



International Federation of Infection Control

# IFIC e-News

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



Terrie Lee  
Chair, 2018  
IFIC Board

## Chair Update

### Message from the Chair and Greetings from the IFIC Board!

Greetings from the IFIC Board! We hope that this season of festivities will be special for each of you.

The board held a meeting in October, where we continued planning for 2019. During that meeting, we reluctantly accepted the resignation from Birgit Ross, representative for Region A, from Essen, Germany. Birgit has resigned her position on the board due to personal reasons, and her many contributions will be missed. We wish her the best in her future endeavors. The board recognized Jeanne Pfeiffer, who has completed her term on the IFIC board. Jeanne, from the USA, represented Region B and has served as the Chair of the Publications Committee, publishing the IFIC E-Newsletter, and assisting with the Basic Concepts Text. Jeanne's influences were very useful to IFIC, and we will miss her involvement.

In 2019, IFIC will announce the availability of another mentor scholarship. This should be announced early in the year, with applications being reviewed and decisions made before year's end. For details, please watch future issues of the IFIC E-Newsletter, and the IFIC website. We are working with Infection Prevention and Control (IPAC) – Canada in the planning for the Annual IFIC Congress, being held in Quebec City, Quebec, Canada, May 26-29, 2019. See information in this issue for links to information about the program, a link to submit abstracts for scholarship, and information for exhibitors. We look forward to seeing you there!

Thanks very much to all of you and your infection prevention and control societies for the work you do to promote patient safety and to protect patients from the risk of infection in all healthcare settings. We wish you a happy and most prosperous new year!

Please contact us if we can assist you, or provide information concerning the work of IFIC.

Terrie B. Lee, IFIC Chair

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## Infection Prevention Society (United Kingdom and Ireland)

*By Neil Wigglesworth*



@IPS\_Infection



<https://www.facebook.com/infectionpreventionsociety/>

[www.ips.uk.net](http://www.ips.uk.net)

The Infection Prevention Society (IPS) was formed in 2007 and was the successor to the Infection Control Nurses' Association (ICNA), which itself had existed since the early 1970s. IPS and ICNA have been long standing members and supporters of IFIC and its aims, and regularly sponsors a scholarship to the annual IFIC Congress. IPS also offers Special Access Membership to practitioners in countries with limited resources; this membership of IPS gives online access to all of the resources described below, at no cost. Although originating from a primarily nursing background, the modern society is a multi-disciplinary organisation with members from all areas of health, care and academic settings. The Society has a clear mission and vision:

Our Vision is that no person is harmed by a preventable infection.

Our Mission is that IPS will inform, promote and sustain expert infection prevention policy and practice in the pursuit of patient or service user and staff safety wherever care is delivered.



IPS is led by a Board of Trustees and Directors, who manage the organisation as both a Limited Company and Registered Charity. The current Board is led by the President, Pat Cattini (London, England) and consists of eight elected officers, six coordinators of standing committees as well as representatives of each of the countries of the United Kingdom and Ireland. Each member of the board serves for a fixed term of office. For a full list of the current and past board members please visit: <https://www.ips.uk.net/about/board/board-members/>

Much of the work of the society is done through its constituent committees and local branches, these latter form a network of local peer support in the regions of England as well as the countries of Scotland, Wales, Northern Ireland and the Republic of Ireland. IPS also works with the governments of each of its countries to influence national policy and guidance on infection prevention and control (IPC) and antimicrobial stewardship. Some examples of the work that is done to further the society's vision and mission include;

- Research and development

The IPS R&D group are currently working on two exciting studies that will resonate with practitioners in many settings. The first echoes work going on in other IFIC member societies, a project to identify the characteristics of an 'ideal' infection prevention and control service; called DO IPS (Designing an Optimal Infection Prevention Service) and the second looks at the management of urinary catheters in out of hospital settings. Importantly, these studies are an opportunity for infection prevention practitioners, (as they are termed in the UK, synonymous with 'infection preventionists'; in some other countries) as members of IPS, to be involved in research activity and contribute to the evidence base for infection prevention. Many of the societies R&D activities are published in the Society's own journal; The Journal of Infection Prevention which is listed on PubMed Central and publishes original research and commentary on all aspects of IPC, AMR and related subjects.

