STUDENTS' CORNER LETTER TO THE EDITOR

Waiting areas in tertiary-care hospitals in Pakistan, a major risk for airborne infections

Muhammad Shahwaiz Lund¹, Muhammad Uzair Ishaq², Moeen Nawaz³

Dear Madam, An airborne infection is any disorder transmitted through the air and caused by microorganisms including bacteria, viruses, and fungi. The most common disorders transmitted by this route include Tuberculosis, Influenza, Measles, Mumps, Coronavirus, MERS-Co V, Smallpox, Chickenpox, Aspergillosis, Blastomycosis, etc. According to the World Health Organization, "Airborne transmission of infectious agents refers to the transmission of disease caused by the dissemination of droplet nuclei that remain infectious when suspended in air over long distance and time". In Pakistan, infections spread in this way also contribute to one of the major factors in the overall prevalence ratio of airborne diseases.

Activities such as coughing, sneezing, and talking, which generate aerosolised particles can cause transmission. as. The possibility of spreading contagious disorders tremendously increases when susceptible individuals are placed together with index cases within confined spaces. Hospital waiting areas are among the most common confined spaces that could lead to airborne infections among individuals.² Personnel including patients, visitors and working staff are the most likely contributors of transmission sources in hospital boundaries. Other possible sources within the hospitals include dust or aerosols from the floor or furniture, potted plants or flowers, sinks, showers, or aspirating devices. Dust or infective aerosols from contaminated air-conditioning systems may also be a source of airborne infections.³

¹4th Year MBBS Student, Allama Iqbal Medical College Affiliated with University of Health Sciences, Lahore, Pakistan; ^{2,3}Department of Medicine, Allama Iqbal Medical College Affiliated with University of Health Sciences, Lahore, Pakistan

Correspondence: Muhammad Shahwaiz Lund.

Email: drshahwaiz2019@gmail.com **ORCID ID:** 0009-0003-6698-3249

Submission complete: 30-06-2024 First Revision received: 17-08-2024 Acceptance: 06-11-2024 Last Revision received: 05-11-2024

Airborne transmission in waiting areas of hospitals in Pakistan can be substantially reduced by taking a multifaceted approach including environmental controls, administrative measures, usage of modern technologies, and personal protective strategies. The best way to prevent airborne infection in waiting areas is by using masks and hand sanitisers. Hand sanitisers should be placed at all the entrance and exit points of waiting areas. Improvement in the ventilatory system through natural and mechanical means plays a significant role in reducing airborne infections. Using extra doors and windows for better airflow is one of the natural ways to reduce infection. Mechanical ways to reduce airborne infection include installing high-efficiency particulate filters and air purifiers in waiting areas. The physical distance of the patients should be increased by increasing the space between seating arrangements. Separate waiting areas should be created for patients with respiratory infections and those without. Implementing screening checkpoints at the hospital entrance to separate patients with infectious diseases is also beneficial. In short, there is a need to resolve this issue for the betterment of health of patients as well as their families.

Availability of data: Online sources (PubMed).

DOI: https://doi.org/10.47391/JPMA.21321

Disclaimer: None.

Conflict of Interest: None.

Source of Funding: None.

References

- 1. Ather B, Mirza TM, Edemekong PF. Airborne Precautions. In: Treasure Island (FL): StatPearls Publishing, 2024.
- Beggs CB, Shepherd SJ, Kerr KG. Potential for airborne transmission of infection in the waiting areas of healthcare premises: Stochastic analysis using a Monte Carlo model. BMC Infect Dis. 2010; 10:1–8. doi: 10.1186/1471-2334-10-247.
- Carlson W. Linked references are available on JSTOR for this article. Acad Manag Rev. 2009; 31:386–408.

AUTHORS' CONTRIBUTIONS:

MSL: Concept, design, data acquisition, analysis, interpretation, final approval and agreed to be accountable for all aspects of the work.

MUI, MN: Drafting, revision and agreed to be accountable for all aspects of the

Vol. 75, No. 2, February 2025 Open Access