



International Federation of Infection Control

# IFIC e-News

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

## Collaborative IPCAN/IFIC CONFERENCE 2010

Spier Estate, Western  
Cape, South Africa  
August 29 -  
September 1

## Chair Update

### WELCOME AT IFIC'09 FROM DR. MICHAEL BORG, IFIC CHAIR:

Honorable Minister, dear friends and colleagues

Good evening and WELCOME to the Tenth Congress of the International Federation of Infection Control. Ten is a number that has a magical feel to it, doesn't it? I remember after my tenth birthday how happy I was as a child to need to use all the fingers of both hands to show people how old I was. Considerably older, my tenth wedding anniversary was similarly a very satisfying occasion – reaching double figures gave the occasion a special significance.

You will therefore forgive me for feeling a special sense of satisfaction on this milestone occasion for IFIC. I wonder how many of you here were present at the first IFIC congress that was held in Cambridge in September 1997. My guess is not a lot and those who were will probably remember it most for its unfortunate coinciding with Princess Diana's tragic death and the screening of the funeral procession during the conference itself. IFIC conferences have come a long way since then in terms of quantity, content and location. From an event of less than a hundred participants we have almost 500 delegates with us this week and of course exceeded a thousand delegates at last year's congress in Santiago, Chile. In addition, IFIC2009 can boast an academic programme of more than 70 lectures and workshops delivered by a faculty of 50 speakers, 40 oral delegate presentations and an equal number of posters. A far cry from the programme of our first Cambridge event.



Michael Borg  
Chair, 2009  
IFIC Board

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## HIGHLIGHTS OF THE 2009 IFIC CONGRESS

The 10th IFIC Congress was a great success! One measure of its success can be seen in the numbers:

Number of attendees: 476  
Number of countries represented: 46  
Number of IFIC scholarships presented: 12  
Number of vendor exhibits: 9

Another measure of success was the number of outstanding presentations. Here is a summary of the key-note presentations.

*(Continued on page 3)*

## 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:

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N Ireland UK  
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One thing has not changed however. As a young, slightly apprehensive fledgling infection control doctor I remember being overwhelmed at how friendly and helpful everyone at the congress was to me, how many contacts I managed to make and how down to earth and approachable all the speakers and experts were. It is heartening to continue to receive the same feedback a decade or so later. That is what gives us most satisfaction about the congresses that IFIC organizes. They are certainly not the biggest, definitely not the ones with the highest attendance and without a doubt cannot boast the most high powered research presentations. We do however promise three days of genuinely effective networking and an educational experience that will stand you well in your practice, whatever your infection prevention position and wherever you perform it. In short, it is the paradigm of the IFIC ethos of bringing people and societies together.

There has been no other time more than the present, when this has been so important. We continue to be challenged by the usual suspects - drug resistant bacteria, blood borne viruses and airborne pathogens. In addition, in the Northern hemisphere, we await with some trepidation the impact of Influenza A H1N1 in many of our countries. Some of us have already first hand experience of dealing with the first pandemic of the twenty first century; others still have not experienced it to any significant extent. It is only by learning from each other's experiences and expertise can we be in a better position to cope with what we will face in the coming months. I am confident that IFIC2009 will provide an appropriate forum for this information sharing.

Finally, allow me to express my sincere appreciation to some of those without whom this conference was not possible. First of all, to the IFIC Board and the board of the Lithuanian Association of Hospital Infection Control. A special thanks goes to our congress organizers and Mate Lukasci in particular, who has the proverbial patience of an elephant – and I can tell you he needed it to survive working with me for a whole year! My thanks also goes to the speakers who accepted to participate and to the sponsors without whose input this event would not have been possible – please make sure you reciprocate their generosity by visiting their stands and attending their industry symposia.

Above all, my biggest thanks goes to you, my fellow delegates. We are indebted to your support and your presence with us here in Vilnius, especially in these challenging economical and uncertain times. I wish you all a wonderful academic experience.

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.

