Wave of infections hits neonatal unit at Berlin's Charité hospital

Andreas Reiss
3 November 2012

In the last month, there has been a wave of infections caused by the colon bacterium *Serratia marcescens* at both the Charité and German Heart Centre in Berlin. The scale of the infection points to the growing health dangers arising from the cuts being made in this area.

On October 5, it was confirmed that an infant with a congenital heart defect at the Virchow Clinic neonatal intensive care unit at the Charité had sustained a bacterial attack. The infant was then transferred to the Heart Centre for an operation but later died. The initial supposition was that the infection had caused the infant's death, although this was not immediately confirmed.

Three days later, two premature babies were also confirmed to have suffered infection at the same neonatal unit. The Mitte Health Department was notified the next day. However, the Charité did not put a halt to admissions at the unit until October 18, more than one week later. On October 20, it was announced that a total of 8 infants had become ill due to infections, with a further 21 being infected without falling ill. On October 22, the State Attorney's Office opened an investigation into negligent manslaughter by persons unknown.

In the meantime, public authorities are accusing both the Charité and the German Heart Centre of having breached the Law on Protection Against Infection, since the prescribed notification period had not been met.

The authorities involved are only releasing a very limited amount of information to the public, which is often contradictory and has had to be revised. Some important questions have not even been raised. It would appear that staff at the units have been forbidden from publicly speaking about the subject, since there is an absence of medical worker comments in the press.

Important questions have gone unanswered: If "comprehensive protective measures" were instigated after October 8, why did this not prevent the infection of more than 20 further children? Why was a halt to admissions at the affected units not imposed until 10 days later? Why did a month pass between the first appearance of the infection at the Heart Centre and the notification of the authorities?

The most important factor in preventing the spread of infectious diseases is strict compliance with hygiene regulations. Above all, this requires time and well-trained personnel. According to some calculations, nurses on an intensive care unit would require 75 minutes per shift just to perform hand disinfections if they were correctly following the procedures.

Hygiene procedures fall victim when the staff-to-patient ratio is too tight and the number of patients requiring treatment constantly rises. Hygiene expert Klaus-Dieter Zastrow places great significance on staff shortages in relation to hygiene problems.

"Under-staffing means one person has to look after four or five incubators", he told *Welt*. "The alarm goes off nearby because an infusion has completed, so you run over quickly without changing scrubs when dealing with every patient. The staff are under pressure. The austerity measures are always at the expense of patients." He added, "Whether it is *Serratia* or other pathogens, if disinfection is carried out properly then there cannot be a problem." So an infection is always a result of hygiene error and not an inexplicable occurrence, he said.

In this regard, the case at the Bremen-Mitte Clinic is instructive; between August and October 2011, three premature babies died as a result of the *klebsiella* bacterium. It soon came to light that in the previous

© World Socialist Web Site

several months, staff at the unit had increasingly reported they were overloaded. This included, for example, nurses indicating that they were unable to fulfil the requirements of their job given the personnel available. These warnings were clearly ignored.

In the meantime, the hospital hygiene expert Walter Popp has raised serious accusations against the state minister responsible, Renate Jürgens-Pieper (Social Democratic Party, SPD). He stressed that the recommendations of the Commission for Hospital Hygiene and the Prevention of Infection meant more staff should have been employed. The head doctor of the department should have raised the alarm about staff shortages and was sacked shortly before the affair became public.

In face of the deliberate withholding of information, no details are known about working conditions at the Charité immediately before the outbreak. *Tagesspiegel* reports, however, citing an anonymous paediatrician, that the situation was “a long way from the quota demanded by the professional associations—one nurse per infant”. It has been admitted that the Charité also did not comply with this staffing requirement on the units. According to the medical director, Ulrich Frei, they were close to them thanks to “overtime and extra work”.

The increasing levels of infection are directly connected to the brutal cuts, which the SPD-Left Party state administration in Berlin imposed on the Charité with the collaboration of the union, Verdi. Since then, every modest pay raise for individual groups of staff has had to be “compensated” by savings in other areas.

Since 2005, staffing at the Charité has fallen from 15,000 to 12,000, according to Verdi. The duration of in-patient stays has also been reduced, enabling the total number of patients treated to be increased. In September 2012, Verdi representative Carstens Becker said the 4,000 nursing staff at the Charité had accumulated 120,000 hours of overtime, which had not been recompensed financially or through time off in lieu.

This intensification of exploitation of staff at the Charité has enabled the hospital to transform its deficit of €53 million in 2003 into a surplus of €8.2 million in 2011.The direct result has been that patients have faced completely avoidable health dangers.

To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact

© World Socialist Web Site