



International Federation of Infection Control

IFIC e-News

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

2009 IFIC CONGRESS

LITHUANIA

6-11 October 2009
10th IFIC Congress
Vilnius
Lithuania

Chair Update

Dear IFIC members,

As indicated by our mission statement: *IFIC facilitates worldwide networking of individuals and societies active in infection prevention & control by fostering communication, providing essential tools and educational materials as well as helping in the development of infection control organizations where needed.*

Our activity therefore continues to revolve around current and future infection control societies and organisations. However we have recognised that there are individuals who want to participate more actively within IFIC on a personal basis. Alternatively, there are many infection control professionals in countries where a society are still not present or, for some reason, may not be very active.

For this reason, following the resolution of the 2008 Annual General Meeting, Associate Membership in IFIC has also been made available on a personal basis. This facility is now active and online registration can be undertaken through the Associate Membership webpage in the IFIC website or directly at http://www.theifc.org/pre_registration.asp.

Membership is free for around 100 low resource countries; this ensures there is no obstacle to

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Michael Borg
Chair, 2009
IFIC Board

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AGM ANNOUNCEMENT

IFIC's Annual General Meeting will be held in Vilnius on Saturday, October 10, 2009 at 12:30 p.m. Each Member Society will have one vote at the meeting.

Please make sure that whoever is appointed as your society's delegate to the conference attends the AGM to represent your society.

We also would like to invite your society's delegate to a Member's Luncheon that will be held on Friday October 9, 2009. We will be sending invitations and further information in the coming weeks.

Chair Update continued (Continued from page 1)

Donations to support the work of the Federation are welcome. Donations can be designated for either 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: info@theifc.org

whoever wants to join IFIC and network with other individuals and societies. A nominal fee of £25.00 is requested from applicants from developed countries; these members will not only be supporting this initiative but can also directly assist colleagues who are still developing infection prevention and control in their countries or hospitals. We also hope that this initiative will also help create critical masses of individual members that ultimately foster viable organisations.

More information can be found in the IFIC website. I encourage you all, to become IFIC Associate Members and in this way assist in the Federation's continued growth and output.

Thank you,
Michael Borg
Chair, 2009 IFIC Board

ASSOCIATE MEMBERSHIP A New Category of Membership Now Available



Associate members are defined as individuals professionally involved or interested in IPC as well as non-commercial organizations which do not fulfill the criteria of full members. They are entitled to receive all published materials as well as any other benefits open to members. However they are not be entitled to vote or hold office.

Why become an Associate Member?

Affiliate with a respected unified global IPC voice

Associate membership offers an opportunity to better clinical practice by sharing challenges and successes with professionals of similar backgrounds and will remain updated on what is going-on worldwide in IPC. Membership also facilitates possibilities to associate and exchange ideas with internationally renowned medical specialists and scientists. It also provides support for less experienced professionals to access ideas, write publications, apply for scholarships etc.

Get access to experts in IPC

Novice infection control professionals can utilize contact opportunities to obtain help from more es-

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PATRON MEMBER SPOTLIGHT:

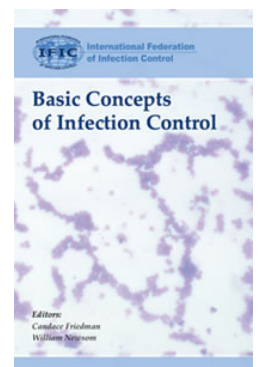
Virox Technologies Inc.

The Accelerated Hydrogen Peroxide (AHP) Technology has been approved by the FDA in the United States as a 8 minute high level disinfectant for the reprocessing of heat-sensitive critical and semi-critical devices and surgical instruments under the brand name Resert XL HLD and marketed by The Steris Corporation. This ready-to-use, device compatible, oxidative chemistry is a non-toxic, environmentally preferable alternative to glutaraldehyde disinfectants. It maintains AHP's excellent safety profile as it is non-sensitizing and does not require special ventilation or fume hoods. For more information, please visit www.virox.com.



