



International Federation of Infection Control

# IFIC e-News

<http://www.theifc.org/>

## Chair Update



Judith Richards  
Chair, 2011  
IFIC Board

2011 has already seen huge upheavals worldwide, with earthquakes and devastation in New Zealand, and - as I write this - in Japan. I am sure this is putting colleagues under a lot of hardship and strain, and our thoughts are with them. It brings into focus how small our "global" world is, and how important it is that we continue and further develop our efforts to communicate and network.

Our Board's spring meeting has now tried to move forward from deliberating about IFIC's organization and structure, to identifying action points that will help us achieve our vision ( <http://www.theifc.org/about.asp> )

To this end, we have strengthened the role of our Board Members as regional liaisons. In reaching out to you, our Associate members and Member *(Continued on page 2)*

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## Eleventh Congress of the International Federation of Infection Control

The International Federation of Infection Control ( IFIC ), a world-wide umbrella organisation of Societies and individuals working in the field of infection prevention and control, is - true to its goal of providing leadership in education and networking - proud to be associated with the Societa Italiana Multidisciplinare per la Prevenzione delle Infezione nelle Organizzazione Sanitarie (SIMPIOS) in the organization of its 11th International Conference, to be held in the beautiful city of Venice.

The challenges of infection prevention and control are the same worldwide, what varies are the resources available to deal with them. This Conference will not only bring state of the art, evidence-based information to inform strategies, it will also allow opportunities to explore how to move forward when faced with low resource settings as well as enable practitioners to network in a convivial, supporting environment.



Key note presentations from internationally renowned speakers will be supplemented by workshops, debates on key issues, and industry symposia. We strongly encourage the submission of free papers, and will support delegates' attendance through a number of scholarships.

The Congress will run from Wednesday 12 October 2011 until Saturday 15 October 2011. The official language of the Congress will be English; however simultaneous translation to Italian will also be available in selected sessions. Further information on the Congress can be accessed from the website: [www.ific2011.com](http://www.ific2011.com)



*(Continued on page 2)*

## Chair Update continued *(Continued from page 1)*

Societies, we hope we will be able to identify specific regional needs and aspirations in the areas of infection prevention and control.

It is our plan that these needs can then be translated into defined and specific initiatives. We will be looking to our Patron Members and Strategic Partners to help establish some of these, collaborating with us in building on the experience of some of our current and past projects (Covidien award for Safe Childbirth; proposed award for Safe Needles project; Mintie assessment of alternatives for safe isolation of TB patients in Africa, amongst others). We hope that all of you, our members and readers, can contribute to these projects in the near future.

In the meantime, we are making good progress with the revised and updated edition of the Basic Concepts in Infection Control book, which we hope will be out by the end of the year. It will have updated chapters and some new ones, including maternal-child health, construction, and special populations.

Education and training has always been an important element of our work, as reflected in the special issue of the International Journal of Infection Control (IJIC), recently published (<http://www.ijic.info/>)

Continuing with this theme, the planning for our autumn meeting, to be held in Venice, Italy, continues apace. It is our hope that we will see as many of our members there as possible, and that you will all be submitting abstracts.

Thank you.

Judith Richards, CHAIR, 2011 IFIC Board

## Eleventh Congress of the International Federation of Infection Control

*(Continued from page 1)*

Congress Venue  
NH Laguna Palace Hotel  
Viale Ancona, 2; Mestre 30172; Venice; Italy  
Website: [www.nh-hotels.com/nh/en/hotels/italy/venice-mestre/nh-laguna-palace.html](http://www.nh-hotels.com/nh/en/hotels/italy/venice-mestre/nh-laguna-palace.html)

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### Accommodation

A range of hotel accommodation will be available in various categories and price ranges. Hotel bookings will be possible from the Congress website. An interesting social programme, including half and full day tours and excursions, will also be available.

### Registration

Early bird reduced fees will be applicable until 31 August 2011. Registration can be performed online or by down-loading the registration form from the Congress website and mailing or faxing to the organisers. All applications should be accompanied by payment of the full registration fee, either using credit card or bank transfer.

