



International Federation of Infection Control

# IFIC e-News

## IFIC CONFERENCES

### MALAYSIA

8-11 July 2007  
APSIC 3rd International Congress of the Asia Pacific Society of Infection Control  
Kuala Lumpur  
[www.APSIC2007.com](http://www.APSIC2007.com)

**IFIC will collaborate with the Asia Pacific Society of Infection Control on this conference**

### HUNGARY

18-21 October 2007  
IFIC 8th Annual Conference  
Budapest  
<http://www.ific2007.com/>

### CHILE

14-17 October 2008  
IFIC 9th Annual Conference  
Santiago  
[www.sociedad-iih.cl](http://www.sociedad-iih.cl)

## Chair Update

Dear IFIC members,

This is such an exciting time for IFIC. So many things are happening at the moment; some truly great initiatives which hopefully should have a meaningful impact on infection control professionals worldwide and particularly in the developing world.

IFIC's main publication, Basic Concepts, has been revamped. In many cases it has been written afresh and updated to ensure it continues to remain a useful source of information. So many experts have accepted to contribute their time and effort, free of charge, to ensure that the new edition will be fresh and relevant to our needs. It will definitely be available at our Annual Congress in Budapest in October, hopefully sooner. We eagerly await feedback from you on its new layout and content. On a related note, we recently trialed a two day training course in Basic Infection Control which is described elsewhere in this newsletter. We hope that this will complement the book well and serve as another useful tool for training infection control professionals, especially those still starting out.

The Board also met last month in Malta for its biannual meeting. Two days were not enough, such was the full agenda that was up for discussion. However thanks to the brilliant team of Board members we managed to get through what we set out to achieve and we hope you will be seeing the results in the short term. Despite some logistical problems, we will soon be changing the website to a more user



Michael Borg  
Chair, 2007  
IFIC Board

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## Formation of Special Interest Groups (SIG)

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### Watch for this on our website!

[www.theIFIC.org](http://www.theIFIC.org)

IFIC members have expressed a desire to form Special Interest Groups. Special Interest Groups provide a network for sharing of information, ideas, solutions to issues/problems and other resources. In October 2006 at the Sixth International Conference of the Hospital Infection Society, preliminary steps were taken at IFIC's open forum and the following interest groups were formed:

#### Hand Hygiene

- Surveillance
- Design, Construction and Renovation
- Safe Injection Practices

*(Continued on page 4)*

**NEW MEMBERS**

**Turkey**

Turkish Society for Infectious Diseases and Clinical Microbiology Speciality

Chair: Prof. Dilek Arman, MD  
 Secretary/Treasurer:  
 Mustafa Aydin Cevik, MD  
 Vice President:  
 Prof. Sercan Ulusoy, MD

**Italy**

SIMPIOS: Società Italiana Multidisciplinare per la Prevenzione delle Infezioninelle Organizzazioni Sanitarie

Chair: Prof. Silvio Brusafferro  
 Secretary:  
 Dott. Antonio Goglio  
 Treasurer:  
 Dott. Germano Pellegata

Donations to support the work of the Federation are welcome. Donations can be designated for either the general or scholarship funds. The scholarship fund was established to increase participation at IFIC conferences for under-funded member delegates.

Contributions to IFIC can be sent to:

Pamela Allen,  
 47 Wentworth Green  
 Portadown  
 Co Armagh  
 BT62 3WG  
 N Ireland UK  
 Email: [pmaallen@aol.com](mailto:pmaallen@aol.com)

**Chair Update continued**

friendly format, anyone interested in receiving IFIC materials and information will be able to subscribe directly to our mailing list. We also envisage an ever increasing reliance on electronic and IT communication to keep in touch at relatively minimal costs.

I would also like to inform you IFIC will be organizing a symposium at the APIC 2007 conference in San Jose on Wednesday June 27th 2007. We welcome all IFIC members attending this conference to come and meet us there.

Michael Borg  
 Chair, 2007 IFIC Board



**2<sup>nd</sup> EMRNIC CONGRESS & 16<sup>th</sup> ESIC CONFERENCE  
 9-12 November 2007  
 Cairo, Egypt**

In collaboration with EMRO. An IFIC supported meeting.

