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

World Health Organization
Regional Office for South-East Asia
New Delhi
August 2001
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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

Prof J.D. Williams
31 St Olav’s Court
City Business Centre 25 Lower Road
London SE 16 2XB
UK

Prof K.B. Sharma
B-7 Swasthya Vihar
Delhi 110 092
India

Dr S.D. Atukorala
Clinical Bacteriologist and Head of Pathology
Deptt of Pathology
National Hospital of Sri Lanka
Colombo
Sri Lanka

Dr Rohini Kelkar
Addl Prof & Head of Microbiology
Tata Memorial Hospital
Dr E Borges Road
Mumbai
India

Dr Anuj Sharma
Department of Microbiology
Sir Ganga Ram Hospital
New Delhi
India

Dr Somsak Wattanasri
Epidemiology Division
Ministry of Public Health
Nonthaburi
Thailand

Prof Somsak Lolekha
Department of Paediatrics
Ramathibodi Hospital
Mahidol University
Rama 6 Road
Bangkok
Thailand

Ms Akeau Unahalekhaka
Asstt Professor
Faculty of Nursing
Chiangmai University
Chiangmai
Chiangmai Province
Thailand

WHO Secretariat

Dr Rajesh Bhatia
STP-BCT
South-East Asia Regional Office
World Health Organization
IP Estate Ring Road
New Delhi 110 002
India
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

29 June 2001
0900-1100 hrs  Discussions continued
1115-1300 hrs  Finalization of Guidelines
1400-1630 hrs  Conclusion and Recommendations