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Distribution: General

Guidelines on Prevention and Control of Hospital Associated Infections

*Report of an Informal Consultation
Bangkok, Thailand, 26- 29 June 2001*

WHO Project: ICP BCT 001



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CONTENTS

	<i>Page</i>
1. INTRODUCTION	1
2. OBJECTIVES	1
3. CONSULTATION	2
4. STRUCTURE OF GUIDELINES.....	2
5. RECOMMENDATIONS.....	4
5.1 To WHO	4
5.2 To Member Countries	4

Annexes

1. List of Participants.....	5
2. Programme.....	6

1. INTRODUCTION

Hospital Associated Infections (HAI) have been the bane of hospitals since their inception as institutions for the healing of the sick. Despite the rapid advances in medical science in therapeutics, diagnostics and a better understanding of the disease process, the problem of HAI persists even today throughout the world. Greater hospital-based care of immuno-compromised patients and extensive use of invasive techniques have accentuated this problem. The incidence, type and magnitude of HAI vary from hospital to hospital but are estimated to be around 10% of hospital admissions. HAI not only increase morbidity and mortality in patients, but are also responsible for considerable economic loss and extra burden on health care facilities. It is estimated that HAI account for a loss of more than US\$ 40 million every year in Thailand alone. Given the prevailing conditions in the hospitals in the developing countries, this figure is likely to go up. Hence, there is a strong need to set up systematic control measures.

A number of activities have been held in the countries of the South-East Asia Region to raise awareness. However, there is no systematic database on hospital infection. This is probably because of a lack of standardized methodology to undertake surveillance. To overcome this problem, uniform guidelines are required to provide technical support to Member Countries in undertaking suitable measures to prevent and control HAI.

An informal consultation of experts in the field of HAI was organized at Bangkok, Thailand from 26 to 29 June 2001 to finalize guidelines that could be used by various health care facilities to prevent and control HAI. Nine experts from various countries participated in the consultation and finalization of guidelines. The list of the experts and the programme of work for the informal consultation are placed at Annexes 1 and 2 respectively.

2. OBJECTIVES

Following were the objectives of the informal consultation:

- (1) To review the draft guidelines prepared by WHO for prevention and control of hospital associated infections for use in health care institutions, and

- (2) To finalize the guidelines for prevention and control of hospital associated infections for use in health care institutions in the Member Countries of the South-East Asia Region.

3. CONSULTATION

The participants to the consultation were welcomed by Dr Rajesh Bhatia, Short-Term Professional, WHO/SEARO, New Delhi. Describing the importance of hospital-associated infections in the countries of the South-East Asia Region and the steps initiated by WHO in this important field, he enumerated the objectives of the consultation. Professor J. D. Williams was nominated as Chairman, Dr Somsak Wattansari as Co-chairman and Dr Anuj Sharma as the Rapporteur for the consultation.

Professor J.D. Williams gave an overview of the strategies that could be adopted to prevent and control hospital associated infections in developing countries. He described the important modes of transmission and the high risk areas where special attention and efforts were required to contain these infections. He spoke about the growing number of patients with HIV/AIDS who would require hospitalization for longer periods. These immuno-deficient patients were extremely vulnerable to invasion by various micro-organisms that might arise from their endogenous flora or the environment of the hospitals. He also stressed the role of health care personnel in containing HAI as well as their safety in the environment of hospitals with a large turnover of patients with infections.

4. STRUCTURE OF GUIDELINES

A logical sequence of the contents of the guidelines and the flow of information was finalized after considerable discussion. The following chapters and important areas were decided to be included in the guidelines:

- Introduction
 - Definitions
 - Epidemiology
 - Impact on health and economy
- Infection Control Programme
 - Organizational commitment
 - Organizational structure

- Infection Control Committee
- Infection Control Team
- Infection Control Officer
- Infection Control Nurse
- Role of Microbiology Laboratory
- Training and education of health care personnel

- Environment and HAI
 - Environmental Issues*
 - Premises
 - HVAC
 - Water
 - Food

 - Cleaning of environment*
 - Waste disposal
 - Sterilization and disinfection

 - Support services*
 - Kitchen
 - Laundry

- Prevention and control of HAI
 - Precautions*
 - Standard precautions
 - Additional precautions based on transmission of infections

- Surgical site infections
- Urinary tract infections
- Respiratory tract infections
- IV lines

- Enteric infections
- Infections in high risk areas and for high risk patients
- Surveillance of HAI
- Investigation of outbreaks
- Care of hospital staff
- Containment of community acquired infections in hospitals
- Suggested further reading

The above mentioned subjects were discussed and guidelines finalized.

5. RECOMMENDATIONS

5.1 To WHO

- (1) The guidelines on prevention and control of hospital-associated infections should be widely disseminated as advocacy material for initiation of hospital associated infections control programme in various health-care institutions.
- (2) Technical support should be provided to Member Countries to institute infection control programmes in health care institutions.

5.2 To Member Countries

- (1) Member Countries should implement infection control programmes in their health care institutions to mitigate mortality, morbidity and economic loss due to hospital-associated infections.

Annex 1
LIST OF PARTICIPANTS

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Annex 2
PROGRAMME

26 June 2001

0830-0900 hrs	Registration	
0900-0930 hrs	Introduction and objectives	Dr Rajesh Bhatia
0930-1030 hrs	Strategies to control Hospital Acquired Infections	Prof. J.D.Williams
1030-1100 hrs	Salient features of Draft Guidelines for Control of HAI	
1115-1300 hrs	Discussions on structure of draft guidelines	
1400-1530 hrs	Discussions on draft guidelines	
1545-1730 hrs	Discussions continued	

27 June 2001

0900-1100 hrs	Discussions on draft guidelines continued	
1115-1700 hrs	Discussions continued	

28 June 2001

0900-1700 hrs	Discussions continued	
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29 June 2001

0900-1100 hrs	Discussions continued	
1115-1300 hrs	Finalization of Guidelines	
1400-1630 hrs	Conclusion and Recommendations	