Basic Concepts of Infection Control

You can download chapters from this valuable resource from <http://www.theifc.org/basicconcepts/default.htm>



2009 IFIC CONGRESS

KEYNOTE LECTURES:

Getting to Zero and Other Possible Dreams, Donald Goldmann, Institute for Health Improvement (IHI), Cambridge, USA

Global strategies for antimicrobial resistance prevention and control, Gerald Dziekan, World Health Organization, Geneva, Switzerland

Dynamics of MRSA spread in healthcare settings and beyond, Hajo Grundmann, EARSS Bilthoven, The Netherlands

H1N1: lessons learned and moving forward, Jonathan Van-Tam, University of Nottingham, UK

PARALLEL SYMPOSIA:

WHO symposium

Core components of Infection Control

National Performance Indicators: building on the foundation of sustainable & comparable infection control in Europe

Barry Cookson/Ana Paula Coutinho

Achieving a top-down and bottom-up approach to implementing Infection Control programmes in low resource settings

Constantin Rimis

IC core components

Carmem Pessoa-Da-Silva

HIS symposium

Universal Screening: myth or reality - a health debate

MRSA screening - a targeted approach?

Tim Boswell & Stephan Harbarth

MDR Gram negatives - is screening appropriate?

Gary French

Screening for VRE - a cost effective approach?

Hilary Humphries

APIC symposium

Science at the Bedside in Every Country

Why we need elimination guides in healthcare settings: the APIC experience

Kathy Warye

Sterilization and Disinfection: navigating the maze of different applications and requirements

William Rutala

CHICA symposium

Making Routine IC Practices Routine: 6 things that will really make a difference

What are Routine Practices and why do they need to be routine?

Carol Goldman

Visibility, Support and Supplies: The foundations for making Routine Practices routine

Cathy Munford

Education, Messages and Tools to Make a Difference

Donna Moralejo

WHO symposium

Hand hygiene – still a challenge

Clean Care is Safer Care: First Global Safety Challenge update

Claire Kilpatrick

Impact of hand hygiene improvement on infection rates in high endemic situations

Gary French

More sinks? More rub? More Posters? More hand hygiene? Not necessarily

Michael Borg

Achieving a culture change for improved hand hygiene compliance

Stephan Harbarth

ECDC symposium

Expanding Surveillance of Antimicrobial Resistance, Consumption and Healthcare-Associated Infections: Lessons Learned from EU

Responding to the Challenge of Antimicrobial Resistance & Healthcare-Associated Infections

Dominique L. Monnet

Surveillance of Antimicrobial Resistance: EARSS

Hajo Grundmann

Surveillance of Antimicrobial Consumption: ESAC

Herman Goossens

ECDC Surveillance of Healthcare-Associated Infections

Carl Suetens

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2009 IFIC CONGRESS, continued

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IHA symposium

Communicating the message

Meet the press
Communication during an outbreak
Using new media to promote Infection Control

Dianne Dreimanis
Wendy Beckingham
Walter Popp

WHO symposium

Prevention of respiratory infections

WHO recommendations for acute respiratory infections and its field evaluation
in eastern European countries
New WHO policy for TB infection control
Main challenges for TB infection control in Europe
Ventilation and reduction of infectious risk

Ana Paula Coutinho
Fabio Scano
Lucica Ditiu
Carmem Pessoa-Da-Silva

German Antisepsis Society

Wound antisepsis

Indications for wound antisepsis and principles of choosing antiseptics
Octenidine dihydrochloride: characteristics and use for wound antisepsis
Polihexanide: first choice agent for antisepsis of chronic wounds?

Axel Kramer
Ojan Assadian
G.D Mulder

Antibiotic policies

Is Antimicrobial Resistance Related to Consumption, and What Can We Do About It?
Do antibiotic policies impact on antibiotic resistance?
Improving the evidence base for antimicrobial stewardship interventions: the ORION approach

Dominique Monnet
Herman Goossens
Barry Cookson

WORKSHOPS & BUZZGROUPS:

Prevention and control of resistant Gram negatives
Near misses in infection control: improving patient safety by learning from errors
Basic requirements of infection control education
Designing a ward
Safe needles
MRSA policies in Europe
A Worldwide View on Infections in the Elderly
5 moments of Hand Hygiene
Hand hygiene
Safe childbirth
Clinical Waste Management
Prevention of nosocomial fungal infections

Ulrika Ransjo/Ann Hammelin
Pola Brenner/Ossama Rasslan
Gayle Gilmore/TBA
Ulrika Ransjo/Walter Popp
Jane Murphy/Ed Krisiunas
Smilja Kalenic
Christine Nutty
Claire Kilpatrick/Nizam Damani
Nagwa Khamis
Pat Lynch/Akeau Unahalekaka
Ed Krisiunas/Rolanda Valentiniere
Ira Salkin/Smilja Kalenic

Pro-con debate

Is outcome surveillance really necessary?
Policing antibiotic policies

Nizam Damani/Carl Seutens
Judith Richards/Candace Friedman

IFIC Patron Members 2009



AQUAFREE



Johnson & Johnson

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.

