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Syringe History

Syringe reuse a widespread problem: U.S. expert

Jodie Sinnema, edmontonjournal.com

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EDMONTON - Syringe reuse is a larger problem than once thought, even though the practice is inexcusable, says a health-care epidemiologist in the United States who helps investigate hepatitis outbreaks linked to dirty syringes.

"Injection safety was often thought of as a developing world problem and we kind of took it for granted in the U.S. and other developed countries," said Joseph Perz, who works at the Centers for Disease Control and Prevention in Atlanta. "But as a result of accumulating evidence from outbreaks and surveys, we are taking a firmer stand on the need for education and firmer standards."

On Monday, officials revealed that a handful of staff at the High Prairie Health Complex may have exposed 2,700 dental and endoscopy patients to HIV and hepatitis B and C by using dirty syringes.

The syringes were inserted into an intravenous line, not into a patient's arm, then reused on the next patient, risking contamination since blood and dirty medication can flow back up the IV line into the syringe.

That stopped Nov. 2, when the problem was discovered after 18 years of routine behaviour in the dental suite, and more than four years in the endoscopy lab.

"Some health-care personnel don't perceive the risks when the injections are administered through IV tubing," Perz said. "They perhaps get this false sense of security."

That, despite multiple outbreaks of hepatitis B and C in Oklahoma, Nebraska, New York and, just this year, Las Vegas, where more than 100 people were infected.

"Even though we've worked to draw attention to the dangers of reusing syringes and mishandling injected medications, it's hard to get the message to every provider that needs to hear it," Perz said, especially in the U.S. where private clinics aren't inspected as regularly as hospitals.

"Not reusing syringes should be obvious. That's step one," he said, noting that universities and medical schools have to do a better job of teaching people the bedside details of giving injections safely and properly.

But Rodney Lester, director of the nurse anesthesia program at the University of Texas in Houston, said it's not a gap in teaching, but in the behaviours of individual health-care workers.

"They get sloppy," said Lester, who studied syringe reuse in the United States. "They're in a hurry. If you've got a big syringe loaded up with stuff and you carry it from patient to patient, you don't have to reload in between or you don't have to make up another one. Others will argue, well, it saves money. You can buy thousands of syringes for a few bucks. It is just crazy that people will think they are saving any reasonable amount of money while creating an enormous amount of risk."

Health Minister Ron Liepert and Dr. Albert de Villiers, the medical officer of health for the Peace Country Health region, both refused to point fingers or blame those reusing the syringes.

The staff involved have been retrained and are still working at the High Prairie Hospital.

Up to 1,300 patients who received endoscopies between March 1, 2004 and Oct. 2, 2008, as well as up to 1,400 dental patients who received pain medication in the recovery room between Jan. 1, 1990 and Oct. 2, 2008, will be getting letters or phone calls advising them to be tested for HIV and hepatitis B or hepatitis C.

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