- Professional development and education



## IPS continued

IPS has an Education and Professional Development Committee and among the many activities of this group has been the development of Competencies for Infection Prevention Practitioners. These have gone through a number of iterations over the years but the latest version was published in 2018. In addition the Society has a strong focus on education; for members, healthcare workers, corporate partners and all those interested in the prevention of healthcare associated infection and reducing AMR. Local educational and professional development events are held across the regions and countries of the UK and Ireland and the society has an annual national conference with delegates welcomed from across the globe. The most recent conference was held in Glasgow, Scotland in October 2018 and some highlights include; the IPS Awards given to outstanding individuals and teams; the inaugural 'IPS Show' – an innovative approach to corporate partnership and the outstanding programme of national and international speakers (see below)



**Members of the IPS Board and Scientific Programme Committee with IPS President Pat Cattini and guests at the inaugural IPS Show.**

The next and 12<sup>th</sup> annual conference - Infection Prevention 2019 will be in Liverpool, England from the 22<sup>nd</sup> to the 24<sup>th</sup> September 2019 and will be celebrating 60 years of infection control nursing in the UK.

Finally IPS will be represented and presenting a symposium at the IPAC Canada and IFIC Conjoint Conference in Quebec City, Canada, May 26<sup>th</sup> – 29<sup>th</sup> 2019 and IPS representatives are looking forward to meeting fellow IFIC members and representatives from across the world.



**Professor Wing-Hong Seto (Hong Kong) and Professor Shaheen Mehtar (South Africa) at Infection Prevention 2018**

## IFIC IPAC 2019



**Watch the 2019 National Education Conference **Grow!****

See the [scientific program and special events](#) as they are developed and confirmed. For more information, contact [info@ipac-canada.org](mailto:info@ipac-canada.org). Registration opens in December 2018.



## Applications are now being accepted for scholarships to the Nineteenth Congress of the International Federation of Infection Control.

IFIC invites applications for scholarships to the Nineteenth Congress of the International Federation of Infection Control (IFIC 2019) to be held in Quebec City, Canada, from 26-29 May 2019.

- At least one scholarship will be granted, consisting of:
- Free registration to the conference
- Travel expenses (based on cheapest economy itinerary) up to a maximum of EUR €1000
- Accommodation on bed and breakfast basis to cover the full duration of the conference
- In addition, a number of smaller bursaries will also be awarded, covering:
- Free conference registration
- Accommodation on bed and breakfast basis to cover the full duration of the conference

Scholarships will be granted against the presentation/submission of an abstract, which will be presented at the Conference as either a poster or an oral presentation.

Following their congress participation, all scholarship recipients will have the possibility of presenting a write-up of their paper/poster (at least 1500 words in English) to the International Journal of Infection Control ([www.ijic.info](http://www.ijic.info)). If it is deemed to be satisfactory for publication, an additional award of €200 will be made once the paper has been published in the journal.

The abstract must be directly related to infection prevention & control (IPC) rather than infectious diseases/ therapeutics/ diagnostic microbiology and would ideally be equally applicable to both high income countries as well as those with limited resources. Abstracts can either be of the conventional "Research" style or alternatively follow a "How we did it" format, describing how an infection control professional or IC team tackled a specific IPC challenge or brought about improvement in the prevention or control of healthcare associated infections in their institution or country. Successful applications invariably present information that other delegates will find useful to improve their own IPC practice.

Notification about acceptance or other final status of the application will be sent to authors by 17 January. This will be sent to the email address indicated for correspondence. The decision of the Scholarship Committee will be final.

**CLOSING DATE FOR SUBMISSION IS 4 JANUARY 2019.** Submissions after this date will not be accepted.

An automatic acknowledgement of your application will be sent to you after submission; if you do not receive this acknowledgment, please inform the organizers on [scholarships@theifc.org](mailto:scholarships@theifc.org).

[Apply for scholarship](#)

# WHO Global Infection Prevention and Control Network

## Evidence, guidelines and publications

Setting standards through the development of WHO evidence-based recommendations and operating procedures, drives appropriate infection prevention and control (IPC) practices. Guidelines give direction on the effective application of IPC programmes, the safe use of invasive devices, the right infrastructure and resources to achieve good IPC standards, including actions such as hand hygiene at the point of care. Based on systematic reviews, as well as presenting practical country examples, expert consensus guidelines developed by WHO are inherently linked to focusing on implementation and mean that countries and health facilities can prioritise practical actions for improvement based on these reviews.

