



International Federation of Infection Control

IFIC e-News

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

Chair Update



Michael Borg
Chair, 2010
IFIC Board

The joint IPCAN-IFIC conference was, by all accounts, a great success. More than 250 delegates from all 7 continents met in Stellenbosch, South Africa to network and participate in an outstanding academic programme delivered by a faculty of speakers of the highest calibre. Our thanks go to Prof. Shaheen Mehtar, the IPCAN board, and the local organising team for making this event an unqualified success. See page 10 for pictures from the conference.

As always, the annual conference was accompanied by the bi-annual meeting of the Board of Trustees which concluded the first part of the strategic planning exercise that the Board has been undertaking for the past year. As a result, a proposal was submitted and approved at the Annual General Meeting to change the mission and vision statements as follows:

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Chair Update continued

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Mission:

To foster best practice in Infection Prevention and Control through global networking within healthcare

Vision:

To be the leading international networking facilitator in Infection Prevention and Control within health care



Presentation of Best Poster Award by Drs. Mehtar (L) and Borg (R)

We feel that these changes better reflect the focus and initiatives of the Federation. The next 12 months will allow a period of consultation for all Members to feedback their thoughts on how they think IFIC can achieve these goals. Your input is vital to provide direction for the board to move the Federation forward in a direction which is most effective for your aspirations.

Thank you.

Michael Borg, Chair, 2010 IFIC Board

A few words from Dr Judith Richards, incoming Chairperson, IFIC

I am humbled, and grateful at the honour of having been elected as the next IFIC Chairperson.

First of all, I would like to express my personal gratitude to our outgoing Chair, Dr Michael Borg, for his unstinting support and help since I joined the Board of Trustees.

On a much wider scale, and on behalf of the Federation, we also owe him a debt of gratitude for the dedication, enterprise, imagination and hard work he has brought to his years in the Chair, which have resulted in the growth of the Federation beyond all recognition.

Following in the footsteps of earlier, equally committed Chairs, and ably supported by an excellent Executive team (with Nizam Damani as Treasurer, and Carol Goldman as Secretary), our Federation has become an internationally recognised forum for communication, networking and support to workers in the field of infection prevention and control world wide.

The initiatives that have been instituted over the last few years are too numerous to list, but visible to all who log on to our excellent Web site, attend our conferences, use the Federation's educational tools and read our Journal. We are also beginning to see an improvement in our financial position, which will enable us to develop even further our scholarship and training programmes.

As incoming Chair, I am very fortunate in that I will be able to continue tapping into Michael's expertise, as he is staying on the Board of Trustees for a further year, and will also lead our conference committee.

Michael will be a very difficult act to follow, not least because his energy, dedication and capacity for hard work will be difficult to match! However, he leaves IFIC in good shape, and I am sure all the Federation members will join me in expressing our thanks.

From the Board, it is our aim that IFIC continues to grow, and to be a constant source of useful information, advice and networking for the global Infection Prevention and Control community.

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 as 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	Emese Szilagyi
EMRO region + Africa	Ossama Rasslan
Asia/Pacific	Akeau Unahalekhaka

Regional coordinator report Western Europe - Walter Popp

In 2008 an invitation was sent out to European national societies for infection prevention and control/hospital hygiene by the German Society for Hospital Hygiene (DGKH) using the membership list of IFIC. The aim was to improve cooperation of the respective societies in the European Union and increase political influence. The first meeting took place in Berlin in May 2008 with representatives from 7 countries; a second meeting included 12 countries and a representative of ECDC.

The third meeting (in Berlin) focused on the main issue of national politics regarding MRSA. An outcome of the discussion was an overview paper by Smilja Kalenic (published in IJIC in 2010—see p. 4). In addition, a paper of intentions and understanding, the “Berlin declaration”, was accepted by the societies present.

This network is now called “European network to promote infection prevention for patient safety”. It invites all European scientific and professional societies with interest in infection prevention and control to join and participate.

A meeting took place in Stockholm in June 2009 and the main issue was structure of infection control/hospital hygiene in the different countries. A paper is under preparation about this topic. A small meeting was held during the IFIC congress in Vilnius in October 2009. One of the outcomes of the meeting was that Silvio Brusaferrero (and more or less the network) obtained an ECDC tender regarding training needs in infection control/hospital hygiene in Europe. The report of this tender will be finalized in 2010.

