



# IFIC e-News

## Chair Update

Dear IFIC members,

The beginning of summer is always a hectic time as preparations for the annual IFIC Congress start to gain momentum and this year is no exception. IFIC2007 which will be held in Budapest, Hungary between the 18 – 21 October 2007 promises to be one of the best ever IFIC congresses.

More than 40 lectures, 12 buzz groups plus more than a 100 oral and poster delegate presentations will provide the right academic backdrop for three and a half days of excellent networking. We gratefully thank our hosts, the Hungarian Society of Infection Control Practitioners, and especially Prof. Karolina Böröcz and Dr. Emese Szilágyi, for their hard work over these past months.



Michael Borg  
Chair, 2007  
IFIC Board

It was particularly encouraging to receive more than 50 scholarship applications from infection control colleagues. Each applicant, as always, was required to present an abstract with the application. For the first time, in addition to the conventional research based submissions we also encouraged abstracts indicating how the applicants tackled a particular challenge in their local environment. The standard of the submissions was, on the whole, truly outstanding and I know for a fact that the adjudicating committee had a hard time to reach their final short list. As a result of the ever increasing donations to our scholarship fund, it has been possible to increase our awards to cover at least 12 full and partial scholarships. The awardees originate from most parts of

*(Continued on page 2)*

### IFIC CONFERENCES

#### HUNGARY

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

#### CHILE

14-17 October 2008  
IFIC 9<sup>th</sup> Annual Conference  
Santiago  
<http://www.sociedad-iih.cl/>

## Annual General Meeting

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The Board of the International Federation of Infection Control invites IFIC delegates and other representatives of member societies participating at the conference to attend the Annual General Meeting (AGM) which will take place on:

**Saturday, 20 October, 1230-1400 hours at the 8th Congress of the International Federation of Infection Control, Budapest, Hungary in the room indicated in the final Conference programme.**

The agenda will be distributed at the start of the meeting. Each member society, which is paid up for the year 2007, is entitled to nominate one voting delegate to represent it at the AGM.

All delegates at IFIC2007 are welcome to attend the AGM and participate in fruitful discussions on the future of the Federation and the ways it can assist the member societies as well as the global development of infection prevention and control.

IFIC is  
celebrating its  
20th anniversary  
this year!

Watch for a special  
edition of the newsletter  
later this year!



## Chair Update continued

the globe and it will be a particularly enriching experience to hear and see what each is doing in his or her own country and institution.

On behalf of the IFIC Board as well as the Local Organising Committee, I look forward to meeting you all in Budapest and hope you will join us for a yet another outstanding educational experience.

IFIC thanks its Strategic Partners  
for their support and assistance  
in the fulfilment of its projects and initiatives.



## MICROBES WITHOUT BORDERS: KEY FACTS ON INFECTIOUS DISEASES IN EUROPE

*Highlight from an Annual report on infectious diseases in Europe*

EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL (ECDC's)

*Press release 7 June, 2007*

### Antimicrobial resistance and healthcare -associated infections

Antimicrobial resistance is one of the most serious public health problems, globally and in Europe. If the current rise in drug resistance among microbes is not halted, mankind will lose one of its most important weapons against infectious diseases.

The problem of drug resistance is complex and results from the over-use or inappropriate use of antibiotic and antiviral drugs; the spread of drug-resistant microbes, particularly in hospitals, clinics and

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## Infection Prevention – A new era, a new outlook

The 37<sup>th</sup> Annual Infection Control Conference  
24<sup>th</sup> - 26<sup>th</sup> September 2007  
The Brighton Centre, Brighton, UK

This year's conference will challenge behaviours in the hope of promoting infection prevention and control standards, including compliance with hand hygiene and competence towards preventing and controlling MRSA and *C.difficile*, among other alert organisms and communicable diseases that challenge our healthcare systems.

### ***Focus on hand hygiene:***

Today, hand washing is recognised as the most effective means of preventing cross infection. The importance of hand hygiene was also made plain by Gould's statement that hands used to 'care, treat and comfort may potentially become instruments of harm' and this statement is supported by Larson's guidelines for hand hygiene in health care settings produced for the Association for Professionals in Infection Control and Epidemiology (USA).

A number of recent UK initiatives have been launched to address some of the challenges with hand hygiene compliance, including the National Patient Safety Agency's 'Clean Your Hands Campaign', the National Public and NHS Hand Hygiene Campaign in Scotland ([www.washyourhandsofthem.com](http://www.washyourhandsofthem.com)).