<p><b>Hand hygiene</b></p>	<p><b>Injection safety</b></p>	<p><b>Focus on AMR</b></p>
 <p>Hand hygiene</p>	 <p>Injection safety</p>	 <p>Focus on AMR</p>
<p><b>Surgical site infections</b></p>	<p><b>Core components for IPC</b></p>	<p><b>Other interventions</b></p>
 <p>Surgical site infections</p>	 <p>Core components for IPC</p>	 <p>Other interventions</p>

[Connect](#) to each of the WHO Guidelines, Publications and Resources above.

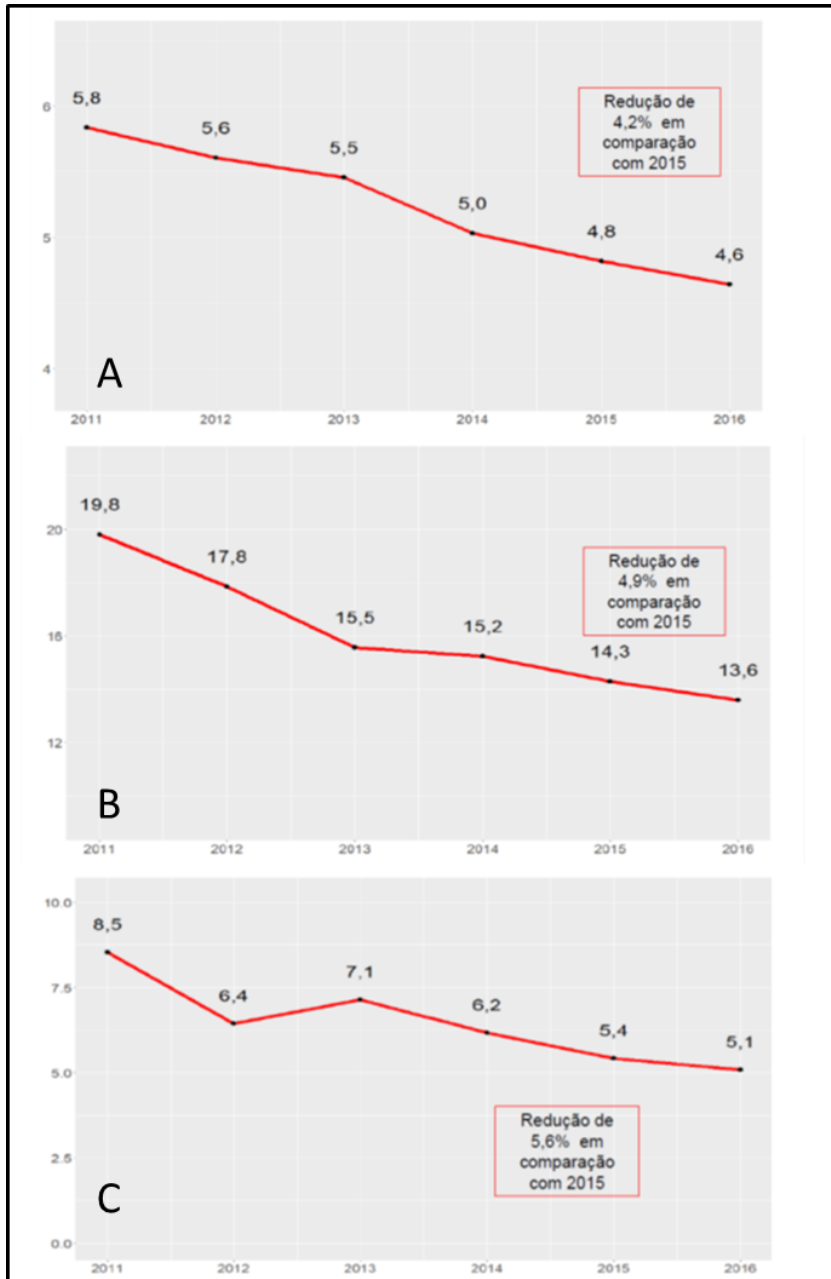
### Also note the following announcements:

