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HOW INFECTIONS MIGRATE



It would have been hard to miss the deeply troubling and often distressing news about the spread of the Zika virus in South America last year.

Transmitted by the Aedes Mosquito, this disease causes a rash and fever to those infected. However, it has also been passed from expectant mother to their babies, causing defects, the most notable of which being microcephaly (abnormally small heads).

The rapid spread of the disease shocked the world with both its severity and speed prompting a rapid concerted effort to contain the virus and develop a cure.

While just one example of a serious health threat, there is no shortage of infections – both major and minor - that can pose a serious risk to the healthy and vulnerable alike. Particularly those in a care or hospital setting.

Since 1967, at least 39 new pathogens have been identified, including HIV, Ebola, haemorrhagic fever and SARS. Older threats, such as influenza, malaria and tuberculosis are still a threat through ineffective health systems and a growing immunity to antibiotics.

Unsurprisingly, infections migrate with carriers – specifically people. Whilst animals moving from one country to another have to undergo quarantine, we are allowed to move through borders with impunity when equipped with the correct documentation.

This can mean disease can hop oceans with alarming ease. Especially when you consider there are more than 660,000 people in the air at any one time.

This airborne community with a population larger than Glasgow is travelling to hundreds of different destinations around the world and then dispersing to hundreds more locations beyond. If even a handful carry a major contagion, an outbreak is likely to follow.

However, the answer isn't to ground planes, close borders or build walls. Migration is tremendously beneficial socioeconomically speaking, bringing new skills and ideas into countries, not to mention the cultural benefits too.

Current data suggests that 2% (140,000,000) of the world's population live outside of the country they were born in. That number increase to 200,000,000 if you include people with temporary visas.

It's important to remember that whilst infections can and do spread through migration, outbreaks only occur when systems aren't put in place to identify and contain them. Political shifts (halting immunisation policies for example) and wars also directly contribute to outbreaks and spread of disease.

Identification, diagnosis, vector control, education, awareness and effective hygiene & infection control procedures is the best defence against infectious diseases.

However, it isn't just Typhoid Mary's who can carry contagions across borders. Foodborne disease is a growing concern.

The globalisation of trade means that fruits, vegetables and other 'exotic' foods are transported across the world all year long. This means that pathogens can be ferried to



multiple locations but as tracking and visibility of good dispersal is poor, contaminated food is difficult to track once distributed.

Moreover, climate change is allowing diseases to flourish where normally they would perish. Higher temperatures and wetter habitats provide ideal breeding grounds for bacteria and parasites to thrive which then come into contact with humans and animals.

The upside of the interconnected world in which we live is that knowledge is spread as readily as germs. Medical databases mean that counter measures and cures can be shared worldwide. Infection control best practise is available to anyone who wants it.

Doctors can jump on a plane just as easily as patient zero to treat the sick as they did with the Ebola outbreak in Sierra Leone.

Armed with a world of knowledge, it is more important than ever for hospitals and care homes to impose robust and tested infection control process as well as a means of safely disposing of infectious waste.

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