

Stellingen behorende bij het proefschrift

**Methicillin-resistant *Staphylococcus aureus* in
Indonesia**

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1. Patients hospitalized for surgery in Indonesian hospitals are at significant risk of becoming colonized with methicillin-resistant *Staphylococcus aureus* (MRSA) (*This thesis*).
2. MRSA clone ST239-SCC*mec* type III is circulating in tertiary care hospitals in Indonesia and is transferred from hospitals to community settings (*This thesis*).
3. A nation-wide surveillance system for multi-drug resistant organisms in Indonesia should prioritize MRSA (*This thesis*).
4. A national policy based on active screening and eradication of MRSA should be implemented in tertiary care hospitals in Indonesia (*This thesis*).
5. Role models are key to improve compliance with hand-hygiene policies among healthcare workers in hospitals in Indonesia (*This thesis*).
6. Implementation of Antimicrobial Stewardship Program in healthcare institutions is challenging, not only in the developing countries but also in developed countries (*Infectious Disease Report (2017) 9:6851*).

7. Indonesian collaborations on health research can produce landmark findings and have significant impact on public health (*Health Research Policy and Systems* (2015) 13:34).
8. Culture negative infections indicate the involvement of biofilm-producing bacteria (*The Problem of Culture-Negative Infections. In Culture Negative Orthopedic Biofilm Infections* (2012) pp. 1-15).
9. The use of rifampicin for invasive, biofilm-associated Staphylococcal infections is unduly contra-indicated in countries with a high burden of tuberculosis (*Clinical Microbiology Reviews* (2010) 23:14-34).
10. Economic evaluation studies of healthcare associated infections should target healthcare policy makers and clinicians to unequivocally show the economic benefits and the gains in quality adjusted life years, respectively, of investing in evidence-based infection control interventions and programs (*PLoS ONE* (2016) 11:e0146381).
11. Honesty leads to trust.