

ORGANIZATION OF INFECTION CONTROL EVENTS IN TUBERCULOSIS DISPENSARY

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ABSTRACT

Research conducted in the developing countries on the risk of nosocomial spread of tuberculosis have confirmed that healthcare providers who care for infectious patients are at risk for mycobacterial infection and the development of the tuberculosis process.

The infection control strategy is represented by three levels: administrative; environmental monitoring; individual respiratory protection. Each of these levels has a role in the various stages of transmission. However, administrative control is dominant and without good organization, both other methods lose their significance.

Transmission of *Mycobacterium tuberculosis* (MTB) can be prevented or reduced by targeted anti-epidemic measures. They are carried out in places where tuberculosis patients are staying in order to remove and reduce air pollutants containing MTB.

The Aktobe Regional Tuberculosis Dispensary (RTBD) provides specialized treatment and preventive care for tuberculosis patients with various infectious status. A separate hospitalization of patients according to their infectious status and depending on the drug resistance of MTB is provided for in the hospital of the RTBD. In turn, the departments for the treatment of patients with multidrug-resistant and extensively drug-resistant tuberculosis (MDR/XDR-TB) are divided into zones depending on the nature and massiveness of bacterial excretion. In the so-called "red" zone there are wards for patients with bacterial excretion (MTB+) for smear and culture of sputum. In the "yellow" zone there are wards for patients who are positive only by cultural examination of sputum or in cases of conversion of sputum (stopping bacterial excretion) by smear, but the results of the cultural examination are unknown. The "green" zone is intended for MDR/XDR-TB patients who have a positive trend in treatment and have achieved consistent conversion of smear and sputum culture. Constant monitoring of the separation of flows and the timely movement of patients in zones according to the results of sputum tests is carried out. In the departments of the hospital, special gateways are installed that separate the wards of patients and treatment rooms from the area for medical personnel.

Due to the increased risk of cross-infection within the hospital, including from patients with drug-resistant forms of pulmonary tuberculosis, according to the principles of infection control, not only the dispensary's department, but also the hospital area are divided into sections for the movement of various patient flows.

Disinfection of ambient air in the premises of the hospital is also achieved through the use of bactericidal irradiators. In each patient ward, in the corridors and halls of departments, in the reception rooms of district phthisiologists, in places of increased risk of infection (emergency room, sputum collection rooms, fibrobronchoscopy room, ultrasound, operating rooms, X-ray department, bacteriological laboratory, corridors for waiting for patients) bactericidal lamps are installed.

Thus, the successful implementation of the infection control system contributes to the implementation of quality standards for the provision of phthisiological care, reduction of morbidity, mortality, nosocomial transmission of tuberculosis pathogen. In facilities where tuberculosis patients are treated, careful anti-epidemic policies and practices must be in place.