**REGISTRATION FEES AND PRELIMINARY PROGRAMME ON PAGE 3**

# Eleventh Congress of the International Federation of Infection Control

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## PRELIMINARY PROGRAMME

### KEYNOTE LECTURES:

Guidelines: How to Modify Risk Factors for Healthcare-Associated Infections *William A. Rutala, North Carolina, USA*

Education and training of infection control professionals in Europe: Do we need to start thinking outside the box? *Silvio Brusaferrò, Udine, Italy*

Martin S. Favero lecture *Title and speaker to be announced*

Infection Control in the Middle Ages: a Venetian story of quarantine and lazarettos (Opening ceremony lecture). *Giuseppe Cornaglia, Verona, Italy.*

### PRO-CON DEBATES:

Mandatory reporting and targets for infection reduction - are these effective?

100% hand hygiene compliance: is it achievable? is it necessary?

### PARALLEL SYMPOSIA:

High, low and getting lower: a review of global MRSA epidemiology.

Sustainability and infection prevention: achieving the critical balance. *Sponsored by the Società Italiana Multidisciplinare per la Prevenzione delle Infezioni nelle Organizzazioni Sanitarie (SIMPIOS)*

A county wide approach to reduce HCAI - the UK experience. *Sponsored by the Healthcare Infection Society – UK*

Device-associated infection prevention bundles: panacea or sound-bite? *Sponsored by the Association for Professionals in Infection Control and Epidemiology (APIC) – USA*

Structures of hospital hygiene and infection control in Europe. *Sponsored by the European network to promote infection prevention for patient safety*

From Lada to Lamborghini: adapting infection control interventions to resources available.

Infection prevention in a high resource country: relevance for countries with health care systems in transition. *Norwegian Forum for Infection Control*

WHO Clean Care is Safer Care: using HAI and UN Member State data to promote global improvement of hand hygiene compliance. *Sponsored by the World Health Organisation*

Carbapenemase resistant Enterobacteriaceae: Armageddon arriving? *Sponsored by the European Centre for Disease Control (ECDC)*

Prevention strategies for waterborne risks in health care. *Sponsored by the DKHC (Germany) and SF2H (France)*

### INTERACTIVE WORKSHOPS:

Prevention of healthcare associated bloodstream infections

Professional development and competency in infection prevention. *Sponsored by the Infection Prevention Society (UK)*

Achieving an effective HCAI audit and feedback cycle. *Sponsored by the Community and Hospital Infection Control Association (CHICA – Canada)*

Navigating the maze of antibiotic stewardship in hospitals.

### MEET THE EXPERT SESSIONS:

Achieving an effective HCAI audit and feedback cycle  
*Sponsored by the Community and Hospital Infection Control Association (CHICA – Canada)*

Disinfection and Sterilization: Navigating a Maze of Different Applications and Requirements

The secret to successful publication in infection control journals

### Registration fees

	Until 31 August 2011	After 31 August 2011	On site registration
Developing countries	€300	€350	€500
IFIC Associate members	€350	€400	€500
Other delegates	€400	€450	€500
Accompanying persons	€100	€125	€150

## International Journal of Infection Control

Prof. Smilja Kalenic, from Croatia, is the Journal Editor. She is supported by Elizabeth Scilcuna as Journal Administrator and an excellent Board of Assistant Editors (Ulrika Ransjö, Steve Barrett, and Bill Newsom).

Thank you to all those who submit their papers to IJIC and please keep them coming!

<http://www.ijic.info/>

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### Foreword to the Special Issue

Special Education issue - a Foreword from IJIC's Editor

Judith Richards

### Editorial Commentary

Educating the Infection prevention & Control educators - musings from the IFIC Education Chair

Gayle Gilmore

### Original Articles

WHO First Global Patient Safety Challenge: Clean Care is Safer Care, Contributing to the training of health-care workers around the globe

Claire Kilpatrick, Benedetta Allegranzi, Didier Pittet

Undergraduate and postgraduate medical education on the prevention and control of healthcare-associated infection. More progress is needed

Hilary Humphreys, Judith Richards

From Around the Globe

CINELA Project: Controlling Hospital Infections in Latin American countries. Preliminary results

Pola Brenner, Patricio Nercelles

Education for healthcare associated infection prevention and control in Croatia: how to start from the beginning

Smilja Kalenic, Ana Budimir

Infection Prevention and Control Education in EGYPT: Professional Diploma in Infection Control (PDIC)

Ossama Rasslan

From Policy to Practice - Education in Infection Prevention and Control

Shaheen Mehtar, Frederick Marais, Marina Aucamp

**VIII Congreso Panamericano de Infecciones Intrahospitalarias - VIII Pan American Congress of Nosocomial Infections**

November 14-17, 2011  
Santa Cruz de la Sierra, Bolivia

<http://www.cpiih2011.com/>

## World Health Organization



World Health  
Organization

**SAVE LIVES:**  
Clean **Your** Hands

**5 MAY 2011 - come together & lend a hand**

### Invitation to Participate - 5 May 2011

WHO **Clean Care is Safer Care** programme is again promoting its global annual hand hygiene campaign

