Jambool Infection Control Challenges in Public Hospitals in Kenya

1st Global Forum on Bacterial Infections: Balancing Treatment Access and Antibiotic Resistance New Delhi, India Oct 3-5, 2011

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Presentation outline



Introduction
Factors affecting infection control
Lessons learned
Critical issues

Introduction



- Pathogens transmitted in hospitals responsible for substantial morbidity and mortality in Kenya
- Infection control crucial to reducing hospital transmission of existing and emerging diseases



Global Burden of Poor IPC Practices

- In US, an estimated 2million/year HAIs occur every year
 - Cause more than 90,000 deaths annually
 - Cost 4.5-5.7 billion \$ in additional healthcare spending annually
 - More serious illness
 - Prolong hospital stay
- Little data from African countries

 World Health Organization (WHO) estimates 10-30% of all admissions result in an HAI
 1.4 million people at any given time have HAIs

Global Burden of Poor IPC Practices

- 80% of HAIs are either: UTIS -Surgical sites -Pneumonia and

 - Blood associated with IV devices





Effects of HAI

Long term disability
Excess deaths
Massive additional financial burden
High cost on patients and families



- Badly structured and equipped facilities
- Heavy burden of healthcare on very limited HCWs
- No IPC policy and legal framework
- Healthcare worker attitudes- e.g. HH adherence <40%, (WHO)



- Iack of training and knowledge on IPC
- Low risk perception
- No resources dedicated to IPC-Health budget <15%



- Technological gap
- inadequate direction often related to a lack of monitored systems, leadership and policy.
- Improper handling of health care waste



- Improper antibiotics use and lack of microbiological information
- Understaffing and overcrowding
- Newer modern IPC technologies expensive and not accessible.

Scenarios in Facilities without IPC program





















Antibiotics resistance and IPC



- Antibiotic resistance organism increases hospitals stay of patients
 - Part of HAI
- Prevent antimicrobial resistance in healthcare settings.
- The campaign centers on four main strategies:
 - prevent infection
 - Decrease antimicrobial use
 - diagnose and treat infection
 - Appropriate use of microbial saves life
 - use antimicrobials wisely
 - Programs to improve antimicrobial use are effective
 - prevent transmission
 - HCW can prevent the spread of infection from patient to patient



prevent infection

diagnose and treat infection

use antimicrobials wisely

prevent transmission

Key Strategies:Our approach

- System change-advocacy with administrators
- Support Ministry of health (MOH) to develop policy on Infection prevention and control (IPC) issues
 - Injection safety, blood safety and IPC general
- Education of healthcare workers
 - E-learning on IPC
- Monitoring, feedback of performance and surveillance
 - Surveillance for healthcare associated infections (HAI)

Key Strategies Used



- Administrative support
- Leadership and culture change
- Advocacy and BCC
- Procurement, logistics and supply systems for IPC commodities
- Construction of waste management systems such as disposal pits, placenta pits and incinerators



Policy development

 National policy and standards on injection safety and waste management launched & disseminated



October 2007-Policy Launch ceremony



National Infection Prevention and Control Guidelines for Health Care Services in Kenya

Ministry Of Public Health And Sanitation

Ministry Of Medical Services

September 2010

Capacity building



 Training and capacity building:
 25000 health workers in 1860 facilities trained
 Integration of IS into pre-service training



Medical Students practicing use of safe injection devices in the skills lab



Low-Cost Interventions



Practicing "Cover your cough" Respiratory cohorting Patient placement decisions - Cough etiquette Hospital Isolation Rooms Health care waste management Reduction of unnecessary injections ABHR production