- Launch of the new WHO Guidelines for Carbapenem-resistant *Enterobacteriaceae* (CRE) and Carbapenemase-producing (CP) *Pseudomonas aeruginosa* and *Acinetobacter baumannii* during WAAW
- Presentation on these new guidelines by Professor Lindsay Grayson (Austin Health and University of Melbourne, Australia) on 13 November 2017 at 9 am CET, through Webber Training (<https://webbertraining.com/schedulep1.php?command=viewClass&ID=1378>)
- Online publication of a **Lancet Global Health Commentary** on 10 November (midnight GMT), on national and global priorities for IPC, authored by WHO staff, US Centers for Disease Control and Prevention (CDC) staff and other leading global health experts and informed by the organizations participating in WHO's Global Infection Prevention and Control Network (GIPCN)

## REGION E – Latin America

### Joint effort of governmental agencies and expert societies to fight healthcare-associated infections in low-resource settings.

By Carlos Magno Castelo Branco Fortaleza



**Figure 1.** Downward trend in device-associated HCAIs in Brazil (2011-2016). A, Central-line associated bloodstream infections; B, ventilator-associated pneumonia; C, catheter-associated urinary tract infections (source: National Agency of Sanitary Surveillance [ANVISA], Brazil)

As in most developing countries, those in Latin America face challenges of fighting healthcare-associated infections (HCAIs) with restricted resources.<sup>1</sup> However, there is good news about the progressive incorporation of infection prevention and control (IPC) program in the agenda of governmental agencies.

The IPC program in Argentina (Programa Nacional de Epidemiología y Control de Infecciones Hospitalarias [VIHDA]) was founded in 1983 and runs prospective surveillance of HCAIs in hospitals that adhere on a voluntary basis. Countrywide prevalence surveys have been performed in recent years. Data from the 2016 survey were publicized.<sup>2</sup> Briefly, the study found prevalence rates for units with critical patients: 31.9% (adult Intensive Care Units [ICU]), 24.3% (pediatric ICUs) and 12.2% (high risk nurseries). Pneumonias were by far the most common infections, and Gram-negative bacilli (often multidrug-resistant) were highly involved in the etiology of HCAIs. A number of measures (including educational activities, normalization and outbreak investigations) have been intensified by VIHDA program, and there is an expectation of drops in the HCAIs incidence/prevalence.<sup>3</sup> A new prevalence survey is presently being carried out, and 2018 data will soon be available.

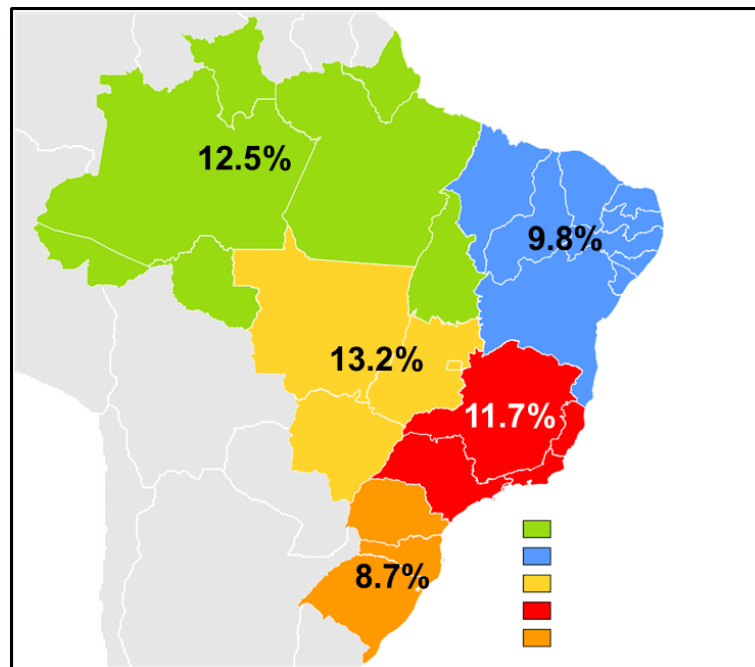
## Region E (continued)

