cupboards, dressing room, nursing station, drums, trolley, nasal and hand swabs for nursing staff, then cultured on blood agar and MacConkey agar, Isolation and identification of microorganisms was done according to standard procedure.

Disk diffusion test were performed for 120 samples were collected by recommended method by Clinical and Laboratory Standard Institute (CLSI). A suspension of each isolate was made, so that the turbidity was equal to 0.5 McFarland standard then plated onto nutrient agar plate, Antibiotic disk (Oxoid) was applied to each plate, After incubation at 35°C for 24 hr, zone size was measured.

Results

A total of 195 samples were collected from patient zones, dressing room, floor areas, walls, bed-frames, door handles, light switches, sinks, besides corridors, tables, autoclave, cupboards, trolley, drip stand in Burn and plastic surgery department, Aljalla hospital, the culture positive was seen in 143 (73%), 106 (74.1%) of them were pathogenic. The most predominant bacterial isolate was Staph.albus (33.6%), followed by klebsialla (29.5%), N.L.F (14.7%), Pseudomonas (11.47%), E.coli (5%), N.H.S (4.1%), Staph.aureus (1.6%) (Figures 1-4).

A total of 11 nasal swabs were obtained from nursing staff in the department, (81.8%) of them were pathogenic, predominant bacterial isolate was Staph.albus (30.7%), N.H.S (30.7%), N.L.F (23%), Klebsialla (15.3%), while hand swabs were obtained, (54.5%) were pathogenic, Staph.albus (50%), N.H.S (25%), N.L.F (15%), Klebsialla (10%) (Figures 5-6).

Of the 31 burn cases, 21 (67.7%) were females and 10 (32.2%) males, 120 burn swabs were collected from them, the predominant bacterial isolate was Pseudomonas (50.8%), Staph. Aureus (16.7), Klebsialla (13.3%), Acinetobacter (10%), Enterobacter (2.5%), E.coli (2.5%), N.H.S (2.5%), Proteus (0.8%), Staph. Albus (0.8%) (Figure 7).

Antibiotic sensitivity tests were undertaken for Augmentin, Ceftrixone, Ciprofloxcacin, Imipenem, Cefazidime, Amikacin, Gentamicin and Colisen. The Figures show percentage of cultures resistant and sensitive to each of these antibiotics (Figures 8–11).

Discussion

Hospital environment is a potential reservoir of bacterial pathogens since it houses both patients with diverse pathogenic microorganisms and a large number of susceptible individuals. The increased frequency of bacterial pathogens in hospital environment is associated with a background rise in various types of nosocomial infections.

In this study 195 samples were collected from various environmental sources in Burn and plastic surgery department included inanimate objects (such as floor areas, walls, bed-frames, door handles, light switches, sinks, besides corridors, tables, autoclave, cupboards), animate objects (stands for infusion apparatus, trolleys, drums, Medical Waste Transport Cart).
The most prevalent bacteria isolated in this study was co-agulase negative (33.6%), this result is consistent with a study in northwest Ethiopia, which were co-agulase negative the most frequently isolated from all the samples collected from the wards and operating room. Other studies in Taiwan and Nigeria also demonstrate similar finding on patient’s medical chart and X-ray machine contamination with co-agulase negative staphylococci (15). The reason of their high prevalence may because of the fact that staphylococci are members of the body flora of health and sick individuals that can be spread by their hands, expelled from respiratory tract to the immediate environment. In our study the second isolated pathogen was
klebsiella (29.5%), This finding is consistent with Iran which were klebsiella pneumonia (8.9%), but it is higher as compared to their study. Thus, effective cleaning is important condition in the prevention and control of microbial spread, as well as the type of disinfectants used to diminish risks of cross infections during healthcare assistance.

Results of the nasal swabs culture of this study indicated that nursing staff carried coagulase negative staphylococcus (30.7%). This finding is in line with a study in Northwest Ethiopia where the prevalence of coagulase negative staphylococci (58.3%).

This study also showed that (54.5%) hands of nursing staff had bacterial contaminations mostly with coagulase negative staphylococcus, this result was lower than that observed by a study in Northwest Ethiopia, which was (88.4%) [8, 10].

