PROMOTING SAFE INJECTION PRACTICES: THE CHALLENGE AHEAD

Injections are one of the most common health care procedures in the world. Global estimates range between 12 billion-16 billion injections each year. Most of the injections (90 to 95%) are given for therapeutic purposes and only 5 to 10% are given for immunization. It is estimated that worldwide every year a billion injections are given to women and children for immunization. Up to half of these injections are currently thought to be unsafe.

Due to the sheer burden of injections and the corresponding magnitude of unsafe injections, the proportion of blood borne pathogen transmission is much larger than is due to unsafe blood transfusion. Unsafe injections are responsible for million cases of Hepatitis B and C and an estimated one-quarter of a million cases of HIV annually. Worldwide 8 to 16 million hepatitis B, 2.3 - 4.7 million hepatitis C and 80,000 - 1,60,000 HIV infections are estimated to occur yearly from reuse of syringes and needles without adequate sterilization. In the less developed countries, the unsafe injection practices account for an estimated $535 million in health care costs and result in nearly 1.3 million deaths a year.

In a developing country like India where unnecessary injections are common, the total burden of injections is estimated to be 3.7 billion injections per year. Certain studies that have been carried out in India, along with anecdotal evidence point towards a large number of unnecessary, inappropriate, unsafe injections and inadequate sharps waste management. A high proportion of injections given in India for immunization are unsafe due to reuse of needles/syringes. The popularity of curative injections remains high due to various factors influencing the behaviour of prescribers/injection givers as well as clients.

An important factor in improving injection safely is that of safe disposal of injection related waste. Although sharps waste constitutes a small proportion of all healthcare waste, it is associated with one of the highest hazards. Several studies have highlighted the problem of inappropriate sharps waste management. It had been observed that all the needles and syringes are not properly disposed of, and this generates a considerable risk for injury and infection and opportunities for reuse. The safe disposal of injection related waste in a cost effective, efficient and environment friendly manner is a challenging task, which so far has eluded solution on a large scale.

WHO has stated the element of a national strategy for the safe and appropriate use of injections that it should be viewed as a process by which a national standard is developed, the current situations is assessed, a plan is made, actions are implemented under continuous moni-
Issues related to unsafe injections are complex. Addressing prescription behaviour among prescribers and improving injection giving techniques among providers would require a multi pronged approach. The Safe Injection Global Network recommends a three part, multidisciplinary approach to achieve safe and appropriate use of injections. First, the behaviour of health care providers and patients must be changed to decrease injection overuse and achieve safety. Second, sufficient quantities of appropriate injection equipments and infection control supplies should be available. Third, a sharp waste management system should be set to ensure that disposable equipment is destroyed and properly disposed and not reused.

Considering the enormous burden of injections in the country, the magnitude of unsafe injections and the problem of unsatisfactory waste disposal, there is an urgent need to establish a mechanism by which these issues are addressed in a systematic and sustained manner. In this context, the medical college hospitals can play an important role in training the interns, the medical college hospitals can play an important role in training the medical and paramedical students, residents and thus associated with the process and serve as a demonstration centre in giving safe injections.

References:


Prof. VK Srivastava
Prof. Ramesh C. Ahuja
King George's medical University
Lucknow