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## Availability of Automatic Water Tap in Hospitals in Bangkok, Thailand

*To the Editor*—Pathogens can contaminate the environment and cause infections. In hospitals, contamination of the environment is frequent and expected. Toilets in hospitals are an area of concern. The high contamination rates of toilet tap handles or levers for manual flushing are reported in many publications.<sup>1,2</sup> Toilet seats and handles are commonly found to be contaminated.<sup>1</sup> A good “toilet design” is proposed that could help control the spread of nosocomial infection.<sup>3</sup> To reduce the problem of contamination, toilets with hands-free automatic flushing mechanisms or water taps have been available for a few years. Here, the authors report a field survey of 180 toilets from 25 hospitals in Bangkok, Thailand. According to the survey, automatic hands-free flushing mechanisms were available in 65 toilets (36.1%). Most of the toilets studied lacked automatic water taps and classic toilet tap handles are still in use. The findings are potentially important and not just of local interest. Numerous hospitals in many countries in the world may still use manual flushing mechanisms. Promotion of the automatic water tap in hospitals will help improve hand hygiene in healthcare workers, visitors, and patients and may help reduce the problem of possible pathogen transmission.

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## Epidemiology of Antimicrobial Resistance in an Oncology Center in Eastern India

The epidemiology of multidrug-resistant organisms has local, national, and global significance.<sup>1,2</sup> In this study we describe the epidemiology of antimicrobial resistance from a new oncology and bone marrow transplantation center in eastern India. The method of antimicrobial susceptibility testing was per the Clinical Laboratory Standards Institute guidelines. Stool surveillance culture was performed according to the method described by Landman et al.<sup>3</sup> An automated system (Vitek2; bioMérieux) and disc diffusion (Bio-Rad) were employed for antibiotic susceptibility tests. The data refer to the period from April 1, 2012, through March 31, 2013. The data came from 4,723 samples, 1,474 patients (inpatients and outpatients), and 1,965 bacterial and yeast isolates. Gram-positive bacteria were detected in 25% of isolates, gram-negative bacilli in 68%, and yeasts in 7%. Positivity rates for different sample types were blood culture, 15.2%; urine, 33.3%; respiratory samples, 57.9%; pus, 65.8%; and body fluids, 37.0%. Stool samples for surveillance culture of multidrug-resistant organisms were positive in 35.1%. In total 30.6% were positive by culture.

Among patients with various infections antibiotic susceptibility of coliform bacteria (Enterobacteriaceae family) showed a high level of resistance with extended-spectrum beta-lactamase prevalence of 72%, carbapenem resistance in 23%, and resistance to amikacin, gentamicin, piperacillin-tazobactam, and ciprofloxacin to be 26%, 49%, 48%, and 71%, respectively. Nonfermentative gram-negative bacilli (eg, *Pseudomonas*, *Acinetobacter*) showed 36% resistance to carbapenems, 35% to piperacillin-tazobactam, 35% to amikacin, 38% to gentamicin, and 43% to ciprofloxacin. Resistance to meropenem and resistance to third-generation cephalosporins such as ceftazidime (marker of extended-spectrum beta-lactamase production) were detected respectively in cultures of 30.6% and 64.2% of blood isolates, 27% and 66.2% of urine samples, 25.7% and 47.8% of respiratory isolates, and 18.1% and 50.0% of pus isolates. Antibiotic resistance in gram-positive bacteria was noted in only 12% of the isolates (eg, methicillin-resistant *Staphylococcus aureus*), and inducible clindamycin resistance was noted in 23% of isolates. Antifungal susceptibility testing of *Candida* species (n = 123) showed 14% resistance to fluconazole. Among 356 patients with bloodstream infections, 55% were due to