### ***Focus on Methicilin Resistant Staphylococcus aureus (MRSA):***

Currently the proportion of *S. aureus* blood stream infections reported in England that are MRSA is around 40% with similar figures for the rest of the UK, indeed the UK still remains in an unenviable position near the top of the European league table for MRSA.

The increasing media and public awareness of MRSA, coupled with an greater willingness to seek compensation through the courts have led to MRSA becoming a politicised issue, with the governments and administrations in the UK, in particular England, demanding reductions in MRSA prevalence. In England the Department of Health has required mandatory reporting of MRSA bacteraemia rates since 2001 and in 2005 issued a target of reducing absolute numbers of MRSA bacteraemias in NHS Trusts by 20% year on year until 2008. Despite the recent switch in the media and political focus to *Clostridium difficile*, MRSA remains a very significant challenge for all health care workers in all settings. Press Release Department of Health (2006) MRSA: "**Trusts must do better**" says Minister. [http://www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH\\_4127932](http://www.dh.gov.uk/en/Publicationsandstatistics/Pressreleases/DH_4127932)

### ***Focus on Clostridium difficile:***

*Clostridium difficile* is a major healthcare associated pathogen in UK countries. A recent study demonstrated that in a typical UK teaching hospital *C. difficile* was implicated in 25% of all requests for patient isolation for infection prevention purposes (Wigglesworth & Wilcox 2006). The increasing incidence, in recent years, of *C. difficile* associated diarrhoea (CDAD) in the UK has prompted mandatory surveillance of *C. difficile* laboratory reports.

Recently new, more virulent strains of *C. difficile* have emerged and resulted in serious outbreaks of CDAD, with significantly increased mortality and morbidity, in the UK and North America (Healthcare Commission 2006). This report into an outbreak at Stoke Mandeville Hospital, in which thirty people died, assessed the measures and systems in place to control CDAD. The summary of their findings included:

- failure to isolate cases for a number of reasons,
- a generally non-conducive environment,
- poor infection control practices which, it was claimed, were due to shortage of staff and time,
- inappropriate clinical risk management and governance systems,
- a lack of communication, support and understanding from senior management.

**Claire Kilpatrick. ICNA Scientific Programme Coordinator**

July 2007

## 9<sup>e</sup> Internationaler Kongress der Deutschen Gesellschaft für Krankenhaushygiene

**Berlin, 20 - 23 April 2008**  
***Russisches Haus***  
***der Wissenschaft und Kultur***

### Informationen und Anmeldung:

Dipl.-Phil. Doris Ruttkowski  
P&R Kongresse GmbH  
Bleibtreustraße 12 A  
10623 Berlin  
Telefon: (030) 8851-027  
Telefax: (030) 8851-029  
e-Mail: [info@dgkh.de](mailto:info@dgkh.de)  
<http://www.dgkh.de> (veranstaltungen)

The Congress will contain an English section with topics like "Quality management in reprocessing of medical devices", "Hospital environment and infection control", "Prevention of catheter-related bloodstream infections", "Water safety in medical health care settings", "Antisepsis of skin and mucous membranes", "Prevention of nosocomial pneumonia", "International strategies in hospital hygiene in non-EU" and "International strategies for surveillance".

## IFIC Elections

IFIC this year needs at least one new board member. Requests for nominations have been sent out.

At the deadline, one nomination had arrived. The nominee is Dr Judith Richards, Director of Infection Control and Prevention at Norfolk and Norwich University Hospital UK, and formerly the Scientific and Meetings Secretary of Hospital Infection Society UK.

The financial situation of IFIC has improved, so that we now have some funds to support board members from societies with limited means. As IFIC is now an organization with member societies from around the world, we would very much appreciate nominations not only from societies in high or middle income countries but also from low income countries. So, please do not hesitate to nominate, even though the deadline is past!

More copies of the nomination form can be obtained from the secretary at [ulrika.ransjo@telia.com](mailto:ulrika.ransjo@telia.com). The election of new board members will take place at the Annual General Meeting. Approval of or any objections to the election of the nominee should be sent to Prof Shaheen Mehtar, chair of the IFIC Nominations Committee



## IFIC Run at CHICA Conference

**There were 36 participants/registrants with a total of \$3,156.00 raised. CHICA is adding another \$1800.**

**THANKS TO ALL PARTICIPANTS!**



## MICROBES WITHOUT BORDERS

(Continued from page 2)

care centres; and a shortage of new antibiotic drugs.

The drug-resistant microbe that has received most attention in recent years is methicilin-resistant *Staphylococcus aureus* (MRSA), which has become a healthcare problem in most Member States. MRSA is on the rise almost everywhere.