If you want to improve and sustain hand hygiene and help save lives by reducing health care-associated infection while working in your health-care facility, **register with WHO now if you haven't already**  
<http://www.who.int/gpsc/5may/en/index.html>



### Action for sustained hand hygiene!

**Tracking your progress, planning your actions and aiming for hand hygiene sustainability** are the goals for **SAVE LIVES: Clean Your Hands 5 May 2011**.

Using the WHO Hand Hygiene Self Assessment Framework can help you do this - knowing where your health-care facility stands on hand hygiene promotion and sustainability is an essential part of a successful programme or campaign.

You can be part of this growing global movement by:

- Acting on WHO messages and information [www.who.int/gpsc](http://www.who.int/gpsc)
- Planning your own 5 May activities, including undertaking self-assessments
- Highlighting 5 May 2011 actions in your area, e.g. create dedicated web pages or notice boards to share activities and successes
- Joining WHO's 2011 teleclass series which has a focus on hand hygiene on 5 May 2011 by Professor Didier Pittet
- Encouraging others to register and take action to improve and sustain hand hygiene.

**Help spread the hand hygiene message**  
Register your commitment and take action **NOW**

**All information can be found at:**  
<http://www.who.int/gpsc/5may/en/index.html>

A WHO Patient Safety Initiative

**International  
Conference on  
Prevention & In-  
fection Control  
(ICPIC),  
Geneva Switzer-  
land.  
June 29-July 2,  
2011.**

Under the patronage of the World Health Organization Collaborating Centre for Patient Safety and Prof Didier Pittet, Chair of the ICPIC.

<http://www.icpic.eu/ICPIC2011/Welcome.html>



## CHICA-Canada 2011 National Education Conference



In the decade since CHICA-Canada last held a national education conference in Toronto, the Infection Prevention and Control profession has seen monumental change. Emerging organisms presented new obstacles; re-emerging organisms returned as a concern. With these challenges a national awareness has emerged regarding the value of infection prevention and control and the dedication of its professional practitioners.

The development of new healthcare and communication technologies have continued to influence clinical practice. Education became even more important to keep Infection Prevention and Control Professionals (ICPs) at the highest level of competence. In addition to these challenges, ICPs are expected to be leaders. They are expected to use innovation to develop programs, educate and communicate. They are expected to influence and inspire their colleagues, other healthcare workers and the public in the prevention and control of infections. They are expected to be Leaders in Action.

### The objectives for the 2011 conference are:

1. To provide an educational forum to share ideas and practice techniques, and discuss problem scenarios and resolutions with peers;
2. To encourage and support both novice and more experienced ICPs;
3. To provide tools to assist ICPs to elevate the standard of practice;
4. To provide ICPs with enhanced knowledge to educate, lead, inspire, mentor, champion and collaborate within their healthcare setting;
5. To showcase CHICA-Canada as a preeminent source of Infection Prevention and Control expertise in Canada.

The language of the conference is English.

*We would like to acknowledge and thank our corporate Strategic Partners for their support and assistance in the fulfillment of our projects and initiatives*



## Call for nominations: IFIC Martin S. Favero 2011 Award for Active Contribution to Global Infection Prevention & Control

The IFIC welcomes nominations from Member Societies as well as Patron and Associate Members for the: IFIC Martin S. Favero 2011 Award. This award has been created to honour the international contributions of Martin S. Favero, Ph.D. in the field of infection prevention & control and is kindly sponsored by Advanced Sterilization Products, Irvine, CA.

It aims to recognise, support and retain infection preventionists who have made significant contributions to global infection prevention. One recipient will be selected each year and will receive the award at the annual conference of International Federation of Infection Control (IFIC). The award will include a grant of \$3,000 to help defray travel costs associated with participation at the IFIC meeting.

### Eligibility

Persons eligible for the Award should be full-time professionals practicing infection prevention and control within a health care setting for at least three years. They should additionally meet the following criteria:

- ◇ A recognized expert who has made significant contributions to the field of infection prevention and control on an international level, especially in developing countries and/or limited resource regions.
- ◇ Evidence of outstanding and significant contributions to the fields of infection prevention as evident by publications (e.g., peer-reviewed scientific publications, chapters in professional texts, etc.) and/or presentations at national and international professional conferences.
- ◇ Achieved international recognition as an investigator and authority in infection prevention.
- ◇ Reputation for giving an excellent presentation.
- ◇ Must not have received the award in previous years.