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**PATRON MEMBER SPOTLIGHT:****Virox Technologies Inc.**

Virox Technologies Inc. is a Canadian company whose mission is to equip the entire spectrum of global markets that are concerned with infection control with state-of-the-art antimicrobial technology - Accelerated Hydrogen Peroxide (AHP). AHP has been developed and patented by Virox and is under license to leading infection control companies around the globe such as STERIS Corp., JohnsonDiversey, Bayer, DEB and SciCan among others who all proudly display the AHP logo on their products and offerings.





**Basic Concepts of Infection Control**

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

**2009 IFIC CONGRESS continued***(Continued from page 1)***KEYNOTE LECTURES:**

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

Dr. Dziekan discussed the WHO Patient Safety Programme. It will address anti-infective drug resistance at five levels: rational drug use and regulation; animal husbandry; research & development; surveillance, and infection prevention.

**Getting to Zero and Other Possible Dreams**, Donald Goldmann, Institute for Health Improvement, Cambridge, Massachusetts, USA

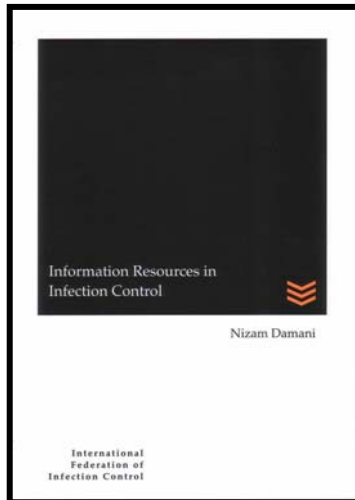
Dr. Goldmann noted that whether or not a specific ward or hospital achieves “zero,” reliability science and honest, transparent measurement can have a major impact on infection rates. Patients now should be able to enter hospital with confidence that everything possible is being practiced to provide safe, reliable care.

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

Original studies on the transmission of methicillin-resistant *S. aureus* (MRSA) in hospitals and intensive care units led to the appreciation of a limited diversity of *S. aureus* and the inherent limitations of molecular typing as a useful tool in endemic situations. Population-based studies on staphylococcal carriage supported these findings and multilocus sequence typing showed the evolution of *S. aureus* to be predominantly clonal. Thus the limited number of clonal lineages allow for describing the spatio-temporal spread on large geographic scales. This led to an improved understanding of the dynamic dissemination of MRSA through regional health care networks. Mathematical models help predict the spread of MRSA and allow the identification of crucial control points during the evolution of national epidemics.

**H1N1: lessons learned and moving forward**, Jonathan Van-Tam, University of Nottingham, United Kingdom

The current ‘swine flu’ pandemic challenges established pandemic theory. It has emerged from an unexpected epicentre and involves a subtype of influenza A that is already in circulation as a seasonal virus (H1N1). Nevertheless it has behaved exactly as predicted in terms of international spread and already produced appreciable activity in the southern hemisphere winter season. Discussed were the national and international epidemiological picture to date, clinical features, and what can be expected (and what cannot yet be predicted) for the forthcoming winter season in the northern hemisphere.



## Information Resources in Infection Control

This is the sixth edition of a tremendous resource for infection prevention and control practitioners. It is available on the IFIC website at [http://www.theific.org/pdf\\_files/resource\\_IFIC\\_Sept\\_2009.pdf](http://www.theific.org/pdf_files/resource_IFIC_Sept_2009.pdf)



### NRIC activities during Infection Prevention Week 19-23 October 2009

Our member society, the City University eHealth Research Centre/NRIC provided infection prevention & control information focusing on United Kingdom's nursing students and healthcare support workers needs during Infection Prevention Week 2009.

Infection Prevention Week is an opportunity to promote infection prevention and control as a key element of safe care for both patients and those receiving care in the community. The week should be used to emphasize the importance of protecting patients and health-care workers from infections through prevention. It should also be used to highlight the work that the staff in local community, independent healthcare settings, and hospitals practice all year round - to keep patients and clients who come into contact with healthcare services safe and free from healthcare associated infections. NRIC focused on the contribution of two important groups of healthcare workers: nursing students and healthcare support workers, and used this opportunity to provide links to information on infection prevention and control knowledge that meets their specific needs.

