Safety of injections a big concern in India

According to a report prepared by the India branch of an international organisation InCLEN, and sponsored by the World Bank, two-thirds of the injections being used in India are unsafe. In other words the country may be looking at around 20,00,000 new Hepatitis B cases, 4,00,000 new Hepatitis C cases and 30,000 new HIV-positive cases every year.

The consequences are especially serious for India as the number of injections administration is very high in the country: On an average, three injections are administered per person, per year. Injections administered are highest in the below one year age group (5.8), mostly vaccinations, and a little less above one year of age (around 2.8).

The report on injection practices in India was submitted to the Ministry of Health in February, 2004. The Clinical Epidemiology Unit of AIIMS and the Ministry of Health and Family Welfare were partners in the study. According to the Health Ministry, the study had four main aims: to assess the frequency of injections in India; to determine what proportion of them was unsafe; to determine what proportion was not required; and what determined the use of injections in the country.

"The methodology used was a population-based survey and a health facilities-based survey," said an official. Unsafe injections were judged on both major and minor criteria set by the government. The major criteria included the use of opened/used syringes and needles, injections given over clothes, needles wiped with a swab, needles touching any surface before use, or use of one syringe needle for more than one patient.

Some of the findings of the study are that:

▲ About 23.8 per cent of the injections administered were unsafe due to 'questionable sterility', while reuse of injection syringes was placed second at 16.2 per cent of the cases. But in most cases (50.7 per cent), the danger was from wrong habits.

▲ Government hospitals (68.6 per cent) and immunisation clinics (73.9 per cent) are more likely to be unsafe. But private facilities are only a little better, at 59.7 per cent.

▲ Glass syringes (81.1 per cent) are more unsafe than plastic ones.

▲ In government hospitals, 95.1 per cent of the injections are given by pharmacists or nurses, health workers or compounders, 6.4 per cent by helper trainees or assistants, and only 8.2 per cent by doctors or prescribers. In private hospitals, however, 61 per cent of the injections are given by doctors.

An explanation was demanded in the Parliament from the Ministry of Health & Family Welfare on the remedial action taken by the government.

The Minister of State replied that creation of awareness in respect of proper and scientific use, and disposal, of syringes is an on-going process and that the government has initiated steps like inclusion of information regarding the use of sterilised syringes and needles in all awareness campaigns of National AIDS Control Programme; and training of medical and para-medical workers on hospital infection control measures, including safe injection practices. Needle cutters are also being supplied to various government hospitals through State AIDS Control Societies.

As per the minister, pressure cooker sterilisers as well as assistance to procure fuel is being provided to all government health facilities. The minister also said that the government is considering introduction of auto-disable syringes in a phased manner for the immunisation programmes.

Injection safety becomes a serious concern in the age of deadly blood-borne pathogens, which can be easily spread by unsafe injections. Very focused efforts need to be made nationwide to control this menace.
Private hospitals flout biomedical waste disposal norms

In India, no safety norms are practiced in industries and the health sector. Mercury is handled inconsistently. “This is a huge victory for the health of our communities,” said Jim Pew, attorney for the Sierra Club and the New York Public Interest Research Group. “EPA standards come out years late, and in four of the five cases that have been reviewed by a court, were found woefully inadequate.”

The three-judge panel wrote that given the emission levels coming out of the incinerators, it could not uphold EPA’s currently mandated levels as complying with the Clean Air Act. Incinerators release nine pollutants, including cadmium, lead, hydrogen, chloride, sulfur dioxide and nitrogen.

EPA TO REWORK RULES ON INCINERATOR EMISSIONS

The US Court of Appeals rejected federal rules governing incinerator emissions as inadequate, forcing the Environmental Protection Agency (EPA) to rewrite the norms. Environmental groups had challenged the rules, established in 2000, arguing that they were not preventing dangerous toxins from being released into the air across the country.

An industry organisation had also sued, arguing that the rules treated similar companies inconsistently.

Rules treated similar companies in an overriding goal of the future EU mercury strategy must be to “break the mercury cycle,” the letter states. This can only be achieved through a holistic approach that addresses every phase of the heavy metal’s life cycle.

