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PREVALENCE AND MANAGEMENT OF INFECTIONS IN HEMODIALYSIS PATIENTS: STRATEGIES FOR PREVENTION AND CONTROL

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ABSTRACT

Background: Infections are a major complication for patients undergoing hemodialysis, contributing significantly to morbidity and mortality. Understanding the prevalence and effective management of infections in this population is crucial for improving patient outcomes and quality of care

Aim: This study aimed to investigate the prevalence of infections among hemodialysis patients presenting to the Nephrology Division at Khyber Teaching Hospital, Peshawar, from January 2023 to June 2023. The study also sought to evaluate the strategies for infection prevention and control.

Methods: A cross-sectional analysis was conducted, involving a review of medical records of hemodialysis patients. Inclusion criteria encompassed hemodialysis patients with complete medical records within the specified timeframe, while exclusion criteria included patients with incomplete records or infections unrelated to dialysis. Data collection methods included systematic review and documentation of infection types and prevention strategies.

Results: The study found that infections were prevalent in 45% of the hemodialysis patients. The most common infections were catheter-related bloodstream infections (CRBSIs), affecting 57% of the patients, followed by urinary tract infections (UTIs) at 12.5%, and respiratory infections at 10%. Implementing stringent infection control protocols, including regular hand hygiene, use of antimicrobial locks, and proper catheter care, significantly reduced infection rates. Specifically, CRBSIs saw a reduction rate of 61%, UTIs 48%, and respiratory infections 65%.

Conclusion: The prevalence of infections among hemodialysis patients is a significant concern, with catheter-related bloodstream infections (CRBSIs) being the most common. Implementing robust infection prevention and control measures, including stringent hand hygiene, proper catheter

care, and patient education, is crucial to mitigate infection risks and improve patient outcomes in this vulnerable population.

Keywords: Hemodialysis, Infections, Prevalence, Catheter-related Bloodstream Infections, Urinary Tract Infections, Infection Control, Prevention Strategies.

Introduction

Hemodialysis is an essential treatment for patients with end-stage renal disease (ESRD), offering life-sustaining therapy for those whose kidneys can no longer function adequately on their own [1]. However, this lifesaving procedure is not without significant risks, one of the most concerning being the high prevalence of infections. Infections in hemodialysis patients are a major cause of morbidity and mortality, with infection-related complications accounting for approximately 20% of all deaths in this patient population [2].

The process of hemodialysis involves repeated vascular access, typically via catheters, arteriovenous fistulas, or grafts, which provides a direct pathway for pathogens to enter the bloodstream [3]. Consequently, catheter-related bloodstream infections (CRBSIs) are particularly prevalent among these patients, representing a major clinical challenge [4]. Moreover, the immunocompromised state of ESRD patients further exacerbates their susceptibility to a variety of infections, including urinary tract infections (UTIs) and respiratory infections [5].

Preventing infections in hemodialysis patients is crucial not only for improving their quality of life but also for reducing healthcare costs associated with prolonged hospital stays and intensive treatments for infection-related complications [6]. Effective infection control strategies are multifaceted, involving rigorous hand hygiene practices, use of antimicrobial locks in catheters, proper catheter care, and comprehensive patient education [7].

Despite the implementation of various preventive measures, the incidence of infections remains alarmingly high. This underscores the need for ongoing research to identify more effective strategies and to refine existing protocols to better protect this vulnerable patient population [8].

This study aims to investigate the prevalence of infections among hemodialysis patients at Khyber Teaching Hospital in Peshawar and to evaluate the effectiveness of current infection prevention and control measures [9]. By understanding the types and frequencies of infections and assessing the efficacy of different preventive strategies, this research seeks to provide valuable insights that can inform clinical practices and improve patient outcomes [10].

Methodology

Study Design: A cross-sectional study design was employed to investigate the prevalence and management of infections in hemodialysis patients.

Sample Size: The sample size for this study was 200 hemodialysis patients visiting the Nephrology Division at Khyber Teaching Hospital from January 2023 to June 2023. Patients were selected based on their complete medical records and fulfillment of the inclusion criteria.

Inclusion Criteria:

- Hemodialysis patients visiting the Nephrology Division at Khyber Teaching Hospital from January 2023 to June 2023.
- Patients with complete medical records documenting hemodialysis and related clinical information.
- Adults aged 18 years and above.

Exclusion Criteria:

- Patients with incomplete medical records or inadequate documentation of hemodialysis treatment.
- Patients with infections unrelated to hemodialysis.
- Pediatric patients under the age of 18 years.

Data Collection: Data collection methods involved a systematic review of medical records and documentation of infection types, frequencies, and prevention strategies employed. Infections were categorized into catheter-related bloodstream infections (CRBSIs), urinary tract infections (UTIs), respiratory infections, and other types.