The website created includes information on:

- \* Resources to keep up-to-date and help promote national infection prevention week in the workplace
- \* How to have 'fun' while promoting the infection prevention message
- \* Guidance and best available evidence 2008/2009

For more information please go here: <http://www.nric.org.uk/IntegratedCRD.nsf/ICWeek2009?OpenForm&ref=mail>

Or contact:

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#### IFIC Patron Members 2009



AQUAFREE



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## IFIC SIG Hand Hygiene 2009 Activities

*Prof. Dr. Nagwa Khamis, Egypt*

*Mrs. Gertie van Knippenberg-Gordebeke, the Netherlands, co-chair*

*Dr. Laure Martinez, UK, secretary (till June 2009)*

The SIG HH began with 38 members (October 2007) from around the world. After the Chile conference the SIG HH had 106 members (October 2008). Members consist of microbiologists, epidemiologists and infection prevention nurses.

For the 10<sup>th</sup> IFIC conference in Vilnius, Lithuania, we prepared a small survey, inspired from the 5 moments of hand hygiene from the WHO. The survey was provided to members of the WHO and other interested infection prevention professionals.

Pola Brenner, our board liaison, assisted us all through the two sessions we convened during the IFIC Congress.

### Friday morning 9 October 2009: SIG-HH Business meeting

In that early hour we had 18 attendees from different countries.

- The agenda was presented and Gertie van Knippenberg-Gordebeke explained what a SIG means.
- Nagwa Khamis presented the activities of SIG HH: 2007-2009.
- A problem regarding communication with each other through forums from IFIC and Face book was discussed among the attendees.

Ideas from the group included having a regular e-newsletter and setting up a regular agenda to discuss and chat via SKYPE (or something similar).

A poster with all the activities of the SIG Hand Hygiene was presented and remained available during the hand hygiene sessions.

### Saturday 10 October 2009 SIG presentation 1 - (Practical IFIC-SIG Hand hygiene workshop) Pros and Cons around "My 5 moments for hand hygiene"

#### Objectives:

- To become familiar with the 5 moments for hand hygiene
- To enable group work to discuss the 5 moments in their own healthcare settings
- To learn from each other
- To share ideas for implementation of the 5 moments

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## ASSOCIATE MEMBERSHIP

*(Continued from page 2)*

#### *Get access to experts in IPC*

Novice infection control professionals can utilize contact opportunities to obtain help from more 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](http://www.theific.org/pre_registration.asp)

## DGKH Congress

The German Society for Hospital Hygiene (DGKH) invites you to their 10th Congress scheduled to take place at the Russian House in Berlin in April 2010. The Society will celebrate its 20th anniversary in 2010. The DGKH organizes its International Congress on alternate years and one or more national symposia and/or continuing education seminars in the intermediary years. In keeping with the tradition of the International Congresses held so far, selected topics will be organized jointly, together with relevant specialist societies and bodies. Workshops on the issues involved in transforming hospital hygiene insights to products, methods or system solutions will be held together with scientists from industry.

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## IFIC Construction, Design and Renovation Special Interest Group

The Special Interest Group for Construction, Design and Renovation (CDR) held its 2009 business meeting during the Vilnius IFIC conference. During the working year 2008/2009, the SIG has had several activities:

- ⇒ Meeting during the 9<sup>th</sup> International Conference of IFIC, with around 20 participants, and having a lively discussion. Two new work items for the CDR SIG were proposed at the conclusion of the meeting:
  - \* Principles of construction with an article for IJIC
  - \* A full workshop at the next IFIC conference.
- ⇒ A paper on SIG work was prepared by Walter Popp and Peter Hoffman and published in IJIC 2009, volume 3.
- ⇒ Two papers of recommendations were published on the SIG web page and revised:
  - \* Design of a general ward
  - \* Protection of immunocompromised patients during building work
- ⇒ A template for recommendations was developed and made available as a Word document to the SIG participants.
- ⇒ A paper on recommendations for an Emergency unit was drafted by Céline Drolet, circulated to the participants and discussed at the SIG meeting during the 10<sup>th</sup> IFIC Conference in October 2009.
- ⇒ Projects in the planning and development stages:
  - \* Water supply, bathrooms, showers... in hospitals (Silvio Brusaferrò)
  - \* Construction standards of ICUs (Ulrika Ransjö)
  - \* Endoscopy units (Lena Nilsson)
  - \* Aerosol and particle transmission (Shaheen Mehtar)