Colombia<sup>4</sup>, Chile<sup>5</sup> and Brazil<sup>6,7</sup> developed HCAs surveillance programs which are – with few differences – inspired in the United State’s National Healthcare Safety Network. As a result of multimodal strategies (or possibly the “surveillance effect”<sup>8</sup>) the incidence of HCAs presents a downward trend over the years both in Chile and Brazil (**Figure 1**). In this latter country, a recently published multistate survey found 10.8% overall prevalence of HCAs (29.1% in ICUs, 16.8% in High risk nurseries; **Figure 2**).<sup>9</sup> Once again, pneumonias and surgical site infections were especially prevalent. More recently, a tailored intervention strategy conducted by São Paulo State Health Department (Brazil) resulted in a significant decrease in central-line associated bloodstream infections (CLABSI)<sup>10</sup>.

Meanwhile, associations of experts in infection control have increased their range of activities. The Argentinian Association of Nurses in Infection Control (ADECI) ran their 18<sup>th</sup> Congress of Infection Control and Patient Safety in September 2018. ADECI also offered courses in several topics relevant for IPC (<http://adeci.org.ar/campus/>). The Brazilian Association for Infection Control and Hospital Epidemiology (ABIH) held its 16<sup>th</sup> National Congress of Infection Control. Besides, the São Paulo Association of Epidemiology and Control of Healthcare-Associated Infection (APECIH), a member society of IFIC, held several workshops and courses in 2018, including: Basic Infection Control Course for

Healthcare Workers (three courses; **Figure 3**), meeting in infection control in non-hospital settings, workshop in environmental hygiene for healthcare services and a forum summarizing information from international congresses (IFIC, ECCMID, APIC, SHEA, etc). Other meetings were held by infection control societies in Chile (Sociedad Chilena de Control de Infecciones y Epidemiología Hospitalaria).

The joint efforts of the societies of experts and governmental agencies are likely to overcome the challenge of implementing IPC in low resource settings.



**Figure 2.** Prevalence of HCAs in the regions of Brasil (overall country prevalence, 10.8%).<sup>9</sup>



## Region E (continued)



**Figure 3** Workshops and Meetings of Sao Paulo State Association for Epidemiology and Control of Healthcare-Associated Infections (APECIH)

1. Allegranzi B *et al.* Burden of endemic health-care-associated infection in developing countries: systematic review and meta-analysis. *Lancet*. 2011;377:228-41.
2. VIHDA (ARGENTINA). Estudio Nacional de Diagnóstico Institucional y Prevalencia de Infecciones Asociadas al Cuidado de la Salud de Hospitales de Argentina. <http://siswep.anlis.gov.ar/archivos/informesconsolidados/Informe-Estudio-Nacional-de-Prevalencia-de-IACS-de-Hospitales-de-Argentina-2016.pdf>
3. Martinez GA. Reducción de Infecciones Intrahospitalarias 2018 ¿Por qué y Cómo? Ministerio de la Salud: Córdoba, Argentina, 2017.
4. MINISTERIO DE LA SALUD, COLÔMBIA. Indicadores de referencia de infecciones asociadas a la atención em salud vigentes desde abril de 2018. [Online: <https://www.minsal.cl/wp-content/uploads/2018/03/Circular-4-indicadores.pdf>]
5. Nogueira-Jr C, Padoveze MC. Public policies on healthcare associated infections: A case study of three countries. *Health Policy*. 2018;122:991-1000.
6. Padoveze MC *et al.* Surveillance Programme for Healthcare Associated Infections in the State of São Paulo, Brazil. Implementation and the first three years' results. *J Hosp Infect*. 2010;76:311-5.
7. AGÊNCIA NACIONAL DE VIGILÂNCIA SANITÁRIA, BRASIL. Boletim Segurança do Paciente e Qualidade em Serviços de Saúde nº 16: Avaliação dos indicadores nacionais das Infecções Relacionadas à Assistência à Saúde (IRAS) e Resistência microbiana do ano de 2016. Brasília, Brazil: ANVISA, 2017.
8. Schröder C *et al.* Epidemiology of healthcare associated infections in Germany: Nearly 20 years of surveillance.
9. Fortaleza CM *et al.* Multi-state survey of healthcare-associated infections in acute care hospitals in Brazil. *J Hosp Infect*. 2017;96:139-144.
10. Assis DB *et al.* Implementation of tailored interventions in a statewide programme to reduce central line-associated bloodstream infections. *J Hosp Infect*. 2018;100:e163-8.