An increasing proportion of all serious *Staphylococcus aureus* infections are caused by the drug-resistant strain of the microbe (i.e. MRSA), and only two Member States seem to have been able to reverse this trend. However, drug resistance has become a major problem in a number of other diseases, including the big global killers HIV, tuberculosis and malaria. New drug-resistant microbes have also emerged, such as drug-resistant strains of the microbe *Clostridium difficile*.

A key factor for the development of antimicrobial resistance is the amount of antibiotics being used. Detailed data on antibiotic usage and consumption patterns can be difficult to obtain. Nonetheless, it is difficult to understand why the amount of antibiotics consumed per inhabitant varies three-fold between Member States.

However, the problem with healthcare-associated infections is larger than the resistance problem, and it is estimated that there are three million such infections and 50, 000 deaths attributable to them each year in the EU.

Find more information at:

[http://ec.europa.eu/health/index\\_en.htm](http://ec.europa.eu/health/index_en.htm)

<http://www.en2007.de/>



## 2007 APIC Conference\*

Large, long-term correctional facilities are often located in more rural communities and may be far from large tertiary care clinics and hospitals. Many inmates have poor physical health, inadequate nutrition, and poor dental status prior to their incarceration.

Frequently, services and supplies are dictated by contracts that may switch with national, state, local, or facility administrative changes. Direct distribution of antibiotics is dependent on security personnel rather than on medical personnel, and healthcare cannot be their primary focus.

Multiple diseases have increased incidence in the correctional facility including tuberculosis, HIV/AIDS, hepatitis, and other sexually transmitted diseases. MRSA is currently a particular problem with frequent presentation of a spider bite appearing wound.

The correctional setting provides many challenges due to security issues, lack of medical resources, clients with high-risk behaviors, and staff with limited educational opportunities. Thank you to all infection control practitioners working in this setting!

\*Session #2002– Infection Control in a Correctional Setting: What are the Barriers?

Presented by Patricia L Meyer, RN, MPH, CIC, from St Peters, Missouri.





## Infection Control in a Global Village

*Third International Congress of the Asia Pacific Society of Infection Control (APSIC) 8-11 July 2007 (with collaboration from IFIC and other organizations)*

This successful congress was held in Kuala Lumpur, Malaysia. During the opening sessions, Dr. Seto Wing Hong emphasized that never has there been such a need for infection prevention. The impact of epidemics around the world and healthcare associated infections (HAI) has finally caught the attention from the ministries of health, the media, and healthcare workers (HCW). HAI is a disease burden and most of them could be prevented. Sharing experiences and exploring all knowledge will have to continue as we work to implement, practice and control the protocols for infection prevention.

The value of hand hygiene and improving compliance were discussed in most every session. Dr. Nordiah Awang Jalil mentioned in her opening speech the study and feedback of hand hygiene in her own hospital. On Monday, 10 July, the front page of the city newspaper stated that 40% of doctors and nurses don't wash their hands. Dr Nordiah's intervention program raised the compliance with hand hygiene to 80%. These impressive results followed the installation of voice recording messages at the entrance of the ICUs urging HCWs and visitors to disinfect their hands. Lack of compliance is a global issue, now it is time to put the knowledge into practice.

Collaboration with colleagues is the most valued outcome of international conferences. It is reassuring to recognize that everyone working in infection control and prevention is striving to meet the goals of safer patient care. And it is also reassuring to know that many of the daily problems we face are the same around the globe. Whenever someone has a successful activity at their facility, all of us can learn from those actions and implement similar interventions.

The conference was a great success, well organized, very rich in scientific content and a good gathering for eminent speakers from all around the globe. IFIC was a collaborating organization for the conference. Information was provided to attendees regarding membership and activities of the IFIC organization. Three IFIC board members, Gayle Gilmore, Ossama Rasslan and Gertie vanKippengberg (with the support of Johnson & Johnson), contributed three lectures about Unsafe Practices in Developing and Developed countries.



**International Infection  
Prevention Week**  
**October 14-20, 2007**



## 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

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)

### Sharps Injury Prevention Award 2007

The 2007 Sharps Injury Prevention Award contest, part of the International Sharps Injury Awareness Month, held in Dec. 2007 will wrap up its nominations on Sept. 30, 2007.

[http://isips.org/reports/ISIPS\\_Newsletter\\_June\\_29\\_2007.html](http://isips.org/reports/ISIPS_Newsletter_June_29_2007.html)

### IFIC BOARD MEMBERS AT APIC'07



Jeanne Pfeiffer, moderator; Pola Brenner, Nizam Damani, Michael Borg

## 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)

**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.

***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!***