During the business meeting, the draft recommendations for the Emergency unit were presented. Elizabeth Gillespie, Wendy Beckingham, Mary Catlin and Hadia Bassim volunteered to participate in further development of these recommendations. Peter Hoffman contributed valuable comments which were discussed.

In the afternoon a workshop was held where the audience was divided into four groups. Each group was provided a finished ward plan to scrutinize, as this is the situation Infection Control professionals are often faced with. As an introduction, Ulrika Ransjö, Akeau Unahalekaka (who was unfortunately unable to be present to discuss her slides) and Walter Popp discussed the role of Infection Control during the planning and building process of health care facilities.

The four groups were flabbergasted to hear that the ward plans all were real; they found so many flaws in them that were difficult to correct once the wards were built. The main problems were shortage of toilets, no storage area for clean goods or for waste, inadequate nursing workspace, lack of space around beds (see picture of an overcrowded emergency unit), lack of space for families – the list could be much longer. The discussion formed the basis for revision of the SIG recommendations for the design of a ward.



## SIG Hand hygiene continued

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This late session was conducted among 15 attendees coming from Sweden, Denmark, Austria, Egypt, the Netherlands, Malta, Latvia, Portugal and Taiwan.

After a short introduction and description of the workshop and the WHO 5 moments, the group was divided into 3 sub-groups for 45 minutes of discussion.

One sub-group handled moment 1 & 2.

The second sub-group handled moment 3 & 4.

The third sub-group handled moment 5.

For each particular 'moment', discussion of personal experiences, including problems and solutions in their own setting, was conducted. Each group discussed the pros and cons from their own experiences and presented their findings, opinions and results to the whole group.

### Results

- The group liked the mode of discussion, especially the informal method to approach the subject.
- The 5 moments for Hand Hygiene is one of the specific recommendations in the WHO Guideline on Hand Hygiene in healthcare. It will improve practice and reduce transmission of pathogenic micro-organisms to patients and healthcare workers and needs to be supported.
- The group agreed that particular attention and emphasis was needed to ensure comprehensive compliance for hand hygiene before and after patient contact. It is important to make the message as simple and easy to understand as possible.
- The concept of "**hand washing only when visibly soiled, otherwise use hand rub with alcohol**" needs to be promoted and taught in all settings, taking into account socio-cultural aspects. The concept must be learned, understood and accepted by all healthcare workers. Help from Link nurses is essential.
- Cheap and easy-to-use examples were provided by Prof Koller from Austria and Noel Abela from Malta to visualise the results of the methods used for hand hygiene.

### Recommendations

We agreed to concentrate on two moments - "moment 1 and 4" - for the next activity of the IFIC SIG-Hand Hygiene, 2009-2010. The idea is to take the five moments as piecemeal to embed them within the behaviour of the working staff.

## IFIC BOARD REGIONAL COORDINATORS

The IFIC Board approved the concept of regional coordinators at its 2009 fall meeting. Board members are appointed as regional coordinators to channel regional queries and to have that person a liaison between member societies in that region and the board. The membership secretary is the link and coordinator for these regional coordinators. The regional coordinators are as follows:

North America	Gayle Gilmore
Central / South America	Pola Brenner
Western Europe	Walter Popp
Eastern Europe	Smilja Kalenic (followed by Emese Szilagyi)
EMRO region + Africa	Ossama Rasslan
Asia/Pacific	Akeau Unahalekhaka

## 2009 IFIC CONGRESS SCHOLARSHIPS

IFIC is pleased to announce that the following delegates were awarded scholarships to attend the Tenth Congress of the International Federation of Infection Control (IFIC2009). There were 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





## WHO's First Global Patient Safety Challenge: Clean Care is Safer Care - four years on

WHO's First Global Patient Safety Challenge team were delighted and honored to play such a prominent part in this year's excellent 10<sup>th</sup> International Federation for Infection Control Congress. It was an ideal time in the Challenge's lifespan to present to delegates the current position and work activities.