Statistical Analysis: Statistical analysis was performed using appropriate methods to analyze the prevalence rates of infections among hemodialysis patients. Descriptive statistics such as frequencies, percentages, means, and standard deviations were used to summarize the data. Comparative analysis was conducted to evaluate the effectiveness of different infection prevention strategies.

Ethical Considerations: This study was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki. Informed consent was obtained from all participants or legally authorized representatives. Patient confidentiality was maintained throughout the study, and participants were assured of their right to withdraw from the study at any time without prejudice.

Results:

Demographic Characteristics of Hemodialysis Patients:

The study sample included 200 hemodialysis patients with a mean age of 56.3 years (SD = 10.2 years). Males comprised 55% of the sample, while females accounted for 45%. Hypertension was the most common comorbidity, present in 70% of patients, followed by diabetes in 50%.

Prevalence of Infections:

Catheter-related bloodstream infections (CRBSIs) account for the majority of infections among hemodialysis patients, representing 57% of all cases. This emphasizes the critical need for targeted prevention and management strategies for CRBSIs.

Additionally, urinary tract infections (UTIs) make up 12.5% of infections, while respiratory infections constitute 10%. Skin and soft tissue infections are seen in 7.5% of cases, followed by gastrointestinal infections at 5%. Other types of infections collectively contribute to 8% of the total infection burden in this patient population.

Infection Type	Total Sample (n=200)	Percentage
Catheter-related bloodstream infections (CRBSIs)	114	57%
Urinary tract infections (UTIs)	25	12.5%
Respiratory infections	20	10%
Skin and soft tissue infections	15	7.5%
Gastrointestinal infections	10	5%
Other infections	16	8%

Table 1: Prevalence of Infections in Hemodialysis Patients

Infection Prevention and Control Strategies:

Implementing infection control protocols significantly reduced the prevalence of infections. These strategies included:

- 1. **Regular Hand Hygiene:** Hand washing and sanitization protocols for healthcare providers and patients.
- 2. **Antimicrobial Locks:** Use of antimicrobial locks in catheters to prevent biofilm formation and reduce infection rates.
- 3. **Proper Catheter Care:** Regular assessment and maintenance of catheter sites, including cleaning and dressing changes.
- 4. **Patient Education:** Educating patients on personal hygiene, signs of infection, and the importance of adhering to prescribed treatments.

Effectiveness of Prevention Strategies:

Patients who adhered to these prevention strategies showed a marked reduction in infection rates. Table 2 presents a comparative analysis of infection rates before and after the implementation of these strategies.

Table 2: Effectiveness of Infection Prevention Strategies

he implementation of infection prevention strategies led to a substantial reduction in catheter-related bloodstream infections (CRBSIs), with a notable 61% decrease post-implementation.

Similarly, urinary tract infections (UTIs) showed a significant reduction of 48%, emphasizing the effectiveness of preventive measures in lowering UTI incidence among hemodialysis patients.

Respiratory infections saw an impressive reduction rate of 65%, indicating the successful implementation of strategies targeting respiratory infection prevention in this patient population.

Infection Type	Before Implementation	After Implementation	Reduction Rate
Catheter-related bloodstream infections (CRBSIs)	114	70	61%
Urinary tract infections (UTIs)	25	12	48%
Respiratory infections	20	13	65%
Skin and soft tissue infections	15	9	60%
Gastrointestinal infections	10	5	50%
Other infections	16	5	31%

Discussion

Infections remain a significant challenge in the management of hemodialysis patients, with a prevalence rate of 45% observed in this study. This finding is consistent with existing literature highlighting the substantial burden of infections in this patient population [11]. The high prevalence of infections, particularly catheter-related bloodstream infections (CRBSIs) affecting 25% of patients, underscores the critical need for effective infection prevention and control strategies [12]. The prevalence rates observed in this study align with global trends in hemodialysis-related infections. Studies from the United States Renal Data System (USRDS) report a similar incidence of infections among hemodialysis patients, emphasizing the universal nature of this issue [13]. Foley and Hakim's analysis of dialysis patient mortality rates in the United States compared to other countries further emphasizes the impact of infections on patient outcomes, highlighting the urgency of addressing infection control measures [14].

The predominant role of catheters in facilitating infections among hemodialysis patients is well-documented [15]. Lok and Mokrzycki's work on catheter-related infection management emphasizes the importance of targeted interventions to prevent CRBSIs, given their significant contribution to overall infection rates [16]. Strategies such as antimicrobial locks, as mentioned in this study, have shown promise in reducing biofilm formation and lowering infection rates in catheter-dependent patients [17].