### Application/Nominations

- Nominations are solicited from IFIC member societies as well as Patron & Associate Members.
- Nominees will be judged by their past performance and future promise by an appointed selection committee which will examine the curriculum vitae, a nomination letter and at least one letter of support.

**Nomination Deadline:** Nominations must be submitted on or before 30 April 2011.

### Selection Process

Completed applications should be addressed to the Chair, International Federation of Infection Control through an email sent to [awards@theifc.org](mailto:awards@theifc.org). Applications received after the deadline will not be considered. The email should include:

- Full details of the nominating member.
- A nominator's written explanation for choosing the candidate
- A current curriculum vitae that includes research activities, publications, international activities relevant to the subject of infection prevention.
- One letter of support and two professional references; each professional reference must include name, title, address, phone number and email address, if available.

The IFIC Chair will assemble a team of at least three (3) persons to serve as the selection committee for this award. The selection committee will review the applications using a scoring grid based on pre-established criteria and scoring guidelines. The winning nominee is then submitted to the Chair for approval.

### Award Process:

- ◇ The winner will be notified of the decision by the 15 June 2011 and invited to attend the annual IFIC conference, present the Marty S. Favero keynote lecture and receive the Award.
  - ◇ IFIC will also inform Martin S. Favero (or his designee) and Advanced Sterilization Products of the winner.
  - ◇ The person nominating the winner is sent a letter notifying them that their nominee won and thanking them for their efforts.
- All nominees are sent a letter acknowledging their consideration for the award.

## 2010 Covidien Awardee— Report Back: Improving Birth Attendants Knowledge and Practice of Infection Control in Cameroon

The 2010 IFIC-Covidien Grant to Make Childbirth Safer was awarded to the Cameroon Baptist Convention Health Board Abundant Life Primary Health Care Program (CBCHB) in 2010. The infection control team of Kakute Petern Newnefu, Dorothy Meyer and Knkwan Jacob Gobte now report on their work to improve the traditional birth attendants' (TBA) infection control practices in 5 pilot clinics in rural Cameroon.

CBCHB's health care system includes 5 hospitals, 26 health centres and 46 primary health centers (PHC) in the West Africa's Republic of Cameroon. Given the limited availability of skilled health providers, unskilled birth attendants provide perinatal services in 40 PHCs. Nurse Supervisors visit periodically to give immunizations and consult on difficult cases.

Several issues make safe motherhood a challenge. Piped water is available in only 3 of the 40 PHC maternities. Local village committees manage the health centers and do not always understand or value infection control. Sites did not have a consistent means to sterilize medical equipment, and thus transmission of hepatitis B, C and human immunodeficiency virus infections is a constant risk. The dedicated and motivated birth attendants lack formal training in health care but have benefited from CBCHB's on-the-job training.

After assessing the sites, the infection control (IC) team adapted materials from EngenderHealth's IC course and then trained eleven Nurse Supervisors and 26 traditional birth attendants. The team also gave a 4 hour presentation to members of the Village Health Committees, community members and PHC staff to discuss the importance of the infection prevention project, how to use and install the equipment they contributed, and the need to maintain records of neonatal infections and deaths. At each site, the IC team assessed the number of deliveries by sites, the available supplies and then distributed, as appropriate, 5 sterile gloves, 5 exam gloves, 1 liter of methylated alcohol, 5 cubes of savon soap, a pot for boiling equipment after use, kerosene stove, and a bottle of povidone iodine 10% solution. Reporting forms were distributed with instructions.

After training, the 26 TBAs were asked what they planned to accomplish in the coming year. Some 43% thought they could improve handwashing, 46% thought they could keep the delivery area clean, establish a cleaning schedule, and/or arrange for a pot to boil instruments. In total, they suggested 95 ideas for improvement!

Lessons learned: Only six of the eleven nurses had post-training scores indicating an "adequate" knowledge of IC so the IC team planned a refresher course later in the year. The team realized the importance of establishing an organizational culture that values infection control; otherwise sites would be unlikely to institute practices or continue to purchase hand hygiene supplies.