Actions proposed include an EU metallic mercury export ban and further restrictions on the marketing and use of mercury in products, leading to its total phase-out. In dealing with waste containing mercury, no recycling should be allowed, while separate sorting and treatment must be carried out, leading to a controlled final disposal.

Controls on crematoria emissions are already in place in several EU countries and are being considered elsewhere.

Srishti Medwaste Update No 7/4

Book your manual now!

Srishti is producing a Training Manual on biomedical waste management issues, targeted at healthcare workers. The manual is being produced to provide a convenient, up-to-date training resource that will allow trainers to increase awareness on waste management and related issues at every level in their organisation.

The manual has six sections, each with slides on a particular topic. Descriptive notes have been provided with the slides as necessary, to help provide trainers with a narrative structure.

Please write to anu@toxicslink.org to book your copies of the manual now – we expect the copies of the manual to be ready by end-June 2004.

Source: Environment Daily

WORLD NEWS
EU ASKED TO LEAD BY EXAMPLE TO END MERCURY USE

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weden’s environment ministry has, in a letter to the European Commission’s Environment Directorate, urged the European Union (EU) to take a global lead in ending the use of mercury and cutting down emissions. The move comes amidst intense negotiations as the Commission prepares to release an EU mercury strategy in September. Europe should “lead by example” while also pushing for a global commitment to mercury emissions reduction, the director of the Swedish environment ministry’s unit for eco-management strategies, Nina Cromnier, told Environment Daily. An overriding goal of the future EU mercury strategy must be to “break the mercury cycle,” the letter states. This can only be achieved through a holistic approach that addresses every phase of the heavy metal’s life cycle.

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Environmental and civil society groups from 38 countries have thrown their support behind the escalating campaign of South Durban communities to block Mondi Paper’s application for a waste incinerator.

In a global appeal signed by more than 160 groups and citizens from 38 countries, they petitioned the KwaZulu-Natal Department of Agriculture and Environmental Affairs not to grant a record of decision for the said application. They urged the Department to reject Mondi’s proposal and act in favour of the people’s environmental and health rights as enshrined in Section 24 of the Constitution of the Republic of South Africa.

Speaking on behalf of the petitioners, Vee Hernandez, coordinator of the Global Alliance for Incinerator Alternatives (GAIA) said: “We support the South Durban Community Environmental Alliance (SDCEA), groundWork and other concerned groups in objecting to Mondi’s application, which only adds to the growing litany of toxic assaults already being suffered by the communities, especially the women, youth and children.”

SDCEA and groundWork are among the GAIA members in South Africa.

Added Hernandez: “The impending entry into force of the Stockholm Convention on POPs should discourage the construction of waste incinerators in South Africa, or elsewhere, for that matter.”

India, too, is a signatory to the Stockholm Convention and this should dissuade people from installing incinerators here.

Can chemicals emitted by modern incinerators damage child health?
Ralph Ryder studies this critical question

Before we can answer that question we need to look at the sensitivity of the developing foetus and growing children to chemical impact.

Because of a variety of factors, children have a greater potential for adverse health effects from chemicals. Children are still developing in many ways and are less able to rid themselves of exposure due to immature mechanisms for detoxification. Because of differences in metabolism and behaviour, they may reach higher levels of exposure within the same environment as adults. Children are not simply ‘small adults’. While there has been increased research in the examination of children’s health and chemical impact, little attention has been given to the consequences of developmental exposures that occur in foetal development, during breast feeding, or in childhood.

A developing foetus in the womb of a woman living near any facility emitting chemicals is faced with a different type of risk as that faced by a foetus decades ago. The expansion of the chemicals industry that now has approximately 30,000 chemicals in daily use means each of us carries something like 400 to 500 chemicals in our bodies that our grandparents didn’t. Some of these chemicals can damage the immune system. Some can cause cancer. Some can damage reproductive systems. Some can damage the brain. Can we really believe these are not affecting something as sensitive as a developing foetus?

Advocates of burning waste who make claims that these amounts are too small to have an impact on any section of society, including nursing children, are quite simply lying and cannot, when challenged, provide even one scientific study to prove what they say is true.