Colonization of pathogens in burn wounds and their systemic invasion may cause severe complications and death. The two most common pathogens responsible for burn wound infections are Staphylococcus aureus and Pseudomonas aeruginosa. Burn wards have been reported to harbor multi-drug resistant strains of P. aeruginosa which can colonize burn wounds and lead to infection. This pathogen has been reported as the most common source of burn wound infection in the United States [11], According to the CDC protocol, Pseudomonas and Acinetobacter are members of nosocomial microorganism. In some countries such as Iraq, S. aureus can be considered as a major cause of nosocomial infection in burn wounds [7]. In this present study the predominant bacterial isolates was pseudomonas (50.85%), staphylococcus aureus (16.7%) This finding is in line with CDC protocol and Iran which were the predominant bacterial isolate was pseudomonas aeruginosa (37.5%) followed by staphylococcus aureus (20.2%), and contravened with Iraq which were staphylococcus aureus (33%) the most commonly isolated bacteria among burn patients with burn wound infection followed by pseudomonas aeruginosa (18%).

The change in the pattern of bacterial resistance in the burn unit is both important for clinical settings and epidemiological purposes. The results of antimicrobial sensitivity showed that pseudomonas aeruginosa was highly resistant for most the antibiotic tested, while it had less resistance to ciprofloxacin and sensitive for colistin also present study showed that staph aureus was highly resistant for Augmantine, ceftriaxone, ciprofloxacin, ceftazidim.

Acinetobacter and Klebsiella where highly resistance for Augmantine, Ceftrixone, Ciprofloxin, Cefazidim, Gentamicin, Amikacin and highly sensitive to colisten (Table 1).

### Conclusion

- Burn patients are highly susceptible to wound infection, because of the loss of the barrier function of skin, the immune dysregulation that accompanies severe burn injury.
- The most predominant bacterial isolated from patient zone were Staph.albus, followed by klebsiella, Pseudomonas, E.coli, N.H.S and Staph.aureus.

- Burn patients were most commonly infected with P. aeruginosa, S. aureus and they were resistant of most of the antibiotics tested.
- A total of 195 samples were collected from patient zones and environment, 106 of them were pathogenic, this indicates about lack of effectiveness of cleaning and disinfection in the ward.
- Hands and surfaces (e.g., beds, side rails, tables, and equipment) are often heavily contaminated with organisms from the patient and may be transmitted to other patients if strict barriers are not maintained and appropriate decontamination carried out.
- Prevention of infection in burn patient is an important issue that should be considered in burns unit. Isolation of these patients, health policy such as control of staff and nurses, cleaning and disinfection of the animate or inanimate objectives and other equipment related to these patients, and preparation of optimum care conditions of burn patients can be helpful to treat of them.
- Use of some antimicrobial agents must be restricted, due to the high resistance to them.
- A nosocomial infection surveillance system must be introduced to reduce the rate of nosocomial infections among burn patients, and for better therapeutic options.
- Routine surveillance wound cultures should be obtained when the patient is admitted and at least weekly until the wound is closed. Many burn centers recommend obtaining wound cultures two or three time a week for patients with large burn injuries [12].

Based on these finding it is recommended that need to additional attention for hand hygiene applying and disinfection of inanimate objects in the hospital environment to limit the transfer of pathogens from patient to patient or to another departments.

### References


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**Table 1: Antibiotic susceptibility pattern (%) of resistant Gram positive and Gram negative isolates in burn patients.**

<table>
<thead>
<tr>
<th>Antibiotic</th>
<th>Resistant Staph aureus</th>
<th>Resistant Pseudomonas</th>
<th>Resistant Klebsiella</th>
<th>Resistant Acinetobacter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Augmantin</td>
<td>94.7%</td>
<td>100%</td>
<td>81%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Ceftrixone</td>
<td>93.7%</td>
<td>98%</td>
<td>100%</td>
<td>80%</td>
</tr>
<tr>
<td>Cefazidim</td>
<td>100%</td>
<td>90.7%</td>
<td>73.3%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Ciprofloxin</td>
<td>86.6%</td>
<td>52.5%</td>
<td>58.3%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Gentamicin</td>
<td>ND</td>
<td>90%</td>
<td>86.5%</td>
<td>91.6%</td>
</tr>
<tr>
<td>Amikacin</td>
<td>ND</td>
<td>93.7%</td>
<td>85.7%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Colisten</td>
<td>ND</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Imipenem</td>
<td>ND</td>
<td>80%</td>
<td>28.5%</td>
<td>ND</td>
</tr>
</tbody>
</table>

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