**Main Theme:** Networking for Better Achievement

**Main Topics:**

- Improving networking within the Eastern Mediterranean Region
- Challenging infections
- Towards infection prevention
- Mobilizing social participation
- Get ready for accreditation
- Infection control best practices
- Patient safety
- Infection control challenges

Congress Secretary General  
 Prof. Ossama Rasslan  
 Director, EMRNIC  
 Board Member, IFIC  
[emrnic2007@gmail.com](mailto:emrnic2007@gmail.com)

*The Netherlands, October 2006*

## **How much staff do we need for prevention of healthcare-associated infections in hospitals?**

In accordance with the results of the SENIC study many countries apply a norm of one infection control practitioner (ICP) for every 250 hospital beds and 1 epidemiologist or medical microbiologist per 1000 hospital beds. Since the time that the SENIC study was done, the seventies, healthcare has changed a lot. The duration of hospital stay has decreased, and many patients are treated in day nursing or on an outpatient basis. Therefore, at present patients in hospitals on average are sicker than 30 years ago. Moreover, transplantation of solid organs and bone marrow, and intensive chemotherapy has been introduced. New technologies enabled complicated interventions in often old and seriously ill patients. Since the SENIC study, in many countries working hours of healthcare workers have been reduced from 40 hours/week to 36 hours/week. Despite these essential changes the norm for manning the prevention and control of healthcare-associated infections remained the same throughout the years. The need for a new norm has been discussed around the world. (2, 3) The problem is that nobody can repeat the SENIC study, which in itself is a solid foundation for the present norm.

The Nosocomial and Occupational Infections Section of Health Canada published a new norm of 3 full time equivalent (FTE) infection control professionals per 500 beds (1 per 166 beds) in acute care hospitals. (4) This norm was based on a process of group discussions and iterative scoring of estimated needs for infection control.

This report encouraged Dutch Infection Prevention Professionals to determine the needs for ICPs and medical microbiologist in Dutch hospitals by a comparable process. During a one-day workshop experienced infection control practitioners (ICPs) and medical microbiologists indicated in a structured process how much time is needed for the execution of infection control activities in a model hospital.

This resulted in a norm of 1 FTE ICP per 178 hospital beds and 1 FTE medical microbiologist per 856 hospital beds, respectively, 40% and 17% more than the usual standard. Because the official numbers of hospital beds have become an inadequate parameter for the production delivered by hospitals, a new norm with number of admissions as denominator is proposed: 1 FTE ICP per 5,000 admissions and 1 medical microbiologist/epidemiologist per 25,000 admissions.

More information:

[http://www.vhig.nl/bibliotheek/informatief/Norm\\_hygienist\\_microbioloog\\_english\\_2006.pdf](http://www.vhig.nl/bibliotheek/informatief/Norm_hygienist_microbioloog_english_2006.pdf)

## National Education Conference on Infection Prevention and Control Community and Hospital Infection Control Association - Canada



**DATE OF EVENT:** June 12-14, 2007  
Novice Practitioner Day, Sunday, June 10, 2007  
Advanced Practitioner Day, Sunday, June 10, 2007  
Pre Conference Day: Monday, June 11, 2007

**TITLE OF EVENT:**  
Changing – Evolving - Improving  
2007 National Education Conference on Infection Prevention and Control

**ADDRESS OF CONTACT:**  
Ms. Gerry Hansen BA  
Conference Planner  
Community and Hospital Infection Control Association (CHICA-Canada)  
PO Box 46125 RPO Westdale  
Winnipeg MB Canada R3R 3S3  
Tel: (204) 897-5990/866-999-7111  
Fax: (204) 895-9595  
Email: [chicacanada@mts.net](mailto:chicacanada@mts.net)  
<http://www.chica.org>

**FIELDS OF INTEREST OF EVENT:**  
Hospital, community and long term care infection  
control professionals; clinical and medical microbiologists; infectious disease  
specialists

**LOCATION OF EVENT:**  
Edmonton, Alberta (CANADA)

**VENUE/SITE:**  
Shaw Conference Centre

### Formation of Special Interest Groups (SIG) continued

SIGS will provide an international forum to:

- Develop and maintain networks for sharing information, ideas, solutions to issues/problems, and other specific interest group resources.
- Promote SIG candidates for committees and IFIC Board positions.
- Provide a forum within IFIC to develop projects and activities.
- Advocate for continuing infection prevention and control education in the interest group area, and develop drafts of suitable materials.
- Promote and support research in the interest group area.
- Develop and maintain synergistic partnerships with stakeholders in other aspects of health care. This could include global health foundations and organizations, public health, long term care, or related fields such as infection prevention in maternal-child health, etc.