A meeting planned for Berlin in April 2010 suffered from the volcano eruption in Iceland; very few people were able to attend. Therefore the intended main issue of legalisation of the network will be on the agenda during the meeting in Liverpool in October 2010.

The current plan is to make the organisation a legal association of national societies, located in Italy. The network has 20 member societies from the following 15 European countries: Austria, Belgium, Croatia, Czech Republic, Denmark, France, Germany, Italy, Netherlands, Norway, Romania, Spain, Sweden, Turkey and the UK.

The network has a website: www.infection-prevention.eu. Societies interested in participating can make contact via the website.



Basic Concepts of Infection Control

Just a reminder that the current Basic Concepts of Infection Control is available on the IFIC website. Go to http://www.theifc.org/basic_concepts/index.htm and click on the chapter of interest. You may download one copy of any or all of the chapters that you need. This publication is reviewed and revised regularly; the next major revision is scheduled to be completed in 2011.

Also – there are PowerPoint programs associated with each chapter of the curriculum—see the ‘Teaching Slides’ link. Please review these programs and use them in any way to provide infection prevention and control training in your facilities. Like all IFIC resources, they are provided free of charge!

International Journal of Infection Control

Judith Richards, on taking up her role of Chair, will relinquish her post as Journal Editor in 2011. We are delighted to announce that Prof. Smilja Kalenic, from Croatia, a recent past Board member, has kindly accepted to take over the Editor's baton. She will continue to be supported by Elizabeth Scilcuna as Journal Administrator and an excellent Board of Assistant Editors (Ulrika Ransjö, Steve Barrett, and Bill Newsom). They will continue their sterling work and help they have been providing up to now. We wish Smilja the best in her new role and hope that the membership and readers will continue submitting the high quality papers that are contributing to IJIC's success.

There is a tremendous amount of work that goes on behind the scenes before a paper is ready for publication; not the least of which is input from our reviewers. We are very grateful for their very careful, considered comments and their editorial input. It not only helps the editorial process, but we hope that their comments are useful to those submitting papers - even the ones we have to reject! We believe these comments help authors understand the selection process and be aware of the pitfalls when submitting a paper.

Our readership also continues to increase. The number of "hits" our web site receives always goes up when the publication of a new issue is announced. Thank you to all those who submit their papers to IJIC and please keep them coming!

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

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Original Articles

[Clinical, radiological and microbiological corroboration to assess the role of endotracheal aspirate in diagnosing ventilator-associated pneumonia in an intensive care unit of a tertiary care hospital, India](#)

Chiranjay Mukhopadhyay, Sushma Krishna, Anita Shenoy, K Prakashini

[Audit on operating theatres in Sri Lanka](#)

Vasanthi Thevanesam, Jayanthi Elvitigala, Veranja Liyanapathirana

[Safer insulin needle use and disposal](#)

Rebecca Furth, Anderson Audrey, Krishendat Gumti

[Skin compatibility of two ethanol based virucidal hand disinfectants](#)

Bernhard Meyer, Wolfgang Matthies, Joseph E. Nicholson, Morris V. Shelanski

[Pattern of surgical antibiotic prophylaxis in a tertiary care teaching hospital in India](#)

Harmeet Singh Rehan, Ashish Kumar Kakkar, Shipra Goel

Practice Forum

[Prevalence of antimicrobial resistant bacteria from adult ICUs and the Burns unit at a large tertiary hospital in Durban](#)

Khine Swe Swe/ Han, Y Coovadia

[Comparison of recommendations in national/regional Guidelines for prevention and control of MRSA in thirteen European countries](#)

Smilja Kalenic, Barry Cookson, Rose Gallagher, Walter Popp, Angel Asensio-Vegas, Ojan Assadian, Annette Blok, Silvio Brusaferrero, Anne Eastaway, Petter Elstrom, Miroslava Girod Schreinerova, Philippe Hartemann, Bjorn R.G. Iversen, Beatrice Jans, Anne Jul-Jorgensen, Walter Koller, Axel Kramer, Doris Laugesen, Monica Licker, Kerstin Mannerquist, Barbara Nussbaum, Pierre Parneix, Truus de Ruiter, Elsebeth Tvenstrup Jensen, Leo Ummels, Klaus-Dieter Zastrow

