Journal of HIV & Retro Virus

Extended Abstract
Vol. 5, Iss. 3
2019

Why do patients still catch hospital infections despite the practice of infection prevention and control programs?

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Statement of the Problem: Very few publications provide sound scientific data used to determine which components are essential for infection prevention and control (IPC) programs in terms of effectiveness in reducing the risk of infection. In recent years, a range of regional best practice or policy principles have been developed that address what could be considered as core components of IPC programs. However there remains a major gap in relation to the availability of international best practice principles for core components of IPC programs.

Purpose: The purpose of this study was to show why patients still catch hospital infections despite IPC programs. A better understanding of a variety of theories is needed that could explain the physiopathology of diverse diseases described in the medical past history, which are usually disregarded clinically today. A broader view seems to show the necessity of seeing the patient as a whole; not only focusing on the disease in the prevention of these hospital infections.

Methodology: A review of these theories such as those presented by Hippocrates (Natural forces within us are the true healers of disease), as well as others from oriental medicine, which explain that diseases originate from three factors: external (exposure to cold, heat, humidity, wind and dryness), internal (emotional) and dietary. Findings: Having a broader view of the patient as a whole (Yin, Yang, Qi, blood energy and heat retention), we can understand better the formation of hospital infection which is a systemic energy reaction of our body undergoing normal hospital treatment.

Conclusion: To understand better why a patient is still catching hospital infections, despite these IPC programs, we need to broaden our view observing all emotional, environmental and dietary factors, as well as studying the patient's energy situation at the moment of admittance identifying the risk of hospital infection.

This work was presented in Joint Event on 22nd Edition of International Conference on Immunology and Evolution of Infectious Diseases & 12th Edition of International Conference on Tissue Engineering and Regenerative Medicine during May 10-11, 2018 Frankfurt, Germany