To the editor: We read the article ‘Prevention of the spread of infection – the need for a family-centred approach to hygiene promotion’ by Bloomfield et al. [1] with interest. While the authors raise valid points with regards to a more concerted approach to personal hygiene, there are two issues in the report which we wish to respond to.

Bloomfield et al. state that public health practitioners should be less ambiguous on issues such as the hygiene hypothesis which should be communicated to the public. Some studies suggest a role for the hygiene hypothesis in promotion of inflammatory bowel disease (IBD), whereby childhood exposure to infections confer protection against autoimmune disease [2,3]. However, an ecological study in a paediatric population demonstrated an association between cattle density and incidence of E. coli O157-mediated haemolytic uraemic syndrome (HUS) [4], and the importance of environmental transmission for this pathogen cannot be ignored [5]. Therefore, the concept of ‘good dirt; bad dirt’ remains a contentious area, especially in public health. Promulgating the hygiene hypothesis and related environmental issues to the public will serve only to confuse rather than to inform.

Bloomfield et al. also suggest that poor hygiene is a contributory factor in the spread of several pathogens including legionella without providing supporting references. In our experience, typical and atypical sources of legionella do not involve routes of transmission which can be exploited by improving hygiene and we are not aware of any references to support this statement, that the public are reassured legionella cannot be spread through person-person contact or through poor hygiene.

We agree with Bloomfield et al. that promotion of personal hygiene should start from within the home as the simple task of hand washing has been shown to be one of the most effective means of controlling the transmission of infectious organisms from hands and beyond [6].

References

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