Sir Alexander Ogston

The most common organism, known by most around the world, is *Staphylococcus aureus*. The man credited with naming this bacterium is Sir Alexander Ogston.

Ogston was born in April 1844 in Aberdeen, Scotland; his father a professor at the University of Aberdeen. He studied extensively in Aberdeen, and later in Prague, Vienna, Berlin, and Paris. Although his general medical practice began in his birthplace, he later became known as a proficient, systematic, and painstaking surgeon, who also was an excellent teacher, advanced beyond the times.

He was published in a variety of journals and fields in the late 1800s including, "The operative treatment of genu valgum", "The growth and maintenance of the articular ends of adult bones", "Report upon micro-organisms in surgical diseases", "Micrococcus poisoning", "Continental criticism of English rifle bullets," and "A new principle for curing clubfoot". Much of his experience came with military surgery and he served in the Egyptian war of 1884 and the Boer War in South Africa in 1899. He was over 70 years of age in 1914 when he was sent to assist with the management of severe trauma during World War I.

Educated before the days of antisepsis, Ogston had the scientific and progressive turn of mind which led him to accept the lead of the new study of bacteriology, so that he was an early convert to the Listerian doctrine. As a student of Lister, he observed his use of carbolic acid as an antiseptic and added it to his own surgical practice. His own studies of suppuration led to his discovery of one of its microbic causes and it is to him that we owe the specific name, *Staphylococcus aureus*. The Greek word, *staphyle*, means bunch of grapes, and due to their golden color, he added *aureus*.

He was honored by Queen Victoria in 1892 and also King Edward VII and King George V. The Aberdeen University Department of Surgery awards an annual prize to the best surgical student. We owe a debt of gratitude to this man who died in 1929 in his beloved Aberdeen.

APIC 2009 Annual Conference

The APIC International Conference and Annual Meeting "The Power of Collaboration" was held June 7-11, 2009 in Ft Lauderdale, FL. There were 3,532 attendees from 30 countries and 1,166 exhibitors. Your IFIC organization was one of the groups that had an exhibit booth for anyone seeking information. Several current Board members, past Board members, and friends of IFIC manned the booth during the 3 days the exhibit hall was open. Many questions were answered and scholarship donations were accepted. Perhaps greatest interest was in the new Associate Membership category.

In addition to the personal interaction, the candy donated by Board members was much appreciated and luggage tags were made for many attendees' backpacks. The convention floor was also a great place to interact with other organizations and companies with an international interest. The Board members had the opportunity to formally meet with some of our corporate sponsors.

We were able to share IFIC's vision, mission and goals to many people from around the world. Thank you to APIC for providing the exhibit space and for providing registration for several IFIC Board members.



WHO's First Global Patient Safety Challenge Where are we now?

Since the formal launch of **SAVE LIVES: Clean Your Hands** on 5 May 2009, as the new initiative for WHO's First Global Patient Safety Challenge: Clean Care is Safer Care, over 5500 health-care facilities from 121 countries have registered to:

- Receive monthly updates from the First Challenge
- Be part of a global movement to improve hand hygiene and join a network of countries already running hand hygiene campaigns to ensure hand hygiene improvement is sustained
- Access and utilise WHO's Guidelines on Hand Hygiene in Health Care and supporting implementation tools
- Share knowledge and successes with others
- Make patient safety a priority in health care, everywhere.

5500 health-care facilities registered for SAVE LIVES: Clean Your Hands, as of end June 2009



MAP at http://www.who.int/gpsc/5may/slcyh_map_registrants.jpg

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ASSOCIATE MEMBERSHIP

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established colleagues internationally. In turn, established specialists can genuinely make a concrete difference to improve IPC worldwide.

Enjoy benefits that make a difference

Associate members receive subscription to the peer-reviewed International Journal of Infection Control as well as IFIC's electronic newsletter. They also obtain a certificate suitable for framing, e-mail announcements of journal, conferences and projects, scientific updates plus discounted conference registration.

Membership fees (yearly):

Associate members £25

IFIC recognises that individuals who live and work in low resource countries might be restricted from applying for membership because of limited financial resources. Therefore registration fees are waived for such applicants. A list of these countries may be found at <http://www.theific.org/waivedmembership.asp>

Registration for Associate Membership is now available at http://www.theific.org/pre_registration.asp

WHO's First Global Patient Safety Challenge

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Much has been achieved around the world to improve hand hygiene practices in recent years, including 120 ministries of health pledging their commitment, which over the last three years has given great impetus for galvanising action.