[Evaluating Needle Sticks and Sharp Object Injuries in Developing Country: A Diagnostic Institute in Dominican Republic](#)

Michelle Taveras, Paul Barach

IFIC Patron Members



World Health Organization

The Hand Hygiene Self-Assessment Framework Tool

As part of SAVE LIVES: Clean Your Hands 5 May 2010, the WHO First Global Patient Safety Challenge team launched its tool: the Hand Hygiene Self-Assessment Framework, a validated and systematic tool to help assess hand hygiene promotion and practices in health-care facilities.

The Hand Hygiene Self-Assessment Framework is divided into five components and 27 indicators. The five components reflect the five elements of the WHO Multimodal Hand Hygiene Improvement Strategy and the indicators have been selected to represent the key elements of each component. The framework can be used by health-care facilities around the globe, at any stage of progress in hand hygiene promotion.

The Framework is a tool intended to:

- assess the level of progress of health-care facilities with regard to infrastructures, resources, actions, commitment and achievements, in order to ensure optimal hand hygiene practices;
- facilitate development of an action plan for facilities' hand hygiene improvement programmes; identify key issues requiring attention and improvement and to document progress over time through the repeated use of the Framework.

How to use the Framework

- Download the Hand Hygiene Self-Assessment Framework, which also contains user instructions;
- Complete the Framework and calculate the score to identify the assigned level of hand hygiene promotion and practice in your health-care facility;
- Discuss the results and identify issues requiring attention and improvement, for example, within the infection control committee, and make an action plan;
- Report the results and the action plan to the directorate of your health-care facility.

WHO encourages the use of the Hand Hygiene Self-Assessment Framework to assess a health-care facility's progress on an ongoing basis according to evidence-based standards for hand hygiene improvement. The WHO team is eager to support such assessments as well as future improvements, and also to understand the level of different health-care facilities' progress.

WHO requests that you submit your contact details to them when you download the Framework in order that they can follow up on use of the Framework if possible in the future.

http://www.who.int/gpsc/country_work/hhsa_framework/en/

Action for hand hygiene!

This global annual campaign aims to galvanise action at the point of care to demonstrate that hand hygiene is the entrance door for reducing health care-associated infection and patient safety.

By 5 May 2010 well over 10,000 health care facilities around the world had joined the campaign!



International Conference on Prevention & Infection Control (ICPIC), Geneva Switzerland. 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>

IFIC Construction, Design and Renovation Special Interest Group

During the working year 2009/2010, the SIG has completed several activities:

- A meeting during the 10th IFIC Congress in Vilnius, Lithuania, in October 2009, with around 20 participants. There was a lively discussion about the new draft document for Emergency Units.
- There was a special session about hospital construction during the Joint IPCAN/IFIC Conference in South Africa in August 2010. The programme was organized by Peter Hoffmann.
- Two recommendation papers were published on the SIG web page and subsequently revised:
 1. Design of a general ward (third version)
 2. Emergency Unit (first version)
- A paper on Construction of Surgery Blocks was prepared and is in its final review by board members. It will be published on the website in October 2010.
- Sue Wiseman prepared a paper "References – Infection Control in the Built Environment (2009)" which was sent to the SIG members.

Projects in the planning and development stages:

1. Water supply, bathrooms, showers... in hospitals (Silvio Brusaferrero)
2. Construction standards of Intensive Care Units (Ulrika Ransjö)
3. Endoscopy units (Lena Nilsson)
4. Aerosol and particle transmission (Shaheen Mehtar)

Uppsala and Essen, August 2010, Walter Popp, Ulrika Ransjö

IFIC Safe Childbirth Special Interest Group

The Safe Childbirth Interest Group (SIG) invites infection control preventionists to join the worldwide effort to address Millennium Develop Goals 4 and 5: Reduce Child Mortality and Improve Maternal Health.

IPCAN -IFIC Conference in Cape Town August 29 to September 1st Special Session on Safe Childbirth!

