

Lack of adequate systems, infrastructure leading to hospital-associated infections

Health ministry says lack of adequate systems and infrastructure for prevention and control in many healthcare facilities is leading to hospital-associated infections and spread of drugs resistant bacteria

- Neetu Chandra Sharma



A latest study published in the Indian Journal of Critical Care Medicine found that hospital-acquired infections remain a potentially serious complication in infants.
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New Delhi: Lack of adequate systems and infrastructure for prevention and control in many healthcare facilities in India is leading to hospital-associated infections and spread of drugs resistant bacteria putting millions at risk, the Union government has admitted in a study published in British Medical Journal (BMJ).

In the paper, ‘Strengthening infection prevention and control and systematic surveillance of healthcare associated infections in India’, Indian Council of Medical Research (ICMR), Ministry of Health and Family Welfare, Global Disease Detection Program, Centres for Disease Control and Prevention, India office stated that the data available indicate that the burden of healthcare associated infections in low and middle income countries like India is high, with an estimated pooled prevalence of 15.5 per 100 patients, more than double the prevalence in Europe and the US.

“In India, accurate estimates of the burden of healthcare associated infections are limited by the absence of reliable and routine standardised surveillance data. At present, however, a lack of adequate systems and infrastructure for infection prevention and control in many healthcare facilities contributes to the development of healthcare associated infections and the spread of resistant pathogens,” said Dr Soumya Swaminathan, director general, ICMR.

“Healthcare facilities are high risk environments for the development and spread of drug resistance and frequently have the highest burden of multidrug-resistant pathogens, such as carbapenem resistant Enterobacteriaceae. Healthcare associated infections thus increase the threat of antimicrobials and contribute to poor patient outcomes,” she added.

The paper explained that despite several initiatives by the government, the successful implementation of an infection prevention and control programme in Indian healthcare settings faces some important challenges, including insufficient funding and human resources, hospital overcrowding, and low nurse-to-patient ratios even in intensive care units.

“Nevertheless, there is clear interest among doctors and other providers in healthcare facilities to improve infection prevention and control. Many facilities have started hospital infection control committees, although with varying effectiveness,” Dr. Swaminathan added.

A latest study published in Indian Journal of Critical Care Medicine done by Department of CTVS, Intensive Care for Cardiothoracic and Vascular Surgery, All India Institute of Medical Sciences (AIIMS) found that hospital-acquired infections remain a potentially serious complication in infants after open heart surgery and contributing to morbidity and mortality.

At least 16 infants developed microbiologically documented hospital acquired infections after cardiac surgery.

The neonatal age group was found to be most susceptible. Lower respiratory tract infections accounted for majority of the infections (47.4%) followed by bloodstream infection (31.6%), urinary tract infection (10.5%), and surgical site infection (10.5%). Klebsiella (36.8%) and Acinetobacter (26.3%) were the most frequently isolated pathogens. Hospital- acquired infections was associated with prolonged ventilation duration, Intensive Care Unit stay, and hospital stay.

The study has emphasized that systems, policies, and procedures to measure and prevent healthcare associated infections are essential for a comprehensive response to antimicrobial resistance.

“The quality and consistency of surveillance data on healthcare associated infections are limited in India. Surveillance of healthcare associated infections should drive the implementation of evidence based infection prevention and control practices to reduce the incidence of these infections, decrease the transmission of resistant pathogens in healthcare settings, and improve patient safety,” Dr. Swaminathan said.