To help reinforce and review expected practices, nurse supervisors will be asked to complete a checklist after facility visits to note infection control issues. "Infection Control" has been added to the nurse supervisor's biannual meeting agenda so challenges and successes can be reported and discussed.

The IFIC Safe Childbirth Special Interest Group congratulates the team for steps they have taken and thanks Covidien once again for their commitment to make motherhood safer in our lifetime.



**tid-bit** (tɪd'bit') *noun* a choice morsel, a piece of information, an item of news about an individual who made a mark in the world of infections.

The ancient disease malaria was probably first referred to in a Chinese document in about 2700 BC, clay tablets from Mesopotamia from 2000 BC, Egyptian papyri from 1570 BC, and Hindu texts as far back as the sixth century BC. The early Greeks, including Homer in about 850 BC, and Hippocrates in about 400 BC, recognized the characteristic poor health, malarial fevers and enlarged spleens seen in people living in marshy places. For over 2,500 years the idea that malaria fevers were caused by miasmas rising from swamps persisted and many believe the word malaria comes from the Italian mal'aria meaning spoiled air.



Alphonse Laveran

Numerous researchers made great strides in describing the cause and transmission of malaria. Charles Louis Alphonse Laveran was born in Paris in 1845 and both his father and grandfather were physicians. Following medical studies in Paris and a medical residency at the Strasbourg civil hospital, he served as a medical assistant in the Franco-German war. From 1878 - 1883, he worked in Bone, Algeria and, during this time, his chief research was in human malarial parasites, focusing on 'follow the pigment'. Knowing that the spleens of malaria patients contained pigment, he began to look for pigment in fresh unstained blood of patients. He observed it in leucocytes and then in red blood cells. He also observed several different forms of erythrocytic microorganisms, including crescents, spherical motionless bodies with pigment, spherical moving bodies with pigment, and bodies that extruded, flagella-like structures.

While in Algeria, he found these parasites in the blood of patients infected with malaria and later went to Rome specifically to search for the same parasites in malaria patients there. He was awarded the 1907 Nobel Prize in Physiology or Medicine for his work on protozoan-causing diseases and gave half the prize money to the Laboratory of Tropical Medicine at the Pasteur Institute. For 27 years, he continued his research on pathogenic protozoans and malarial parasites.

Several other researchers added to the knowledge of malaria. In 1880, William George MacCullum from Johns Hopkins Hospital and his colleague, Eugene Opie, observed the sexual stages of *Haemoproteus columbae*, a malaria-like parasite.

Ronald Ross, a reluctant physician, joined the India Medical Service and used his personal experience with mosquitoes to begin the research relating to malaria. In 1897, Ronald Ross showed that parasites were transmitted from the bites of infected mosquitoes. "The most far-reaching discovery made by Ross, and one that is frequently ignored, was that a blood-sucking insect could not only take up infective microorganisms from an infected individual but could also transmit them some time later when it fed on an uninfected host—something that was completely contrary to the received opinion of the time.

It took a long time before other investigators realised the universal importance of this discovery. It was not until the first decades of the twentieth century that diseases such as African trypanosomiasis, leishmaniasis, filariasis and loiasis were discovered to be transmitted by the bites of infected insects." (*Nobel Lectures, Physiology or Medicine 1901-1921*, Elsevier Publishing Company, Amsterdam, 1967.) Ross received the Nobel Prize in Physiology or Medicine in 1902.

Thankfully, these and many other researchers have changed the picture of malaria in the last century.



Ronald Ross

## Teleclass Lecture Series

Syed A. Sattar, PhD, and Paul Webber; University of Ottawa Faculty of Medicine; Webber Training Inc. Teleclass Education is a telephone-based, internet-supported lecture series, run entirely by volunteers around the world. Registration fee is \$40 per teleclass per site - some teleclasses are free registration, including each marked as "WHO Teleclass". **Participants from developing nations are entitled to full access without charge.** For more information on registrations, refer to [www.webbertraining.com](http://www.webbertraining.com) or [info@webbertraining.com](mailto:info@webbertraining.com).

You require access to a telephone and access to e-mail, or a computer with internet access and speakers. Teleclasses take place over the telephone so you can join wherever there is a phone. The presenter's slides and handout notes, and the number of the Bridge Line and PIN code are e-mailed to all registrants at least 48 hours in advance of the teleclass so access to e-mail is necessary. A data projector could be employed to project the speaker's slides. Teleclass recordings are posted to the web site, usually within 2 days for unlimited access.