Thanks to support from Covidien and IFIC, IPCAN featured a special session Safe Childbirth: the Role of Infection Prevention. The session featured physician Joy Lawn of Save the Children who spoke on "Reducing Neonatal Deaths in Africa: Challenges and Priorities." Natasha Rhoda, Senior Neonatal Consultant for Groote Schuur Hospital in Cape Town, reported on work to improve perinatal care in Africa, Mary Catlin represented the Special Interest Group speaking on concrete steps that Infection Control Preventionists can take to make motherhood safer.

IFIC-Covidien Making Safe Childbirth a Reality grant proposal competition: deadline was extended to September 30, 2010.

Request for Help

A Sudanese hospital in Khartoum is requesting help to end an outbreak of neonatal sepsis of unknown etiology in their NICU. They have e-mail contact, and recently completed a course on basic infection prevention and control. However the topics didn't include outbreak investigation. If you or your organization is interested in volunteering assistance, I will be happy to put you in contact with them. Staff speak Arabic and English. My contact information is marycatlin@hotmail.com

Projects with partner organizations

Egypt's active Infection Control Preventionists from the MOH, CDC, NAMRU-3 and WHO collaborated with hospital staff to help improve access to hospital care for HIV positive patients. They designed a 4 day course to help workers overcome their fears about working with HIV-positive patients and also to improve the quality of infection prevention and control. They also sponsored a 5 day course in basic infection control for key hospitals and infection control staff from the ministries of health in Yemen, Libya, Sudan, and Jordan. I was lucky enough to help them develop the materials and present the courses, which gave me the opportunity to develop a module about infection prevention and control in perinatal services, and to test a case study of blood borne pathogens in childbirth. As this was one of the SIG stated goals, and I invite volunteers to help improve it further. Anyone interested?

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Safe Childbirth Special Interest Group

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Developing infection control material appropriate for Safe Motherhood

IFIC members Michael Borg, Shaheen Mehtar, Nizam Damani, and Mary Catlin collaborated with WHO to produce WHO Guidelines on Drawing Blood: Best practices in Phlebotomy. The document is available at

http://whqlibdoc.who.int/publications/2010/9789241599221_eng.pdf

Brief news updates:

- Congratulations to Norway! Save the Children's annual State of the World's Mothers report ranked Norway as the best place in the world for safe motherhood. Cuba leads the middle income countries. See where your country ranks at <http://http://www.savethechildren.org/publications/state-of-the-worlds-mothers-report/>
- Looking for a simple intervention to reduce postoperative endometritis? Read what the Cochrane Pregnancy and Childbirth Group says about use of Povidone-iodine as a "Vaginal preparation with antiseptic solution before Caesarean section for preventing postoperative infections." <http://www.cochrane.org/reviews/en/ab007892.html>
- U.S. maternal mortality has doubled in the past twenty years reaching 13.6/ per 100,000. Great Britain now has fewer than 4 deaths per 100,000. Read the article at <http://www.cnn.com/2010/HEALTH/03/12/maternal.mortality/index.html>
- Bookmark this website: <http://www.who.int/pmnch/en/>. The Partnership for Maternal Newborn and Child Health unites information from 300 organizations working to improve maternal and newborn health. They include WHO, the World Bank and the Bill and Melinda Gates Foundation who recently announced that they will commit 1.5 Billion US dollars to this need.

Please send your news, updates and ideas - and thanks for your work.

Mary Catlin, SIG Safe Childbirth Chair, safechildbirth@theifc.org

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.

IFIC, SIG-Hand Hygiene Report

Prof Dr Nagwa Khamis, Chair; Mrs Gertie van Knippenberg-Gordebeke, co-Chair; Prof Pola Brenner, Secretary and Board liaison



The SIG HH started with 38 members from around the world in October 2007. After the Chile conference, the SIG HH consisted of 106 members (October 2008), including microbiologists, epidemiologists and infection prevention nurses and consultants.

- We began the activity of the group guided by WHO tools.
- We conducted a very successful session in Chile which was attended by Dr Didier Pittet and Julie Storr, WHO. We discussed a study using the WHO survey form.

For the 10th IFIC conference in Vilnius, Lithuania, we prepared a small survey, inspired from the 5 moments of WHO. Results were presented during the business meeting of the congress. The SIG-HH was offered two sessions; one for a business meeting and another for a workshop.

