Editorial

The CIPI Concept

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Prevention is like Mozart's music: apparently simple, actually sophisticated. Take the example of handwashing. At a primary level, it is a straightforward question of soap and water. But think more about it. Quickly, you will have to consider the technical aspects: brush or no brush, how much time, how to dry the hands. You also have to think in terms of taps and sinks. Are they available? Are they appropriate? You touch here the structural dimension. Suppose the procedures and the equipment are settled; when should people wash their hands? The question is related to microbiology, cross-transmission, and epidemiology: you are entering into scientific aspects. Do people wash their hands when they have to? We indeed know that the educational aspect of handwashing is considerable, with its elements of psychology and behavior. Quickly, economical issues will be raised. It takes so many minutes to perform the procedure, multiplied by the number of times you have to do it and by the number of physicians and nurses that are implicated: adding up to a lot of money at the end of the day, which you have to put in balance with the costs you save by avoiding cases of nosocomial infections. Do not forget the legal implications of a nosocomial infection, nor the fact that the earth is round—that is, the deplorable hygienic situation in poor areas of the world can affect our practice, well exemplified by the selection of bacterial resistance by hospital cross-infection in developing countries.

However, handwashing represents only a very small portion of the vast jigsaw puzzle of prevention, which includes many other interlocking pieces that have to be fit together to form a comprehensive figure. Every medical field is involved, and, to understand the whole picture, we must integrate molecular biology and behavioral science, risk assessment and immunology, economics and epidemiology, etc. Prevention increasingly is becoming a science in itself, with specific objects and specific methods. "Preventology" is rapidly growing up, particularly because we now understand that prevention is the unique solution for numerous current problems: human immunodeficiency virus epidemics, bovine spongiform encephalitis and Creutzfeldt-Jakob disease, the microbial resistance crisis, emergence of new infections and return of old plagues, to mention a few. Contrary to previous hopes (remember the World Health Organization credo: "Health for all in the year 2000"), we are losing ground in the field of infections, facing more problems today than 10 years ago.

CIPI, the International Conference for the Prevention of Infections, was created to contribute actively to the construction of this new field. The CIPI program is based on two main principles: to think globally (allowing, for instance, the surgeon and the microbiologist to share their experiences in the same meeting sessions) and to focus on the most advanced knowledge, even hypothetical, rather than on well-established facts. The meeting program is built with the highly valuable contributions of approximately 15 scientific societies, organizations, and associations that represent a variety of disciplines and interests, but all of which are involved actively in the prevention of infections. In that sense, CIPI truly is an interdisciplinary meeting. There have been four biannual meetings thus far, with a progressive growth in audience and quality of information. The last meeting, held in Nice, France, on May 6-7, 1996, featured 1,600 participants from 41 countries and more than 450 scientific contributions. CIPI also serves as a nidus for crystallizing collaborative networks of investigation, for example, regarding antibiotic prophylaxis or infection control, and generates publications such as this special issue of *Infection Control and Hospital Epidemiology.*

Like Mozart, CIPI seeks harmony and coherence. The numerous contributors and organizers are working hard to promote and enrich the full spectrum of prevention of infection.

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