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Wet work and healthcare workers: use of hand disinfectants not associated with self-reported eczema

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T. Keegel^{1,2} and R.L. Nixon^{3,4}

¹School of Psychology and Public Health, La Trobe University, Melbourne, Australia

²Monash Centre for Occupational and Environmental Health, Melbourne, Australia

³Occupational Dermatology Research and Education Centre, Skin and Cancer Foundation, Carlton, Australia

⁴Department of Medicine, St Vincent's Hospital, University of Melbourne, Melbourne, Australia

Correspondence

E-mail: tessa.keegel@monash.edu, t.keegel@latrobe.edu.au

<http://orcid.org/0000-0003-2909-9975> (T.K.)

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In this issue of the *BJD*, Hamnerius *et al.*¹ report the findings from a large cross-sectional study of wet work exposure and hand eczema among Swedish healthcare workers. The

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study found a 1-year prevalence rate of 21% for self-reported hand eczema among this group of healthcare workers. While this prevalence rate was higher than the rate reported for the general Swedish population (9.4%), it is in the range of studies of Danish healthcare workers,^{2,3} but is increased compared with a Dutch study which found a 1-year prevalence rate of 12%.⁴ Despite differences with these prevalence rates, all of the studies indicate that wet work remains an exposure of concern for healthcare workers.

Using a web-based questionnaire, Hamnerius *et al.*¹ conducted a survey of all hospital employees in Southern Sweden. Study participants provided information on the use of hand disinfectants and hand washing with soap and water as well as the use of disposable gloves. Information was also collected on demographic factors, as well as wet work exposure outside the workplace. The authors also considered other potential confounding factors such as obesity, smoking, stress and atopic dermatitis. The authors provide anecdotal information that compared with 10–15 years ago, there is a 14–15-fold increase in the purchasing of nonsterile disposable rubber gloves.

The current study suggests that there is a dose-dependent association between the use of disposable gloves, as well as washing the hands with soap and water, and self-reported hand eczema in healthcare workers. However, of importance, there is not a dose-dependent relationship between the use of hand disinfectants and hand eczema.

Of interest, Hamnerius *et al.*¹ found a positive correlation between frequent hand washing and the use of alcohol hand rubs, a finding that has been observed previously in a study of Australian healthcare workers.⁵ This leads to the question of whether the message about the use of alcohol hand rubs as a substitution measure for washing the hands with soap and water, rather than as an additional measure in a hand hygiene regime, needs to be communicated more effectively to healthcare workers.

This study needs to be read in the context of an increasing number of hand hygiene campaigns conducted in an effort to limit the spread of hospital infections, not all of which have been evaluated.⁶ In 2015 Stocks *et al.* alerted us to higher than expected rates of irritant contact dermatitis among healthcare workers, associated with increased efforts to prevent healthcare-associated infections through programmes such as the U.K.

‘Cleanyourhands’ campaign.⁷ This has prompted calls for the uptake of strategies to protect healthcare workers from developing irritant contact dermatitis, such as the substitution of washing hands with soap and water, with the use of alcohol hand disinfectants, for hands that are not visibly soiled. It would seem reasonable to combine education regarding hand hygiene with advice concerning skin care.^{8,9}

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