

# Injection safety campaign among diabetics, a challenge to infection prevention practitioners in developing countries

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Poverty burden in developing countries cannot be over-emphasized. More than 50% of people in developing countries earn less than a dollar a day. Diabetes mellitus is a chronic disease that needs chronic care. Insulin Dependent Diabetes Mellitus (IDDM) patients depend solely on insulin to bring their blood sugar to near normal – requiring purchase of insulin and syringes.

The Banso Baptist Hospital diabetic clinic is held the last Thursday of each month. Routine activities in the clinic include weights, blood sugars, blood pressures, health education and refill of drugs.

Some people trek a distance of about 15-20 kilometers to the hospital because they cannot afford transportation. This contributes to a low attendance. Sometimes at certain seasons of the year roads are completely impassable. A total of 159 patients are registered with the Banso Baptist Hospital diabetic clinic, but less than 50% of them can afford their insulin due to the high cost of insulin.

The problems faced by diabetes patients in Bui Division are common to any diabetic patient in Cameroon and developing countries as a whole. Many diabetic patients of Banso Baptist Hospital frequently run out of insulin. This problem is thought to be the leading cause of death amongst diabetics in Bui Division. Before July 2006, 10 ml, 100U insulin cost 9-14 US dollars, excluding syringes. Patients with IDDM have to spend about 5 US dollars more per month on syringes

In Banso Baptist Hospital diabetic clinic, most patients can afford only 3 syringes per month. For infection prevention purposes, a new syringe has to be used for each injection; hence, syringes are reused multiple times before they are discarded. The risk of reuse of syringes might be low because they are used on oneself, but it is still significant because the syringe could be contaminated from sources other than human.

Starting July 2006, the government of Cameroon subsidized the price of insulin; bringing it down from between 9-14 U.S. dollars to 5 dollars. The problem

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has only been partially solved because many diabetics still cannot afford enough syringes. The challenge to infection prevention practitioners in developing countries is how to make insulin, as well as syringes, more accessible and affordable to diabetics in developing countries. Infection prevention and control question to address this issue include:

- Is there an effective way of recycling syringes at home for reuse?
- What are the indications for discarding a syringe/needle?
- How can syringes be safely preserved for subsequent use?

Governments, faith based organizations, pharmaceutical companies and donors should make insulin and syringes more accessible and affordable to diabetics in developing countries. This will go a long way to facilitate the work of infection prevention professionals.