

Boosting infection control measures in the Pacific Islands

Prevention and control of infection in health-care settings is a critical component of both acute clinical services and public health infectious disease programmes. This was vividly demonstrated in 2003 with the outbreak of severe acute respiratory syndrome (SARS), which was amplified in health-care settings, putting greater pressure on clinical services and impacting on the public health response. Recognizing this relationship and the role of health-care infection control in communicable disease control, the Asian Development Bank (ADB), through the Secretariat of the Pacific Community (SPC), has contracted an infection control consultant for the Pacific Public Health Surveillance Network (PPHSN) to assess current infection control capacity in SPC member states and assist in planning activities in the region. Building local capacity through better communication, training, and access to expertise and technical advice is recognized as essential to facilitate infection control responses to infectious disease threats in the region.

The task of the infection control consultant is to reinforce capacity in the Pacific region. Key activities include assessing and reviewing existing in-country procedures, policies and capacity for controlling infection; analysing training needs in relation to infection control at different levels of health-care services; and developing the Pacific Infection Control Network (PICNet) to formalise links between facilities and institutions and build a network of infection control expertise. Given current concerns about pandemic influenza, infection control preparedness was also assessed.

Over the last few months, the consultant has visited several countries, building on information collected by the WHO SARS teams, which conducted rapid preparedness assessments during 2003. To date, Fiji Islands, Cook Islands, Niue, Nauru, Marshall Islands, Federated States of Micronesia and Kiribati have been visited. In each country, clinical services, public health services and related agencies such as WHO, Fiji School of Medicine, Fiji School of Dentistry and various Schools of Nursing were visited to review current infection control policies and procedures.

The visits revealed wide disparities in how infection control is managed in the region with some countries having no organized activities or programmes. In contrast, others have well-established programmes, policies and procedures, trained infection control specialists and ongoing monitoring of health-care-associated infection as part of quality management and clinical indicator programmes. These countries could provide role models and resources for neighbours that lack such programmes.

A key issue identified during the review is the need to develop infection control guidelines that fit the Pacific Island context. But there is no point in developing guidelines without plans for implementation, monitoring and assessment. There is thus a need to identify a person or persons to be responsible for these aspects, if not in each health facility then at a district, island or national level. At present, suitably qualified people in the region are a rare and precious human resource. However, senior staff in clinical and public health services consider that there is an urgent need for qualified people given recent infectious disease threats. Inadequate human resources and funding are major hurdles as it is usually necessary to train staff specially to manage an infection control programme.

An infection control professional (ICP) cannot operate without the support of health facility staff. One of the best ways to provide this support is to establish a multidisciplinary Infection Control Committee that will enable stakeholders from clinical and public health services to establish, support and review the activities of their infection control programmes. Support also needs to come from other ICPs. To assist with this, the Pacific regional Infection Control Network (PICNet) was launched in October to provide a resource for ICPs. A

number of existing infection control guidelines and resources for healthcare worker and patient safety can be found on the web page. The consultant's activities are also described on the website. More information can be found at: <http://www.spc.int/phs/PPHSN/Activities/PICNet.htm>.

Procuring personal protective equipment is another issue that differs from country to country. Supplies of gloves, masks, and gowns are generally adequate; however, many health facilities report that they run out of these essential items occasionally. Eye protection is not usually available. Many countries do not have stockpiles of protective equipment in preparation for an outbreak, though some do, particularly those affiliated to the USA. It is important to note that though equipment may be on hand, guidelines and training on the appropriate use of the equipment must also be made available to those using it.

Training and education are an essential part of infection control practice in clinical and public health settings. Infection control must be integrated into undergraduate health curricula so that students accept it as part of their everyday practice rather than an "extra" thing they have to do. Currently, undergraduate health programmes include some aspects of infection control and prevention. However, in countries where unqualified health care workers may be trained "on-the-job", staff may not receive any training in infection control. There should be a greater focus on training these people. Infection control and prevention principles must be continually reiterated to staff throughout their careers, and this is best achieved through a continuing education programme delivered by those responsible for infection control.

Above all, healthcare workers, senior health policy makers and clinical and public health staff must recognise the importance of infection prevention and control in protecting healthcare workers, patients and all who access health services in each country. Without engagement at all these levels, even the best infection control programme and professionals cannot prevent or control infectious disease outbreaks in health facilities or the community.

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