

By **Tayo Fasuan**

Before the advent of COVID-19 in the country, I was very scared of going to hospitals regularly, and it was not because of the unsmiling, syringe-and-needle-wielding nurses or the condescending nature of the doctors. No, I was scared because of the possibility of acquiring and contracting other diseases other than the one that brought me there. When COVID-19 arrived at the shores of the country, I literally abandoned hospitals for as long as I could.

Nosocomial infections are simply hospital-acquired infections, that is, those infections you can get from the hospital premises and environment. Although the infections can also be contracted outside hospitals, it has been found out that hospitals provide rich reservoirs for the agents of these diseases. For many years, these classes of infections have been very notorious in the healthcare system, frustrating the efforts of public health officers, medical personnel and patients as well in disease control and infection. The discovery that hospitals are 'helping' in the spread of some diseases, and the discovery of 'fomites' – inanimate objects which are vehicles of such transmissions – opened a new chapter in the book of infectious diseases.

As made known during the outbreak of COVID-19, most infectious agents, apart from the ones being transmitted from animals, are usually being transmitted from a host through bodily fluids/wastes such as saliva, mucus, urine, sweats, semen, blood and stools. Whether bacterial, viral or fungal, most of these agents use these bodily materials to travel from one host to the other, within households, communities, and even an entire nation. Of course, they make use of the special 'dispersing' mechanisms such as sneezing, coughing, urination, sex, open wounds, sweating and other means of sharing these agents.

While these agents can somehow be controlled within a community by keeping social distance and/or maintaining hygienic practices, researches have shown that most hospitals cannot keep these transmissions within their premises at bay. Of course, given the ways hospitals are, especially the ones in developing nations which are treated like depots for sick people, we would understand why and how infections would spread faster there, and worse still, infections that one doesn't have in the first place when coming over.

The issue with nosocomial infections is that not only patients are at risk; visitors, caregivers and medical personnel are all susceptible to these infections. In fact, the combined

percentages of the latter groups that have contracted nosocomial infections are more than the patients. The only reasons why patients are usually the ones bearing the brunt of these transmissions are because their immunity has already been compromised by the diseases that brought them to the hospital in the first place. In recent years, hospital-acquired infections have become more or less notorious, responsible for some mortality within hospitals. Although undocumented in most hospitals due to lack of concern about them, researches have shown that the sheer number of disease-causing microorganisms present around the hospitals are much more than envisaged.

These microbes are usually being passed around and circulated among the patients, the caregivers and the visitors, and can be found on multiple surfaces in the environment. Examples of these are common tables, chairs, beds and the mattresses. The most notorious fomite perhaps has been shown to be door knobs and handles, which are known to be touched and used by numerous individuals within a day. Other agents of transmission can be found on contaminated hospitals equipment and surgery apparatuses, the hospital water supply system, hospital toilet facilities, air-conditioning systems, hospital catering services and other places as well.

Although all these may sound alarming and quite numerous, nosocomial infections can still be prevented and reduced to the barest minimum. How can these be achieved? Through the following ways:

1. Overcrowding should be prevented at hospitals. While this sounds like a pipe dream with the ways hospitals in Nigeria are usually filled to the brim, especially in the waiting rooms and during visiting hours, crowd management is a core need in most hospitals in preventing transmission of nosocomial diseases. As emphasized during COVID-19 outbreaks, social distancing must be practiced at all times in hospitals, irrespective of whether there is a disease outbreak or not. In the past and even in recent years, most infection outbreaks are known to start from hospitals and caregiver homes. Hospital management must find ways to control and manage their patients and visitors, and their interactions with the hospital environment and other healthcare workers.
2. Fomites monitoring is also very important. At the peak of COVID-19 outbreak in the country, and as a part of the team in charge of testing, there was a day I saw a railing handle being unconsciously used as support by patients and visitors and medical personnel alike

while climbing some steps. After trying my best to ignore it, I called the attention of some of the nurses on duty to it to announce that people should be disallowed from passing by that particular side of the railing. Of course they obliged me that day, but I didn't know what they did the next day. Hospital management should be very conscious of fomites within their environments. Those objects that multiple people are most likely to touch should be removed or signs should be placed there to stop people from touching them. Regular disinfection of these and other surfaces using antimicrobial agents to prevent them being the sources of disease transmission in the hospitals should be done.

3. Periodic and daily sanitization and disinfection of hospitals equipment and surgery apparatuses, hospital toilet facilities and air-conditioning systems should be done as well. The last two systems have been well-documented to be notorious reservoirs of infectious agents in any environment, not to talk of a hospital environment. Also, the water supply system and the hospital catering system should be periodically monitored continuously because contamination of these two systems means the entire hospital is at risk of being overwhelmed by infections. As long as there is traffic, and inflow and outflow of people within the hospitals, these monitoring should regularly be carried out.

4. Finally, the most effective method of preventing transmission of diseases as shown during COVID-19 outbreak should be put in place at the entrance of every hospital: hand-washing/hand disinfection. For ages, hand-washing has been identified as one of the most effective ways of preventing disease transmission, and till date, it is still one of the best ways. Entrances of every ward should be given a hand-washing system and procedure that would mandate every worker, patient and visitor to sanitise their hands before and after gaining entry into the premises. Those coming with specific ailments should be monitored and appropriately prevented from unconsciously or deliberately spreading the diseases they harbour. For instance, anyone coming with any symptomatic respiratory illness should be provided with a nose and mouth mask before being allowed inside the hospital premises.

Although these few points may sound cumbersome to maintain, they are very necessary in hospitals these days because most transmissible infections are gotten more in hospitals than anywhere else. During the Ebola crisis, the number of people who contracted the diseases in hospitals and clinics are more than those who got it from the outside communities. Maximum care should be taken in hospitals to prevent such outbreaks. Cheers.

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