As the First Challenge has been in existence since 2005 and is entering the next WHO biennium (2010-2011), this time is a period of evaluation and establishing a forward strategy, alongside the collaborating centre at University Hospitals Geneva, led by Professor Didier Pittet. An important part of this evaluation phase is the publication of data collated from the pilot sites that were part of testing the recommended WHO hand hygiene improvement strategy from 2006-2008. We expect that these data will be fully available in the first quarter of 2010.

### WHO's 'My 5 Moments for Hand Hygiene' - tools are available for you

In practical terms, it continues to be clear that messaging and training on the approach behind ensuring patient safety at the point of care, namely WHO's 'My 5 Moments for Hand Hygiene' approach, are still essential and underpinning elements in sustaining infection prevention and control practices in all health-care settings around the world.

Training workshops targeted at the 5 moments help to address all five components of the WHO multimodal strategy for hand hygiene improvement and provide the opportunity for practical and interactive activities. A training workshop held in Lithuania this year was an excellent opportunity for interaction and provided those in the First Challenge Team with valuable insight into the challenges being faced by those implementing the strategy at country and local level. Thank you to all who took part.

The training film for educating on the 5 Moments, and the associated slides, are just some of the useful tools provided by WHO. By the end of the year both of these tools will be available alongside all of the other tools already at <http://www.who.int/gpsc/5may/tools/en/index.html>.

The First Challenge Team have been considering the distribution strategy for their hand hygiene tools at this time, to allow for access to paper copies and CDs containing the tools when necessary, particularly for those who do not have

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



## DECENNIAL CONFERENCE DATES

### Nov. 30, 2009

Decennial Conference Awards Deadline  
(<http://www.decennial2010.com/awards>)

### Jan. 15, 2010

Decennial Early Pre-Registration Deadline  
(<http://www.decennial2010.com/registration>)

### Feb. 19, 2010

Decennial Pre-Registration Deadline (<http://www.decennial2010.com/registration>)

### Mar. 18-22, 2010

Fifth Decennial International Conference on Healthcare Associated Infections  
(<http://www.decennial2010.com/home>)



## WHO's First Global Patient Safety Challenge continued

*(Continued from page 9)*

reliable internet access. Additionally, webinars are being considered to help support cascade training in 2010. Information on these points will be forthcoming on the web pages.

### Hand Hygiene Campaigning Countries Network - CleanHandsNet

As additional support to ensuring on-going activities in all countries, following a very successful campaign, countries meeting in August 2009 in Geneva, work has progressed on ensuring that this network can continue to share successes and challenges all year round. More information on the campaigning countries network, including the criteria for being part of CleanHandsNet, is available at <http://www.who.int/gpsc/>.

### WHO's SAVE LIVES: Clean Your Hands annual initiative - 10,000 by May 2010

5 May 2010 is only 7 months away. Our new target is to increase registrations to 10,000 and for this we need **YOUR** help. One of the best ways of achieving this target is to cascade news and information and encourage action. By registering for **WHO SAVE LIVES: Clean Your Hands**, facilities will know that they are part of a global movement to improve and sustain hand hygiene and will receive a commendation letter. We need to reach our target of 10,000 by May 2010 to reaffirm to the world that hand hygiene improvement and sustainability continue to be real and critical priorities for health care and that both operational and political engagement continues to be crucial.

### How can you help?

Send a message to five colleagues in other health-care facilities and invite them to register. Challenge your infection control association/society to get involved and help spread the word, and work with your national campaign if one exists (see [http://www.who.int/gpsc/national\\_campaigns/en/](http://www.who.int/gpsc/national_campaigns/en/)). Write something for your local newspaper/newsletter to invite registration from those in other locations.