In England, a recent report has been published showing women living near incinerators have a higher risk of having a baby with spina bifida, brain damage or a heart defect.

The research analysed births in Cumbria between 1956 and 1993. There were almost 245,000 births, of which 3,234 were stillborn and 1,569 had congenital abnormalities.

The risk of neural tube defects, particularly spina bifida, for babies of women who lived near incinerators was 17% higher, and heart defects 12% higher. For women who lived near a crematorium, the risk of stillbirth was 4% higher and the chance of the baby having a brain abnormality known as anencephalus was 5% higher.

Of course, advocates of incineration will claim these illnesses are likely a result of these people being members of the lower classes, the socio-economic section renowned for excessive smoking and drinking, etc, which is already taking its toll on their health. But surely that is yet another reason not to site an incinerator among these sections. Why burden society with even more health care costs by exposing these already damaged people to an overload of chemical mixtures?

Ralph Ryder is Coordinator of Communities Against Toxics (CATS), a coalition of communities in the UK and Ireland (The full article can be viewed at www.no-burn.org/resources/library/incindamagehealth.html)

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RESOURCES

Guidelines for IT Equipment in Healthcare
Health Care Without Harm (HCWH) and the Computer Take Back Campaign (CTBC) have been working together to create tools and resources for healthcare on electronic management from the environmental and public health perspective. The Environmentally Preferable Procurement Guidelines for IT Equipment in Healthcare are now ready and posted on Health Care Without Harm’s website: http://www.hcwh.org/goingGreen and can easily be downloaded. The Procurement Guidelines are tools for IT staff, recycling coordinators and procurement officers in health care facilities making decisions on IT and electronic management and purchases.

Healthy hospitals: Controlling pests without harmful pesticides
A report released in November, 2003, by Beyond Pesticides and HCWH, finds that many major hospitals are regularly spraying toxic pesticides, unnecessarily risking the health of patients, staff and visitors.

It is incredibly counterproductive that people go to receive treatment for illnesses such as cancer and neurological diseases at hospitals that unnecessarily use carcinogenic and neurotoxic pesticides.

This report also signals the necessity of protecting the elderly and other sensitive populations. Healthy Hospitals includes a first of its kind survey of top US hospitals and offers tips and resources for how hospitals can manage pests without protecting the health of people and the environment.

It is important to note that although the report does not address sterilants and disinfectants, their use is a concern. A study published in the October 2003 issue of Environment Health Perspectives finds that the youth face a four-fold increased risk from occupational exposure to disinfectants than adults. ▲

The report is currently available at www.beyondpesticides.org

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If you have suggestions or require information, please contact:

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In continuation of this standard feature of UPDATE, we are profiling HuMAN members to increase awareness about their organisations and the work that they do.

Dr Rohini Kelkar
Dr Kelkar is the Head of Department, Microbiology, Tata Memorial Hospital, Mumbai. She was amongst the first few in India to take up the biomedical waste management issue seriously. Tata Memorial Hospital has not only a very good waste management system in place, and has also opted for an alternate technology to treat all its hospital waste. Dr Kelkar has produced an excellent video on waste management.

Centre for Environment Education
The Centre for Environment Education (CEE), is a national institution established in 1984, supported by the Ministry of Environment and Forests, Government of India and is associated with Nehru Foundation for Development (NFD). The Centre inherits a rich multi-disciplinary resource base and the varied experience of NFD, its parent organisation, which has been promoting educational efforts since 1966 in the areas of science, nature study, health, development and environment. CEE, a national institution with its headquarters in Ahmedabad, has a mandate to promote environmental awareness nationwide.

Contact: cee@ceeindia.org

You or your organisation can be a part of the Health & Us – Medwaste Action Network (HuMAN) by becoming an Active Member (involved with HuMAN on a regular basis) or a Member in Principle (no active participation but endorsing HuMAN principles).

Contact us at the Delhi address given alongside, and provide us with the following information:

1. Name
2. Occupation and designation
3. Address, phone, fax and e-mail
4. Past experience of / interest in medical waste

Once we have this information, we will send you more details on membership

www.hcwh.org/goingGreen