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

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

Saturday 10 October 2009: *Practical IFIC-SIG Hand hygiene workshop*

Pros and Cons around “My 5 moments for hand hygiene”

The last session was conducted with 15 attendees from Sweden, Denmark, Austria, Egypt, the Netherlands, Malta, Latvia, Portugal and Taiwan. We agreed to concentrate upon two moments “moment 1 and 4” for the next activity of the IFIC SIG-Hand Hygiene during 2009-2010.

For the third phase, we developed a survey form to disseminate to active participants,. The focus is on moments “1” and “4” and we are using the WHO observation sheet.

The IFIC SIG-HH currently comprises 115 members presenting 38 countries. Our work plan for the upcoming year was planned to be as follows

- Study workflow and time table
 - Study design (February)
 - Data collection (March- April)
 - Data analysis and report (June)
- WHO tools will be used after their download by group members



Unfortunately, an unintended delay of two months occurred leading to rescheduling of the work plan. The survey form was disseminated in April 2010. A very poor response among participants resulted in stopping the survey.

This survey was therefore discussed with IFIC participants in the business meeting at the IPCAN/IFIC congress, in Cape Town, 2010.

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

Carlo Urbani was born October 19, 1956 in Castelplano, Italy. He received his medical degree from the University of Ancona, practicing first as a general practitioner and then focused in infectious diseases, primarily parasitic diseases. He was past president of the Italian Medecins Sans Frontieres (Doctors Without Borders) and was one of the acceptants of the 1999 Nobel Peace Prize for that organization.



As an employee of the World Health Organization (WHO) in 2003, he agreed to see an American businessman, Johnny Chen, at The French Hospital of Hanoi. Dr Urbani did not agree with the current influenza diagnosis, and notified WHO of a probable new and highly contagious disease, which came to be known as Severe Acute Respiratory Syndrome (SARS). His actions, including his work with the Vietnamese Health Ministry, became "the most effective response to a major epidemic in history. His early warning touched off a massive response that probably helped save the lives of millions of people around the world."

However, Dr Urbani became infected with the virus himself and started feeling ill on a business flight to Bangkok, Thailand. A colleague who met him at the airport called an ambulance. They sat in chairs eight feet apart and not speaking until an ambulance arrived 90 minutes later, because its attendants stopped for protective gear first.

In a unique isolation room in a Bangkok hospital, his wife only talked to him once via intercom prior to his death 18 days later on March 29, 2003 at the age of 46. At his request, his lung tissue was saved for science.

Of the first 60 patients with SARS, more than half were healthcare workers. Many staff members chose to quarantine themselves and stayed at the hospital rather than risk infected their family or community. With the cooperation of the Vietnamese government, the outbreak was nearly contained and probably thousands of lives were saved. This was done at great risk to Vietnam's economy and reputation.

As is true down through the ages, healthcare workers are on the front lines of all emerging diseases. Aside from the index patient, all the patients in the Vietnamese outbreak who died were doctors and nurses. In Hong Kong, approximately 25% of the patients with SARS were healthcare workers.

"Man is a creature composed of countless millions of cells: a microbe is composed of only one, yet throughout the ages the two have been in ceaseless conflict." A.B. Christie

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



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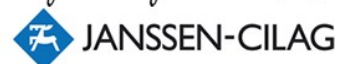
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2010 IFIC – IPCAN JOINT CONGRESS

Cape Town, South Africa, August 29 - September 1



Annual General Meeting Highlights International Federation of Infection Control (IFIC)



Date: Tuesday, August 31, 2010
Stellenbosch South Africa

Treasurers Report

Income in 2009 amounted to £62,040; ordinary expenditure (excluding scholarships, projects and education) was £23,595. A copy of the Jan-Dec 2009 audited accounts is available on request from the Treasurer

Membership Report

- 79 members in 61 countries
- 2nd reminder sent in July 2010

Important Reminders for all Societies:

- When annual fees or donation monies are being transferred to the IFIC bank account please inform Pamela Allen pamela.allen@theific.org by sending her the appropriate form quoting IFIC reference no. and the name of your society.
- Please update (annually) your member society executive or office bearers names and their email addresses to Pamela Allen: pamela.allen@theific.org

Associate Members:

We are delighted to report that we have 349 members from 70 countries. Membership is free for > 125 developing countries with a nominal £25stg fee for individuals living in developed countries. Membership application must be made on line. The method of membership payment is on line through IFIC website by PayPal only. Annual reminders will automatically be sent by totally secure PayPal.