Moreover, the effectiveness of infection prevention strategies, including rigorous hand hygiene, proper catheter care, and patient education, is highlighted in this study. The substantial reduction in infection rates post-implementation of these strategies, as demonstrated in Table 2, reinforces the importance of multifaceted approaches to infection control [18]. Similar findings are echoed in guidelines by the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO), emphasizing the role of hand hygiene and comprehensive infection prevention protocols [19, 21].

However, challenges persist in maintaining sustained reductions in infection rates. O'Grady et al.'s guidelines underscore the complexity of preventing intravascular catheter-related infections, calling for continuous efforts to refine protocols and incorporate emerging evidence into clinical practice [22]. Dalrymple and Go's epidemiological insights into infections among chronic kidney disease

patients further emphasize the ongoing need for research and innovation in infection prevention strategies [23].

Conclusion

In summary, the study highlights the high prevalence of infections in hemodialysis patients, particularly CRBSIs. The effectiveness of infection prevention strategies, such as antimicrobial locks and comprehensive hygiene protocols, is evident in reducing infection rates. Continuous research and adherence to global guidelines are imperative to further refine strategies and enhance infection control outcomes, ultimately improving the quality of care for hemodialysis patients.

Reference

- 1. United States Renal Data System. Annual Data Report: Epidemiology of Kidney Disease in the United States. Am J Kidney Dis. 2021.
- 2. Foley RN, Hakim RM. Why is the mortality of dialysis patients in the United States much higher than the rest of the world? J Am Soc Nephrol. 2009;20(7):1432-1435.
- 3. Centers for Disease Control and Prevention (CDC). Surveillance Report: Bloodstream Infection Data. 2020.
- 4. Lok CE, Mokrzycki MH. Prevention and management of catheter-related infection in hemodialysis patients. Kidney Int. 2011;79(5):587-598.
- 5. O'Grady NP, Alexander M, Burns LA, et al. Guidelines for the prevention of intravascular catheter-related infections. Clin Infect Dis. 2011;52(9):e162-e193.
- 6. Dalrymple LS, Go AS. Epidemiology of infections among patients with chronic kidney disease. Adv Chronic Kidney Dis. 2009;16(5):351-356.
- 7. Klevens RM, Edwards JR, Richards CL, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Rep. 2007;122(2):160-166.
- 8. Saxena AK, Panhotra BR. Preventing hemodialysis catheter-related bloodstream infections: would antimicrobial-lock therapy solve the problem? Int J Artif Organs. 2005;28(11):1181-1191.
- 9. Hand Hygiene Guidelines by World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. 2009.
- 10. Pronovost P, Needham D, Berenholtz S, et al. An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006;355(26):2725-2732.
- 11. United States Renal Data System. 2021 USRDS Annual Data Report: Epidemiology of Kidney Disease in the United States. Am J Kidney Dis. 2021;77(4S1):A7-A8.
- 12. Foley RN, Hakim RM. Why is the mortality of dialysis patients in the United States much higher than the rest of the world? J Am Soc Nephrol. 2009;20(7):1432-1435.
- 13. Centers for Disease Control and Prevention (CDC). Surveillance Report: Bloodstream Infection Data. 2020.
- 14. Lok CE, Mokrzycki MH. Prevention and management of catheter-related infection in hemodialysis patients. Kidney Int. 2011;79(5):587-598.
- 15. O'Grady NP, Alexander M, Burns LA, et al. Guidelines for the prevention of intravascular catheter-related infections. Clin Infect Dis. 2011;52(9):e162-e193.
- 16. Dalrymple LS, Go AS. Epidemiology of infections among patients with chronic kidney disease. Adv Chronic Kidney Dis. 2009;16(5):351-356.
- 17. Klevens RM, Edwards JR, Richards CL, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Rep. 2007;122(2):160-166.
- 18. Saxena AK, Panhotra BR. Preventing hemodialysis catheter-related bloodstream infections: would antimicrobial-lock therapy solve the problem? Int J Artif Organs. 2005;28(11):1181-1191.
- 19. Hand Hygiene Guidelines by World Health Organization. WHO Guidelines on Hand Hygiene in Health Care. 2009.

- 20. Pronovost P, Needham D, Berenholtz S, et al. An intervention to decrease catheter-related bloodstream infections in the ICU. N Engl J Med. 2006;355(26):2725-2732.
- 21. World Health Organization. WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care is Safer Care. 2009.
- 22. Johnson DW, Doogue MP, Patrie S, et al. A randomized trial of taurolidine-citrate catheter locks for the prevention of catheter-associated bacteremia in hemodialysis patients. Am J Kidney Dis. 2009;53(3):486-492.
- 23. Mermel LA, Allon M, Bouza E, et al. Clinical practice guidelines for the diagnosis and management of intravascular catheter-related infection: 2009 Update by the Infectious Diseases Society of America. Clin Infect Dis. 2009;49(1):1-45.