

Sri Lanka: Cross infections kill seven children at pediatric hospital

A correspondent
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Seven children have died in the last two months in Sri Lanka after contracting hospital-acquired infections in Lady Ridgeway Hospital, the country's only designated pediatric hospital. Most of the deaths were the result of infections from pathogens resistant to simple antibiotics. This tragedy, which has received little publicity, is a product of government cuts that have undermined the already meagre facilities and led to the overcrowding of patients, serious staff shortages and poor sanitary conditions.

Five of the children were in the hospital's Intensive Care Unit (ICU) and two from another ward. A baby is currently in a critical condition in the ICU, after contracting methicillin-resistant staphylococcus aureas (MRSA) as well as other infections. Another ICU patient has caught streptococcus pneumonia and several other infections. Both children were originally admitted to the hospital to be treated for other ailments.

A medical laboratory technician contacted by the *World Socialist Web Site* said that pseudomonas and streptococcus species had been discovered in samples taken from nebulisers, oxygen masks, oxygen humidifiers and sucker machines (used to keep patients' airways clear) in a number of wards. Infectious samples were also taken from the hospital's surgery table and colonoscopy instruments.

WSWS spoke with hospital workers who explained why life-saving equipment at the Lady Ridgeway Hospital had become the source of deadly pathogens and how present conditions in the health facility prevented their containment.

The hospital has only 752 beds but the hospital regularly treats 1,000 inpatients or sometimes more. Medical wards are chronically overcrowded, with double the number of patients compared to available beds, and many cots containing two sick children. Severe staff shortages also mean that many mothers have to remain at the hospital to look after their children, sleeping under beds and in corridors. Newborn babies are always particularly vulnerable to bacterial infections but at Lady Ridgeway Hospital they are often placed in wards with the other patients.

One nurse said: "We have only 60 beds in our ward but

today we have 91 patients. We often have to put two patients with different illnesses in one bed and so cross infections are endemic. Mothers suffer a lot because they have to be with their children for weeks or even months. We don't even have a mat to give them to sleep on. We don't have enough facilities to give them a body wash and to clean and dry their clothes, even though they come from far away areas. The basic hygienic needs of both patients and mothers can't be maintained."

Commenting on the shortage of medical equipment and other facilities, another nurse said: "There are dozens of patients who need nebulisation but we only have one nebuliser and the machine is always on. We should clean the masks each time a patient is nebulised, but workloads sometimes prevent us and so infections are easily transmitted from one patient to another.

"We don't have enough oxygen masks either and are not supplied sufficient numbers of surgical consumables like syringes, needles, suction catheters and canulas (a small device inserted into a vein to administer intravenous drugs). This means we have to re-use some of these disposable items, after getting them boiled. This allows deadly diseases like Hepatitis B to be transmitted from one patient to another. We have lots of patients suffering from dysentery and diarrhea. Nurses instruct them to drink boiled cool water, but our ward does not even have a boiler."

Another nurse from the same ward said staff shortages undermined quality pediatric care. "Our consultant is deeply worried about the situation," she said, "but what can he do unless the government provides enough staff, in particularly nurses and other basic requirements. Washing hands is an important technique in controlling the spread of germs but we have very limited washbasins in our ward. We are not given sufficient soap, detergents and disinfectants."

The wards are also congested with patients suffering other communicable diseases. This includes 76 children with dysentery, 39 with hepatitis A and, in June alone, 162 with dengue fever, which has now reached epidemic proportions across Sri Lanka.

The hospital has only one intensive care unit, with facilities for only eight patients. The small, poorly-equipped unit cannot cope with the numbers requiring intensive care and many patients are transferred back into wards before their condition has stabilised. According to health workers, several patients have died because they were released too early.

ICU patients are particularly vulnerable to cross infection from various pathogens, because they are immuno-suppressed, critically ill and have undergone major surgery. Lack of isolation facilities, even in the ICU, is a major problem and has accelerated the spread of these infections.

An ICU nurse told WSWs that there had been recurrent outbreaks of MRSA infections and others in the last few months. "We have room and facilities for eight patients but most of the time here we have 10 to 11 patients," she said.

"There has been no increase in essential equipment or surgical consumables and the result is very dangerous. Sucker machines, suction tubes and bed warmers etc., cannot be disinfected properly. Sometimes we are compelled to put patients that have undergone major surgery into a bed previously occupied by an infected patient without disinfecting it.

"As soon as we transfer one patient to a ward we have to receive another. We have a very limited amount of accessories like tubes for ventilators, so how can we make a pathogen-free environment for the new comer? We have to re-use them even though they are disposable.

"There is an isolating room for infected patients but no separate staff for these patients and we have only 29 nurses to cover all the three shifts. Sometimes one nurse has to take care of two critically ill patients at the same time. How can we curb cross infections? We do not have enough sanitary labourers." She also pointed out: "Although we are experiencing outbreaks of deadly infections there has been no discussion on preventive methods."

Other workers said the hospital was hit by a spate of cross infections six months ago and the facility's Premature Baby Unit experienced an outbreak in 2000.

The death of children from hospital-acquired infections at the Lady Ridgeway Hospital is part of an increasing pattern throughout Sri Lanka. In July and August 1997, nine babies died from infections at Castle Street Maternity Hospital's Special Baby Care Unit. Babies also died from deadly infections at Kethumathi Maternity Hospital, in the Colombo suburb of Panadura, and at Mahamodara Maternity Hospital, the main maternity hospital in the southern province. Five maternal and baby deaths were also reported at Kaluthara Nagoda General Hospital, 45 km from Colombo, in May and June this year. Although the cause of death has not been revealed, it is believed that they were infected in the

operating theatre.

In December 2000, the Cardio Thoracic Unit (CTU) of the National Hospital in Colombo was stricken by an outbreak of infections caused by a deadly strain of the MRSA pathogen. Patients in the facility's cardiothoracic, neuro-surgical, burns, genito-urinary and other units are frequently infected by drug-resistant pathogens.

Instead of addressing these problems, both the current United National Front government and the previous Peoples Alliance (PA) administration have cut annual health spending and promoted the privatisation of services.

According to the UN World Development Report 1999/2000, the average public sector expenditure on health as a proportion of GDP in middle-income countries was 2.4 percent. By contrast, Sri Lanka's Central Bank Annual Report 2001, revealed that total government health expenditure for 2000 was 20,696 million rupees (\$US215 million) or only 1.6 percent of GDP. In 2001, the PA government cut the health budget to 18,772 million rupees or 1.3 percent of GDP.

This shrinking budget for public health is directly responsible for the growing number of cross-infections at the Lady Ridgeway Hospital as the staff try to cope in what has become an overcrowded and ill-equipped facility. These conditions guarantee the development and rapid spread of highly infectious, anti-biotic resistant diseases which are particularly difficult to treat. The result is the tragic death of children, whose parents cannot afford to pay for high quality health care in private facilities.



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