Countries pledged to reduce health care-associated infections (HCAI) as of May 2009



However, the need to prevent avoidable infections in health care is greater than ever and fortunately the enthusiasm at country level is also still evident and growing. As of a 2009 survey conducted by the First Global Patient Safety Challenge, 38 countries are running hand hygiene campaigns.

Nations/subnations with Hand Hygiene Campaigns as of May 2009



This, therefore, is truly the opportune time to focus on:

- Sustaining hand hygiene improvement
 - ◇ *Ensure hand hygiene stays as a priority on national health-care agendas*
 - ◇ *Ensure hand hygiene is continually acknowledged as an essential basis for the attainment of effective infection control and patient safety*
 - ◇ *Ensure the 'My 5 moments for hand hygiene' are applied in practice*
- Demonstrating that hand hygiene makes a substantial contribution to the reduction of health care-associated infections.

Moving forward with action

There are, and must continue to be, many approaches to achieving sustained hand hygiene improvement and reductions in HCAI. Some examples are:

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WHO's First Global Patient Safety Challenge

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1. **Using WHO's revised implementation tools launched on 5 May 2009 - over 40 are available; here is just some information about using these tools:**

The strategy described in the '**Guide to the Implementation of the WHO Multimodal Hand Hygiene Improvement Strategy**' has been designed for use by any healthcare facility irrespective of the level of resources or whether the facility has already implemented any hand hygiene initiatives, and features information about using the implementation tools, for example:

- **Ward Infrastructure Survey** If your healthcare facility is looking to improve its infrastructure, this is a one in a range of tools that can support the implementation of system change. Use the survey in your area (pg 12 of the guide) - download from the website at http://www.who.int/gpsc/5may/tools/system_change/en/index.html
- **Improving Safety Climate** Perhaps your facility is trying to improve its safety climate? There are several initiatives you can use, one of which is to prepare a targeted letter which advocates hand hygiene and which can be sent to senior clinical and administrative managers. Such a communiqué can help initial dialogue with key decision makers and encourage investment in hand hygiene as an important means of reducing HCAI. You can find guidance on pg 30 of the guide and download a template letter from the website at http://www.who.int/gpsc/5may/tools/safety_climate/en/index.html
- **Observation Form** In order to have a true indicator of health-care workers' behaviour related to hand hygiene, data should be collected while observing HCWs during routine care. Consider how often your setting is monitoring hand hygiene performance to ensure improvement and use this tool as necessary (pg 23 of the guide) - download from the website at http://www.who.int/gpsc/5may/tools/evaluation_feedback/en/index.html

World Health Organization | Patient Safety | SAVE LIVES
Clean Your Hands

Ward Infrastructure Survey

May 2009 Working Version

Note: This questionnaire is currently undergoing technical revision and will be reissued in its final format at a later date. It is usable in the present format.

1. Date:		2. Hospital:	
3. Ward:		4. Service:	

5. Department (please select the department which is closest to yours):

Internal medicine Surgery Intensive care unit Mixed medical/surgical
 Emergency unit Obstetrics Paediatrics Long-term/rehabilitation
 Outpatient clinic Other

6. Position of the person completing this questionnaire:

Head nurse Head physician Study coordinator Study deputy coordinator
 Other team member

7. Number of health care workers on this ward: Nurses Physicians Auxiliaries

8. Is water regularly available? Always Intermittently Rarely Never

9. Is running water available? Yes No

10. Is water clean? Yes No Don't know

11. Is an alcohol-based handrub available? Always Intermittently Rarely Never

12. If yes, what type of handrub dispensers are available? (multiple choice)

Pocket bottle Bottle affixed to trolley/tray Bottle affixed to bed Wall dispenser

13. If wall dispensers are available, are they placed within an arm's reach from point of care (e.g. around the

2. **A continued call for action in all countries and health-care facilities, including:**

- Registering your facility and/or asking 5 others to do the same
- Finding out if there is an existing hand hygiene campaign in your country and seeing what you can do to support it
- Listing 5 areas for improvement in your facility and discussing these with your colleagues
- Submitting a case study to SL:CYHs
- Using a multimodal strategy to ensure sustained hand hygiene improvement.