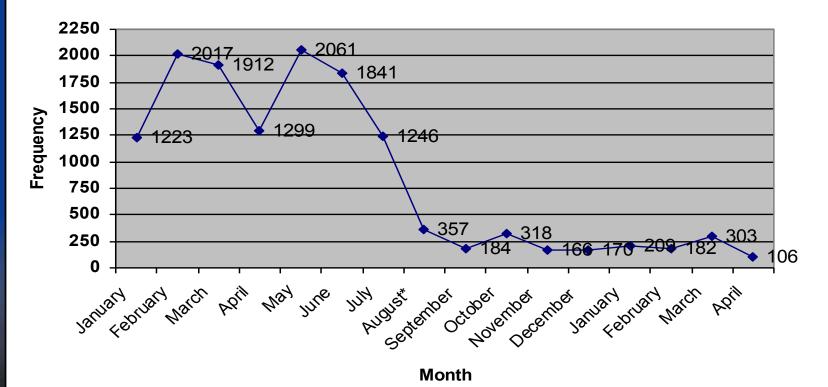
Surveillance



- Establishment of surveillance for healthcare associated infections (HAIs)
- Monitoring of sharps injuries and uptake of PEP
- Provides feedback to motivate
 - Healthcare workers -- HH improved to 51%
 - Most hospitals have IPC committees meeting regularly

Reduction of unnecessary injections: Case of provincial hospital

Number of Curative Injections Given in MCH dept of Embu Hospital January 2006- April 2007

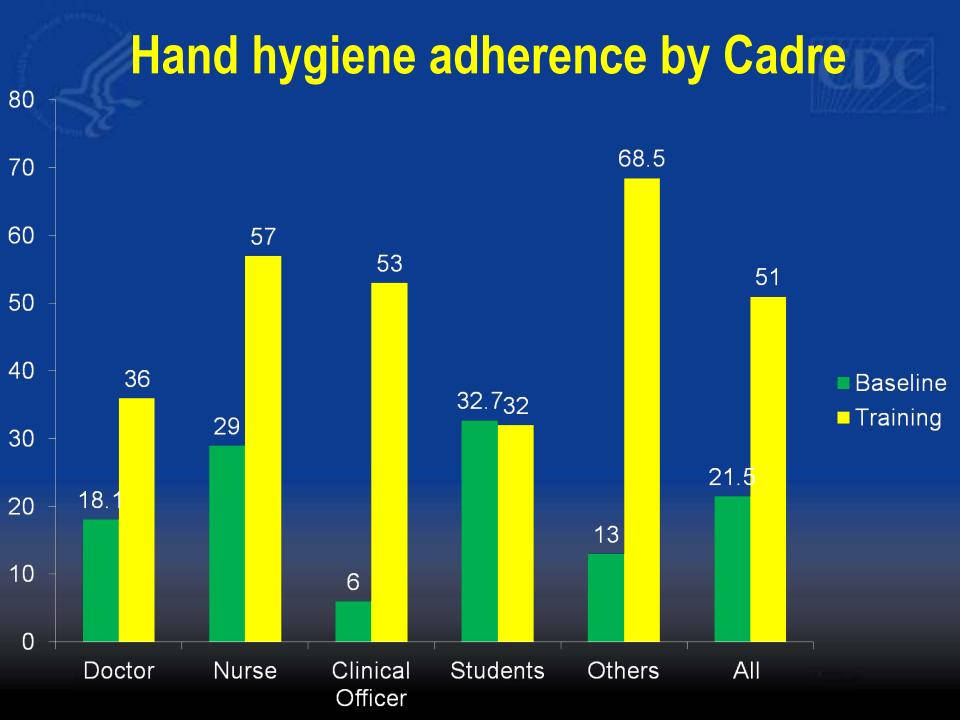


*MMIS training started in June and ended on August 13, 2006.

Hand hygiene







Health Care Waste Management

Demotte incine

Safety boxes storage

Power diesel

for each category of Waste

Transporting waste



Social mobilization activities: Mass media campaigns, community interactive theatre, Community dialogue



Chiefs & women group leaders consultations





Flames theatre group: schools program Tigoni primary sch. Kiambu



Ulusi youth group, in Usigu Bondo



Flames theatre group, in Kiambu town

Lessons learned



- MOH commitment at all levels is required
- Staff must be motivated
- Team work is essential
- Partner support is key
- Behaviour change is not easy

Future



- Affordable technologies:
 - Suture less cataract surgery
 - Syringes with safety devices
- Attitude changes
- Update training curriculum and teachers
- Informal sector
- Newer infections with higher risk HIV, MDR-TB, XDR, MRSA
- New antimicrobials?







Are there any questions?

Protect your patients. Protect yourself. Protect your family.