Retiring Members:

The board acknowledged Michael Borg and Ossama Rasslan who are retiring from the board after serving two (2) terms of office. Their commitment to the board and IFIC has been outstanding and will be missed. As Michael's last term has been as the IFIC chair, it was announced that Judith Richards will be assuming the Chair responsibilities on January 1, 2011.



Eleventh Congress of the International Federation of Infection Control

12-15 October 2011
Venice, Italy



FIRST ANNOUNCEMENT

Organised in
collaboration with



www.ific2011.com

CONGRESS OVERVIEW

The Eleventh Congress of the International Federation of Infection Control (IFIC2011) will run from **Wednesday 12 October 2011** until **Saturday 15 October 2011** and will be held in collaboration with the Società Italiana Multidisciplinare per la Prevenzione delle Infezioni nelle Organizzazioni Sanitarie (SIMPIOS). The official language of the congress shall be **English**; however simultaneous translation to **Italian** will also be available for selected sessions. Further information on the congress can be accessed from the website:

www.ific2011.com

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

CONFERENCE COORDINATOR

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E-mail: mlukacsi@convention.hu

REGISTRATION

Conference registration will commence from **01 December 2010**. 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:

	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

Registration fee for participants includes:

- access to scientific sessions and exhibition areas,
- congress bag, abstract CD and scientific programme
- welcome reception,
- all coffee breaks plus light lunches during full days.

Registration fee for accompanying persons includes:

- welcome reception,
- two half-day city tours.

ACCOMMODATION

A range of hotel accommodation will be available in various categories and price ranges. Hotel bookings will be possible from **01 December 2010** via the congress website. An interesting social programme, including half and full day tours and excursions, will also be available.

SCIENTIFIC PROGRAMME

As with previous editions, IFIC2011 will guarantee an outstanding educational experience for a multi-disciplinary delegate mix from medical, nursing and other backgrounds. This shall be achieved through a combination of state-of-the-art lectures, symposia, pro-and-con debates and industry organised sessions. The academic programme will be regularly updated on the congress website.

In addition, IFIC conferences are recognised as venues for effective networking and experience-sharing between the participating delegates. This will be enhanced through numerous small group workshops and buzz groups as well as the general organisation of the event.

Delegates will also have an extensive opportunity to share their research and experience through oral as well as poster presentations.

ABSTRACT SUBMISSION

All abstracts for oral and poster presentations should be submitted in English. Only online submissions will be accepted; abstracts can be presented from the **15 January 2011** via the congress website. The deadline for abstract submission is **15 May 2011**. The decision of the adjudicating committee will be communicated at the beginning of July 2011.

INDUSTRY PARTICIPATION

Ample opportunities will be available for industry in the form of exhibition booths, symposia and other sponsorships. IFIC conferences are characterised by the participation of key decision makers and senior representatives from infection control societies worldwide.

IFIC SCHOLARSHIPS

As in previous years, IFIC will facilitate attendance through a number of scholarships. At least one main award will be awarded, consisting of:

- conference registration
- travel (up till a maximum of €1000)
- accommodation for the conference duration on bed and breakfast basis.

Several smaller bursaries will also be granted, consisting of:

- conference registration & accommodation.

In addition, all scholarship recipients will be invited to present a write-up of their conference presentation, for possible publication in the International Journal of Infection Control (www.ijic.info). An additional award of €200 will be made once the paper has been accepted.

Applicants must be active in the practice of infection control. Preference will be given to participants living in countries with limited resources and to young infection control practitioners/trainees. Two types of submissions are accepted:

- **Research-based:** describing a formal study on a specific aspect of infection prevention and control.
- **"How we did it":** providing a more descriptive account how a specific healthcare associated infection challenge was tackled and/or improvement achieved.

Scholarship forms can be accessed from the congress website as well as www.theific.org from **01 November 2010**. The deadline for scholarship applications is **30 April 2011**.