WHO's First Global Patient Safety Challenge

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3. Consider 'filling in the gaps'

- Have you considered what the patient safety research priorities are in your health-care setting and have you considered publishing your work?
 - ◇ WHO Patient Safety identified that in developing countries studies looking at the cost effectiveness of patient safety activities are important. In developed countries, studies on enhancing communications and safety culture were deemed priority
 - ◇ WHO's Guidelines on Hand Hygiene in Health Care clearly outline the gaps that exist in the knowledge and evidence base and where further work is required, for example:
 - ⇒ Identifying models for patient participation in hand hygiene promotion in different cultural and social settings
 - ⇒ Exploring the role of alcohol-based handrub in preventing the spread of spore-forming pathogens
 - ⇒ Establishing the duration of surgical hand preparation using alcohol-based handrub.

WHO's **SAVE LIVES: Clean Your Hands** initiative has already re-galvanised action and it can be clearly acknowledged that many are taking continued steps to support the reduction and prevention of HCAI. Case studies have already been submitted to the SL:CYHs website and the First Challenge team is aiming to make progress on facilitating further sharing of knowledge between the nations/subnations running hand hygiene campaigns.

Find out more and contact us:

www.who.int/gpsc/
savelives@who.int

You can also learn more by attending sessions that give up-to-date information on the First Global Patient Safety Challenge and developments in infection control. In 2009 these include at the IFIC Conference in October as well as other conferences around the world this autumn. WHO is dependant on and grateful to our many infection prevention and control partners who work directly to improve patient safety at the point of care.

National Education Conference on Infection Prevention and Control Community and Hospital Infection Control Association - Canada (CHICA-Canada)

IFIC Board members were welcomed at the 2009 CHICA conference in St. Johns, Newfoundland and Labrador. CHICA members hold an annual fun run to raise money for IFIC scholarships. There were approximately 25 runners/walkers at the 4th annual CHICA-IFIC run. Many thanks to participants.

Congratulations to Sue Lafferty from Alberta who was the sponsorship leader and who collected the largest number of pledges (almost \$600) and, of course, to Marion Yetman who organized and coordinated the run. As always, we must acknowledge and thank CHICA-Canada's Board of Directors who, on behalf of CHICA, always adds extra monies to the pot. This year the entire donation to IFIC is in excess of \$3,700 CAD!! We look forward to running with you all next year at 0630 hrs on Monday, May 31, 2010 during CHICA's Annual Conference to be held in Vancouver, British Columbia.



2009 IFIC CONGRESS SCHOLARSHIPS

IFIC is pleased to announce that the following delegates have been awarded scholarships to attend the Tenth Congress of the International Federation of Infection Control (IFIC2009). There are sessions dedicated to these presentations during the congress. Congratulations to all.

**Gulmira Djumalieva**

Kyrgyz Republic

Experience with the national program for infection control in the Kyrgyz republic

Brahmaputra Marjadi

Indonesia

Development of a proxy surveillance for intravenous line-related bacteraemia in remote Indonesia

Claire Farrugia

Malta

Delivering the message: improving infection control communication

Greta Gailiene

Lithuania

Surgical site infections in cardiosurgery

Noel Abela

Malta

Identifying perceptions & beliefs: the first challenge in every hand hygiene compliance initiative

Altaf Ahmed

Pakistan

IDSP health and hygiene program in Pakistan.

Naowanit Ponpinit

Thailand

Reduction of catheter-associated urinary tract infections at Udonthani hospital, Thailand

Ann Higgins

Ireland

Incidence of MRSA at admission to hospital – a prospective four year study

Ruta Bagonaite

Lithuania

The situation of MRSA control in Lithuanian general hospitals

Amani A El Kholy

Egypt

Decreasing the rate of central line associated bloodstream infection in a tertiary hospital

Sergejs Kuznecovs

Latvia

MRSA and tobacco smoking: the crossroad of epidemics

Ruta Lulianskyte

Lithuania

Management of needlestick and sharps injuries and exposure to body fluids of medical personnel

IFIC SPECIAL INTEREST GROUPS

The SIGs will be meeting at the IFIC Congress in Vilnius. Join them at the following times:

Friday, October 9, 7:30 a.m.

- Hand hygiene business meeting
- Construction business meeting

Friday, October 9, 4:00 p.m.

- Designing a ward scientific workshop
- Safe needles scientific workshop

Saturday, October 10, 7:30 a.m.

- Surveillance business meeting

Saturday, October 10, 4:00 p.m.

- Hand hygiene scientific workshop
- Safe childbirth scientific workshop

Sunday, October 11, 7:30 a.m.

- Safe needles business meeting
- Safe childbirth business meeting

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

Baxter



COVDIEN



enturia | basically better health™



3M Worldwide

IFIC welcomes ICNet as a new Strategic Partner! Their website is <http://www.icnetplc.com/>