For those who would prefer to register with a group of health-care facilities in the same district, region or country we will shortly issue a procedure to make this happen. For more information about the current registration processes, go online to <http://www.who.int/gpsc/5may/register/en/index.html>.

### WHO Patient Safety

The WHO Patient Safety Department where the First Challenge is hosted features a number of programmes of work, including the First, Second and Third Challenges. The overall aim of the Department is 'making patient safety a priority in health care everywhere'. Information on all of the work can be found at <http://www.who.int/patientsafety/en/index.html>.

Thank you again to IFIC for their collaborative efforts in supporting the work of WHO Patient Safety and the First Challenge in particular, and to all health-care facilities and countries for their work on ensuring patient safety through clean, safer care, with hand hygiene as the solid and essential basis for achieving this.

All enquiries for the First Challenge Team should be sent to [savelives@who.int](mailto:savelives@who.int)

# Minutes of the IFIC Annual General Meeting

Date: Saturday, October 10, 2009

Opening of the Annual General Meeting. There being a quorum, the meeting was called to order at 1305 hrs by Michael Borg (chair).

IFIC has **78** members from **60** countries. Unfortunately, 3 societies who have disbanded have been taken off our membership list – they are from the countries of Bhutan, Kenya, and Zimbabwe. The membership was reminded that the only consistent income to IFIC is from membership fees and all members are reminded to pay their annual fee as soon as possible and that an annual application form should be submitted with all updated contact and society information. The membership year starts at the beginning of each calendar year. Payments can be made by bank transfers or cheques. It is essential that:

All societies inform Pamela Allen ([pamela.allen@theific.org](mailto:pamela.allen@theific.org)) when money has been transferred to the IFIC bank account, preferably quoting IFIC reference number, the name of the society and the bank from where the transfer was sent.

If member society contacts change, please update the names and email addresses of office bearers to Pamela Allen.

## New societies

We are pleased to welcome the following societies who joined IFIC since our last AGM as new Members.

Society	Country	Date Joined
Iranian Health Care Centre / Armaghan pezesghi rooz	Iran	Feb 2009
Infection Prevention & Control African Network	Africa	April 2009
Bolivian Society of Infection Control	Bolivia	April 2009

## Associate Members

We are delighted to report that we have 122 members from 33 countries in just 3 months since the Associate membership option became active.

## **Chair's report:**

Michael Borg highlighted the board activities, accomplishments and objectives:

### **Board Activities:**

- Biannual IFIC Board meeting: Portadown, UK: March 2009
- Executive Committee Skype teleconferences
- Revamping website

### Objectives of 2008/9 that were accomplished

- Revamping of website
- Associate membership (on line applications)
- Training slides for Basic Concepts
- Special Interest Groups (announcement of the Safe Childbirth Project)
- Networking opportunities

### Yet to be achieved

- E-links with member websites
- Information on member societies on IFIC web site

### Objectives 2010

- Strategic planning exercise
- Include a networking function on the website
- Updating of member society details
- Expand Special Interest Groups
- Review Articles of Association

## **Board Membership**

The board acknowledged Nizam Damani and Smilja Kalenic who are retiring from the board after serving two terms of office. Their commitment to the board and IFIC has been outstanding and will be missed. With these two vacancies for the 2010-2013 term, it was announced that the nomination committee (Carol Goldman, Ulrika Ransko, Gertie van Knippenberg-Gordebeke, and Candace Friedman) received two nominees and these new board members have been elected by acclamation and were introduced:

Emese Szilagyi: Hungarian Society of Infection Control Practitioners  
Egil Lingaas : Norwegian Forum of Infection Control

**tid-bit** (tid'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.

Perhaps one of the earliest scholars identified as contributing to the field of infectious disease and epidemiology is Thucydides. A Greek, born in Athens in about 460 BC, he is best known for his writings of the war between Sparta and Athens, [History of the Peloponnesian War](#). This massive work was later divided into eight volumes.