Teleclasses depend on telephone technology called Bridge Lines. A Bridge Line is a special telephone line that allows audio conferencing. The Bridge Line phone number and PIN code number are sent out to all registrants two days before the teleclass date. At the scheduled time all registered sites dial the number, punch in the PIN code number when requested, and are automatically in the conference.

Professionals from developing nations are provided with unlimited access to teleclass materials, including slides, handouts, and on-line recordings.

### SCHEDULE

#### May

- 19 – **Human Factors Engineering Applications for Infection Prevention and Control**: Dr. Hugo Sax, Switzerland
- 26 – **Safe Injection Devices: 10 Years Out...Where Are the Gaps?**: Ed Krisiunas, USA

#### June

- 9 – **Using Checklists to Prevent Healthcare Associated Infections**: Dr. Peter Pronovost, USA
- 14 – **Ten Years of Infection Control: How Far Have We Come?** Speaker: Prof. Syed A. Sattar, Canada
- 15 – **Pandemic, Public Health and Emergency Care: Contemporary Trends and New Challenges for Infection Control and the Infectious Diseases**: Prof. Ramon Shabam, Australia
- 21 – **Establishing an Infection Control Program for Acute Respiratory Infections and Ensuring Pandemic Preparation**: Prof. WH Seto, Hong Kong
- 23 – **Ventilator-Associated Pneumonia: Epidemiology, Diagnosis, and Prevention**: Dr. Lennox Archibald, USA

#### July

- 14 – **Climate Change and Infectious Disease**: Prof. Andrew Nichols, UK
- 20 – **Highlights and Results From May 5, 2011 Initiatives Around the World** : Claire Kilpatrick & Benedetta Allegranzi, WHO

## APIC 2011



The 2011 APIC Educational Conference & International Meeting will focus on the theme "**Translating Science--Sustainable Solutions**" and will be held in the beautiful city of Baltimore, MD. It will feature its largest-ever exhibit hall, showcasing the latest in innovative products and services from more than 200 companies.

Each year, thousands of healthcare professionals from all over the world come together for three days of outstanding educational sessions, renowned speakers, special seminars, and valuable networking events.

<http://conference.apic.org>

## In Memoriam

Moira Walker passed away Sunday, March 20, 2011. Moira was an IFIC Board member & Secretary 1996 - 2003. Following are some thoughts from fellow IFIC Board members.

It is with great sadness that we hear that Moira Walker passed away. We remember her not only as a board member of IFIC, but also as a good friend and sister, her kindness and consideration for all her friends, colleagues and family, her salty wit, her courageous and successful fight against her grave illness.

The first time I (UR) spoke with Moira was at the breakfast table in Ghiza one morning in the joint IFIC – Egyptian conference of 2003. She came back smiling after a ride around the pyramids, saying:

- *my doctor said I should not ride on horseback anymore after my hip replacement (which was only a couple of months back), but he didn't mention camels!*

This sums up her stamina and vitality, which was a most important factor in the progress of IFIC during her years as honorary secretary up to 2004. Moira was elected to the IFIC board in 1996 and served as honorary secretary of IFIC for eight years. As chair of IFIC I (AH) had the pleasure of working together with Moira for six of these years. In 1996 IFIC was still a young organization and it was a challenge for the board to secure its growth and sustainability. Moira's high professional profile and ability to establish connections, make and keep friends were invaluable qualities to meet this challenge. Moira devoted a lot of time to IFIC and during her time on the board five IFIC congresses and several educational workshops were arranged. The IFIC booth was always set up by her and her husband, Bill; Moira strengthened further the connections between CHICA Canada and IFIC in many ways. and CHICA also started a charity run for IFIC.

Moira, with her daughters Barbara-Ann and Alison and Bill, showed me (UR) great hospitality in Vancouver and in her birthplace, Salt Spring Island. How she enjoyed sorting out the IFIC archives in 2006.

Moira had ancestors in Sweden, so in 2009 before the Vilnius IFIC conference we had the opportunity of showing her and Bill around, including the birthplace of her great grandfather and an emigrant memorial. This was the last time we met, but she was good at keeping contact through mails and phone-calls. The photo below shows her at her church in Salt Spring Island, and that is how we like to remember her.

Whenever we think of Moira, we see her bright smile, and we shall miss her sorely.

*Anna Hambræus and Ulrika Ransjö*

Moira, was an active energetic, enthusiast person who always cared for everybody and loved the social interactions after the work was done. I learned a lot from her.

*Gertie van Knippenberg-Gordebeke*

