

Mongolian Emergency Service Hospital Hygiene Project

MeshHp.mn

First visit to Ulaanbaatar in June 2010.
30 visits to Mongolia since then,
20 visits to Germany, around 100 Mongolians.

3 years financing by German Ministry of Health.
Now sponsoring by different companies.
MeshHp e.V. - recognised as charitable.

2017
18TH WORLD STERILIZATION CONGRESS

BONN | GERMANY | OCTOBER, 4-7, 2017²

Main problems:

Hepatitis carriers – up to 20 %.
Tuberculosis high numbers.
Sexually transmitted diseases increasing.

Low budgets in public hospitals.
Low knowledge.
Always changing of responsible persons.
Corruption.

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Main purpose training and knowledge, no equipment.
Teaching after training often virtually only.
Bad education of doctors.



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Hand hygiene

Start: Posters of WHO campaign everywhere.
 But: soap pieces, textile towels, no handrub.
 Now: Often fluid soap, paper towels, ready made handrub in dispensers



Hepatitis

15 – 20 % hepatitis carriers in population.
 Liver cancer number one cancer.

Since 1991 vaccination of children against hepatitis B.

Since 2012 vaccination of HCWs against hepatitis B.
 Only 2 shots instead of 3 – vaccine is very cheap!
 Now changing to 3 shots.
 No antibody control.

Hepatitis C therapy

Hepatitis C therapy is possible since two years.
60,000 € in Germany, 1,000 € in Mongolia.

No state policy.

Single persons are treated and cured now, mostly paying on their own.



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Hepatitis carriers in staff

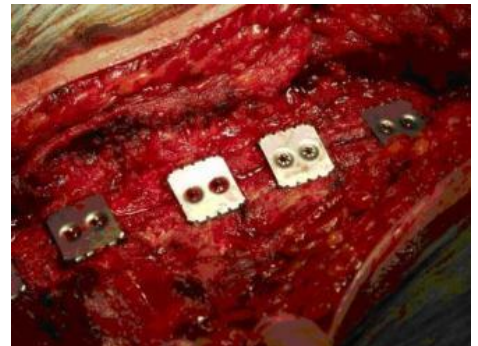
10 - 40 %!

Our proposal – take the German model:

Virus concentration control

Decide in a commission according to risk by job

10^3 - 10^4 genome equivalents/ml as cutting point



Risky workplaces: surgical work in

- gynecology,
- heart and lung surgery,
- (abdominal surgery),
- oral and maxillofacial surgery.

Risky work:

- operations with narrow operation field,
- Poorly visualised operation field,
- long operations,
- fingers near to sharp and spiky instruments,
- digital palpation of a needle tip in a body cavity,
- dental operations,
- closing of sternotomy.

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Ongoing problem: Microbiologic labs

No standard methods, no statistics, no quality control

Very old equipment

But also: Very modern equipment in many hospitals

– not enough budget for chemicals.



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Ongoing problem: Antibiotic policy

Antibiotics are not allowed to buy without prescription

- but you can buy them everywhere.

20 % are fake products from Russia or China.

Antibiotics given in hospitals in 90 % without resistance testing.

Result in Mongolia:
40 – 70 % ESBL in
Gram negative bacteria
(Prof. Pfeffer, Düsseldorf)
Germany: < 10 %



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Ongoing problem: CSSD

Mostly manual reprocessing.
 Very old instruments, containers, autoclaves.
 No training, no standards.
 Often only cleaner and no disinfectant.
 Old autoclaves.
 Not enough budget, no maintenance.



Improvements



Ongoing problem: Endoscope reprocessing

Only manual cleaning and disinfection (if at all)
or half automatic washer-disinfectors
Questionable disinfectants used too long and in too low
concentrations – sometimes up to 2 weeks!
Tenders every year – yearly change of products.

Improvements:

More disinfectants, eg
from Germany.
Changing disinfectants
more often.



2017
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GERMANY | OCTOBER, 4-7, 2017

Hygiene symposium every year since 2012



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2017

Improvements in Emergency Medical Center



Cooperation of cities and universities



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Thank you for your attention!