The Board is working to formalize terms of references, the purpose, goals, structure and functioning for these groups. **We are hoping to post the information on the website as soon as possible.**

## Basic Training Course

In line with its mission to provide the essential tools, education materials and communication that unite the existing Infection Control societies and foster development of Infection Control organizations where they are needed, IFIC has recognized a need for a basic training course in infection control that would supplement the Basic Concepts book as well as the lecture slide series.

Over the past few months several Board members including Pola Brenner, Smilja Kalenic, Gertie van Knippenberg and Gayle Gilmore have worked to adapt a curriculum and a set of objectives as well of course as a comprehensive set of contents of Basic Infection Control Concepts. The course was trialed last March through a two day course held in Malta. These training opportunities attracted more than 50 nurses who exhibited a remarkable amount of interest, participation and interaction throughout the event.

The General Objective of the course is to contribute to hospital quality improvement via a reduction in healthcare associated infections, through education of the professionals involved in direct contact with patients.

At the end of the course, students will be able to:

1. Appreciate the epidemiology of Healthcare associated Infections
2. Know the key issues behind effective implementation of local Infection Control Programs
3. Comprehend effective and ineffective strategies for infection control prevention in the principal sites of infections
4. Update knowledge about hand washing, isolation and occupational infection risks
5. Understand the association between environment and healthcare associated infections and which interventions are effective to achieve reduction.
6. Recognize the impact of antimicrobial use in healthcare associated infections and potential intervention to achieve sensible antibiotic stewardship.



### COURSE TOPICS:

#### DAY 1

<b>Welcome. Opening remarks. Local infection control organization and key issues for program implementation</b>
<b>Epidemiology of Healthcare-Associated Infections</b>
<b>Costs and Economic Evaluation of HAI</b>
<b>Break</b>
<b>Applying evidence based medicine in infection control</b>
<b>Surveillance</b>
<b>Outbreak Investigation</b>
<b>Lunch</b>
<b>Hand Hygiene</b>
<b>Isolation precautions</b>
<b>The environment and its role in HAI</b>
<b>Break</b>
<b>Housekeeping, laundry &amp; clinical waste</b>
<b>Cleaning Sterilization and disinfection</b>

**DAY 2**

<b>Topic</b>
<b>Prevention of post operative wound infection</b>
<b>Prevention of urinary tract infection</b>
<b>Prevention of intravascular Device-Associated Infections</b>
<b>Prevention of lower respiratory tract infections</b>
<b>Break</b>
<b>Prevention of blood borne viral infections</b>
<b>Food &amp; water hygiene; prevention of gastro-intestinal infections</b>
<b>Occupational Health risks for Health Care workers</b>
<b>Lunch</b>
<b>Laboratory and Microbiology support</b>
<b>Antimicrobial resistance and its prevention</b>
<b>Principles of Antibiotic Policy</b>
<b>Break</b>
<b>Risk Management</b>
<b>Audits in Infection Control</b>
<b>Open discussion, evaluation and conclusions</b>

**Recent review articles**

Tai DY. SARS: how to manage future outbreaks? *Annals of the Academy of Medicine, Singapore.* 35(5):368-73, 2006 May.

Murphy C. The 2003 SARS outbreak: global challenges and innovative infection control measures. *Online Journal of Issues in Nursing.* 11(1):6, 2006.

Formenty P. Roth C. Gonzalez-Martin F. Grein T. Ryan M. Drury P. Kindhauser MK. Rodier G. Emergent pathogens, international surveillance and international health regulations (2005). [French]] *Medecine et Maladies Infectieuses.* 36 (1):9-15, 2006 Jan.

Wenzel RP. Bearman G. Edmond MB. Lessons from severe acute respiratory syndrome (SARS): implications for infection control. *Archives of Medical Research.* 36(6):610-6, 2005 Nov-Dec.

