

Clinical Data Review

Contamination of Stethoscopes

and Physicians' Hands After a
Physical Examination



READ MORE



Yves Longtin, MD; Alexis Schneider, MD; Clément Tschopp, MD; Gesuèle Renzi, MS; Angèle Gayet-Ageron, MD, PhD; Jacques Schrenzel, MD; and **Didier Pittet, MD, MS**

Methods:

Bacteria colonies were cultured from multiple clinician-to-patient touch points during an examination, including **hands** and **stethoscopes**.



Author(s) of Note

Senior Author **Didier Pittet, MD, MS**, is an influential epidemiologist of the CDC Healthcare Infection Control Practices Advisory Committee (HICPAC) who co-authored the *2002 Guideline for Hand Hygiene in Health-Care Settings*, which **STANDARDIZED** alcohol as a supplement to handwashing.

Key Points

- **Second Highest Contaminated Surface** is the **Stethoscope Diaphragm**
- **High Correlation** Between **Fingertip** and **Diaphragm** Contamination
- **Stethoscope Tubing** - **Low Contamination** and Transmission Risk

Conclusion

"These results suggest that the **contamination level of the stethoscope is substantial** after a single physical examination and comparable to the contamination of parts of the physician's dominant hand."

Numbers Represent
Colony Forming Units (CFU/25cm²)

Dorsal Surface
(Back of Hand)
8 CFU/25cm²



Stethoscope
Tubing
18 CFU/25cm²

