

The 2018 World Health Organization SAVE LIVES: Clean Your Hands Campaign targets sepsis in health care

escrito por Ana Miranda | 4 de maio de 2018

EDITORIAL



The 2018 World Health Organization SAVE LIVES: Clean Your Hands Campaign targets sepsis in health care

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Sepsis is a serious disease condition which harms populations and challenges health care delivery. In recent years, early diagnosis, management and prevention have been raised to the foreground in the pursuit of saving lives [1]. Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection [2]. It is a cross-cutting health issue, requiring a comprehensive, multidisciplinary approach that every health care professional needs to understand and act upon. Sepsis is estimated to affect more than 30 million people each year [3], and its burden is most likely highest in low and middle-income countries [4, 5], and higher among vulnerable and critically ill populations [6]. In particular, neonatal sepsis is the leading reported infectious cause of mortality among newborns [7], and maternal sepsis accounts for one in ten maternal deaths [8]. While community-onset sepsis is often presented as the clinical deterioration of common and preventable infections, sepsis can also result directly from care practices or complicated healthcare-associated infection (HAI), which is the most frequent severe adverse event during care delivery. Without collective decisions and actions, sepsis will continue to pose a significant threat to public health given its high mortality and morbidity.

The World Health Organization (WHO) has recognized sepsis as an important public health agenda, and, in 2017, the 70th World Health Assembly (WHA) adopted a resolution: "Improving the prevention, diagnosis and clinical management of sepsis" [9]. Outlining the many

perspectives to be addressed, the resolution emphasizes the importance of advocacy efforts to raise the awareness of sepsis. It also urges every country to strengthen infection prevention and control (IPC), as well as calling on the WHO Director General to collaborate with partners and stakeholders to achieve this goal.

Sepsis is a major issue in critical care and has been the focus of attention of critical care specialists for decades [10]. While it frequently affects patients admitted to intensive care units (ICUs), sepsis also complicates care provided to large proportions of ICU patients, mostly through procedures required to support organ function and control severe underlying conditions. Device-associated infections are the most common ICU-acquired HAIs and frequently result in sepsis. Preventing ventilator-associated pneumonia and bloodstream and urinary tract infections relies on multimodal interventions (sometimes bundling only a few elements) that always include IPC practice improvement, particularly hand hygiene [11]. The preferred recourse to alcohol-based handrubbing instead of soap and water handwashing [12], a system change considered as standard of care today [13], is part of an evidence-based multimodal strategy [12], further adapted and promoted by WHO [13], that results in major improvements in hand hygiene practices [13–15]. Importantly, system change was validated in critical care [16] and proved to be linked with significant reductions in HAI and antimicrobial resistance (AMR) spread, including in ICUs [12, 17].

Preventing avoidable infections directly contributes to sepsis prevention. Timely and appropriate hand hygiene action [13], access to vaccines, improved sanitation and water quality and availability, as well as other IPC best

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Sepsis is a serious disease condition which hinders populations and challenges health care delivery. In recent years, early diagnosis, management and prevention have been raised to the forefront in the pursuit of saving lives [1]. Sepsis is defined as a life-threatening organ dysfunction caused by a dysregulated host response to infection [2]. It is a cross-cutting health issue, requiring a comprehensive, multidisciplinary approach that every health care professional needs to understand and act upon. Sepsis is estimated to affect more than 30 million people each year [3], and its burden is most likely highest in low and middle-income countries [4, 5], and higher among vulnerable and critically ill populations [6]. In particular, neonatal sepsis is the leading reported infectious cause of mortality among newborns [7], and maternal sepsis accounts for one in ten maternal deaths [8]. While community-onset sepsis is often presented as the clinical detection of common and preventable infections, sepsis can also result directly from care practices or complicated healthcare-associated infection (HAI), which is the most frequent severe adverse event during care delivery. Without collective decisions and actions, sepsis will continue to pose a significant threat to public health given its high mortality and morbidity.

The World Health Organization (WHO) has recognized sepsis as an important public health agenda, and, in 2017, the 78th World Health Assembly (WHA) adopted a resolution, "Improving the prevention, diagnosis and clinical management of sepsis" [9]. Outlining the many

perspectives to be addressed, the resolution emphasizes the importance of advocacy efforts to raise the awareness of sepsis. It also urges every country to strengthen infection prevention and control (IPC), as well as calling on the WHO Director General to collaborate with partners and stakeholders to achieve this goal.

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