Okeke IN. Laxminarayan R. Bhutta ZA. Duse AG. Jenkins P. O'Brien TF. Pablos-Mendez A. Klugman KP. Antimicrobial resistance in developing countries. Part I: recent trends and current status. *The Lancet Infectious Diseases.* 5(8):481-93, 2005 Aug.

**Participants at the Malta Basic Training Course**



## World Health Organization

IFIC has welcomed the opportunity to work with the World Health Organization to intensify its efforts towards infection prevention and control, particularly through the launch of the Global Patient Safety Challenge over the past year. This initiative addressed many of the core activities necessary for preventing healthcare-associated infection are being addressed:

WHO is inviting health care facilities to enroll as complementary test sites for *Clean Care is Safe Care* initiative

Participation is open to all health-care facilities around the world. WHO, through the WAPS, is keen to work in a targeted capacity with the Facility and will conclude a formal agreement with each Facility.

Hospitals and healthcare facilities wishing to take part in the implementation and evaluation, need to:

- submit an electronic submission of the enrolment form;
- participate in a specifically designed web-based community forum;
- undertake an assessment of a limited set of parameters during the implementation;
- provide a short written report to the WHO at the end of the implementation as formal feedback on feasibility and appropriateness of tools.

The enrollment form as well as further information is available at:

[http://www.who.int/gpsc/country\\_work/pilot\\_testing\\_info/en/index.html](http://www.who.int/gpsc/country_work/pilot_testing_info/en/index.html)

Upon acceptance, the healthcare facility will receive an exclusive access address upon enrollment.

Results and feedback will form part of the overall global evaluation of the Clean Care is Safer Care initiative and will feed into a final report about the achievements of the first GPSC.

### **Oxoid Infection Control Team of the Year Awards 2006/2007**

UK, 26 April 2007 - Oxoid, a world leader in microbiology, is pleased to announce the winners of the 2006/2007 Oxoid Infection Control Team of the Year Awards:

**1<sup>st</sup> Prize:**

Royal Wolverhampton Hospitals NHS Trust, United Kingdom

**2<sup>nd</sup> Prize:**

Cho Ray Hospital, Vietnam

**Joint 3<sup>rd</sup> Prize:**

Southampton University Hospitals NHS Trust, United Kingdom

Aminu Kano Teaching Hospital, Nigeria.

For more information go to [www.theIFIC.org](http://www.theIFIC.org)

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IFIC Strategic Partners  
2007

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## MEMBERSHIP FAQ:

### How can I become a member of IFIC?

IFIC now has three main categories of members: Members, Patron members and Associate members. Associate member is a new category, formed to accommodate people who are starting up infection control in a country or region. But look at the IFIC web page first, to see if there is already an organisation you can work with in your country!

To be admitted to the federation, all three categories must apply to the board. Application forms and other information on membership issues can be obtained from our executive secretary,

Ms Pamela Allen  
47 Wentworth Green  
Portadown, County Armagh  
Northern Ireland  
BT62 3WG  
[PmaAllen@aol.com](mailto:PmaAllen@aol.com)

***If you know of some persons or organisations working in control of healthcare-associated infections who might benefit from the networking of IFIC, please put them into contact with us. We have a place for them!***

I quote from our new bylaws, finally passed at the Annual General Meeting in Amsterdam, October 2006:

**Members**, are "societies, associations, organisations and companies comprising people which provide or who are concerned with the provision of healthcare in premises anywhere in the world and which have a concern about Infection Control". Members, or member societies, pay a low annual fee, can nominate new board members (trustees) and send delegates to vote at the Annual General Meeting, which is usually held in conjunction with an IFIC conference.

**Patron members:** are "persons, firms or companies which, whilst they have an interest in or concern about Infection Control, are commercial organisations. Strategic partners, and other Patron members, form very useful contacts between the IFIC member societies and the commercial world of health care infection prevention. They provide IFIC with financial support for the functioning of our organisation.

**Associate members**, are "individuals with an interest in Infection Control and working in an area where there is no local member, or organisations without commercial interest" but not having a proper constitution. Associate members cannot vote, but have access to all material published by IFIC.