

# Sterra Study Summary: Disposable Desk Phone Cover

Prepared from the source packet provided to Sterra regarding barrier cover use on shared desk phones in hospital environments.

## Study attribution

The corresponding author identified in the source packet is **Orangel Cadenas Cedeno, MD**, described as Surgeon Medical, Associate Professor, OPTACIB, Office for the Integral Attention of the Scientific Biomedical Investigator, Merida, Venezuela. The acknowledgement section states that **HULA-IA** and **IVSS** supported the investigation.

The study setting described in the manuscript includes the **Microbiology Institute at the University Hospital of Los Andes (HULA-IA)** and the **Hospital Management Area Type II "Dr. Tulio Carnevali Salvatierra" of the Venezuelan Institute of Social Security (IVSS)**, both located in Merida, Venezuela.

## Study objective

The manuscript describes a hospital comparison designed to evaluate whether a disposable barrier cover applied to shared landline desk phones could reduce bacterial or fungal growth on those devices under hospital-use conditions. For Sterra's site and supporting evidence materials, the product is referred to here as a **Disposable Desk Phone Cover**.

## Methods described in the source packet

- The paper describes an experimental comparison between covered desk phones and uncovered control phones in hospital environments.
- The covered handsets were cleaned with disinfectant before the barrier cover was placed by trained personnel using asepsis and antisepsis measures.
- Samples from the cover and handset surfaces were processed for bacterial culture; the packet also describes fungal media and incubation conditions.
- The packet reports culture conditions using TSA blood agar for bacteria and Sabouraud medium with chloramphenicol for fungi.
- Bacterial cultures were incubated at 37 C for 48 hours, and fungal cultures were incubated for 7 days at 22 C.
- Statistical significance was evaluated with chi-square testing at a 5% significance level.

## Results

Measure	Reported result
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Study samples analyzed	24 covered samples
Control samples analyzed	24 uncovered samples
Control samples with gram-positive growth > 100,000 CFU	80% (n = 19)
Covered samples with gram-positive growth > 100,000 CFU	25% (n = 5)
Statistical result	Chi-square test; p < 0.05

A total of **24 covered study samples** and **24 uncovered control samples** were processed. The clearest quantitative result in the packet is the comparison showing **80% (n = 19)** gram-positive growth over 100,000 CFU in control samples versus **25% (n = 5)** in covered study samples, with the difference reported as statistically significant at **p < 0.05**.

The discussion section of the packet states that the cover showed **significant efficacy of 80%** in preventing colonization by pathogenic bacteria when compared with uncovered desk phones in hospital environments and recommends **multicenter studies** to compare the efficacy obtained in this investigation.

### Related contamination literature cited in the packet

- **Page K, Wilson M, Parkin IP.** Antimicrobial surfaces and their potential in reducing the role of the inanimate environment in the incidence of hospital-acquired infections.
- **Ulger F, Esen S, Dilek A, Yanik K, Gunaydin M, Leblebicioglu H.** Are mobile phones contaminated with nosocomial pathogens?
- **Sepehri G, Talebizadeh N, Mirzazadeh A, Mir-shekari TR, Sepehri E.** Bacterial contamination and resistance to commonly used antimicrobials of healthcare workers' mobile phones in teaching hospitals.
- **Arora U, Devi P, Chadha A, Malhotra S.** Cellphones: a modern stayhouse for bacterial pathogens.
- **Rafferty KM, Pancoast SJ.** Brief report: bacteriological sampling of telephones and other hospital staff hand-contact objects.

### Interpretation

The strongest use of this source is to support a restrained conclusion: shared desk phones in healthcare environments can become contaminated, and a barrier approach may reduce microbial burden between routine cleanings and between users. Routine cleaning and disinfection protocols remain essential.