According to Wikipedia, history has given him several titles. He is known as The Father of the School of Political Realism, which views the relations between nations as based on might rather than right. His classical text is still studied at advance military colleges worldwide and remains a significant part of international relations theory. He is also known as The Father of Scientific Theory, due to his strict standards of evidence-gathering and analysis in terms of cause and effect. As described in the introduction to his book, he outlined this research without reference to intervention by the gods, an unusual writing style for the time.

He also showed an interest in developing an understanding of human nature to explain behaviour in such crises as plague (the Plague of Athens, which he himself suffered), genocide, and civil war. Following the loss of a battle in the Sparta-Athens war, General Thucydides was sent into exile for 20 years. During this time, he was with people from both sides of the conflict and was able to observe their activities and behaviors. Most scholars find his work to be bias-free, although he was an Athenian. His exile was quite unusual, as he was able to take up residence at one of his family estates in Thrace and lived well off the income of the family's gold mines there. He was also free to travel and gathered research information that he would use in his later writings and dissertations.

His historical account of the war ends abruptly in 411 BC, indicating that he may have died while writing the book, however there is evidence he lived until 395 BC. Some believe Thucydides' focus on cause and effect, his strict adherence to observable phenomena, and his austere writings were influenced by Hippocrates. But due to his thorough examination of the facts, collecting evidence from many disciplines, looking at multiple causes and effects, and then reporting these observations, we have the basis for scientific theory – and infection prevention practice today!

## **IFIC-Covidien Making Safe Childbirth a Reality**

October 21, 2009

Covidien provided IFIC a grant of \$10,000 to be used for activities to reduce maternal and neonatal infection risk. All the activities to date have been directed by members of IFIC Safe Childbirth Special Interest Group, formed in 2008.

1. Search the maternal, neonatal and infection prevention literature, and organize, format and enter references for a comprehensive bibliography on Safe Childbirth. The bibliography is posted on the IFIC web site and can be easily updated with new references. Because of the large number of references, SIG members are developing a list of 10 best references and 10 best web sites to guide IFIC member societies.
2. Develop and present lectures based on the literature review to member societies and make the lecture slides available. Lectures about safe childbirth for IFIC and APIC were well received as was a separate workshop on preparation of research proposals and abstracts in Vilnius.
3. Develop short articles on the subject to be published by member societies to compensate for the lack of reports and references in infection prevention literature.
  - \* "Improving childbirth outcomes: an opportunity for infection prevention" was published in the International Journal of Infection Control, vol 5 (last issue) as a letter. The extended abstract from the Santiago workshop is available on the IFIC web site.
  - \* "Making Childbirth Safer" was published in *Prevention Strategist* Spring issue, volume 2. This is an APIC informal publication, available in print to the 13,500 APIC members and posted on the IFIC site [\[http://www.theifc.org/pdf\\_files/SIGs/prevention\\_strategist\\_pub.pdf\]](http://www.theifc.org/pdf_files/SIGs/prevention_strategist_pub.pdf).

The IFIC-Covidien Grant Proposal Competition *Making Childbirth Safer* was developed to encourage practitioners in member societies to carry out small projects that seem desirable, appropriate in their settings and can be accomplished with a small grant. There were 7 applicants from 7 different countries (Taiwan, Indonesia, Cameroon, Kenya, Iran, Jordan and Turkey) with interesting proposals, several of which have broad applicability in similar settings. The request for proposals was:

The Safe Childbirth Interest Group invites proposals for projects to reduce neonatal infections in hospital and outpatient settings. A successful proposal will include a plan to bring infection control best practices to a low-resource setting using a community-hospital partnership. This project must result in a publication or presentable abstract. Grant requests are limited to US \$3000. This request for proposals is for a one-time, one-year project.

The winning proposal was: **To integrate Infection Prevention Services and Trainings into the Primary Health Care Program of the 36 primary care facilities of the Cameroon Baptist Convention Health Board.**

The proposal competition is so valuable to the participants who develop and conduct the projects and to us who learn from their ideas that we recommend it be continued and expanded.