## International Journal of Infection Control

*The International Journal of Infection Control (IJIC)* our fully open access journal continues to be published quarterly. Editor Kathy Suh, of Canada, has been focusing efforts on improving the turnaround time between submission of manuscripts and the final publication decision. *IJIC* welcomes submissions that cover topics of interest related to infection control, especially from low and middle resource settings, and encourages members of IFIC societies to submit their research and practice findings to *IJIC* ([www.ijic.info](http://www.ijic.info)).

### **SUBMIT MANUSCRIPTS TO THE INTERNATIONAL JOURNAL OF INFECTION CONTROL**

We invite you to submit your manuscripts to be considered for publication in the International Journal of Infection Control (IJIC). The aim of the journal is to provide a forum for staff working in infection control (IC) to disseminate research and practice information, and encourage IC initiatives on an international level. *IJIC* welcomes submissions that cover topics of interest related to infection control, especially from low and middle resource settings, and encourages members of IFIC societies to submit their research and practice findings.

*IJIC* is a fully open access journal, available online at [www.ijic.info](http://www.ijic.info). It is published online only, usually quarterly. There is no cost for publication of accepted manuscripts, or for access to the journal. Submission is performed online and you can keep track of the whole process in the authors' section of the *IJIC* website.

For more information, please refer to the journal website. Once on the website, the Instructions for Authors outlines the different categories of manuscripts as well as general guidelines for manuscript preparation and formatting. We look forward to your submissions!



## BASIC CONCEPTS: 2016 EDITION



The 2016 edition of IFIC Basic Concepts of Infection Control is now available at <http://theifc.org/basic-concepts-book/>. This 3rd edition builds on its predecessors, enhancing and



updating in a scientific way the knowledge required as a foundation on which local policies and procedures can be developed. All English language chapters have been reviewed and brought up-to-date by an international panel of experts; several new chapters have been added to ensure this new edition provides a sound comprehensive knowledge base. As before, the infection prevention and control principles set out in this book are applicable to all health care settings, however, particularly to areas where infection prevention and control is still in its infancy.



The 2011 Edition is available in Spanish, Italian, French, Hungarian, Arabic and Bulgarian thanks to BD,

Meiko, IFIC Board members, and our member societies.

### Region D Africa

*By Linus Ndegwa*

The 7th IPNEt –Kenya, “*IPC in Achieving Universal Health Coverage*” conference took place on 27-30 November 2018 in Nyeri, county Kenya. There were 200 participants from five countries.

The conference was opened by the Governor of Nyeri County in Kenya who challenged the members to put more efforts in enlightening the other health workers on issues of healthcare infections. He noted Kenya could not be talking of universal health care (UHC) if IPC is not well articulated. He mentioned that good UHC is only attained in safe hospitals where HAIs are minimal or not there. There was a pre-workshop on AMR where emphasis was on respiratory infections. The participants were taken through all the available methods of diagnosis available in Kenya to help make the correct diagnosis and prescribe the antibiotics accordingly. Next year meeting will be in November 2019, in Kisumu city, Kenya.

ICAN organized a very successful IPC/WASH workshop with 40 participants from 14 African countries. At the end of the workshop, a new baby was born to ICAN, the Malawi National IPC/WASH society. This was inaugurated by Prof Shaheen Mehtar (former ICAN president) with Dr. Andrew Likaka Director of Quality Services, at MoH Malawi Government.

**SAVE THE DATES!**

**APIC's 46th Annual Conference**



Philadelphia, PA USA 12-14 June 2019  
<http://ac2019.site.apic.org/>

**IFIC/ IPAC Canada 2019 Annual Conference**



Quebec City, Canada 26 –29 May 2019  
<https://ipac-canada.org/ipac-canada-annual-conference.php>

**Antibiotic Susceptibility Testing Course,**

Watch for the web link

Zagreb, Croatia, 9 – 10 May 2019

**IPCNC 2019 Conference - New Zealand**

Christchurch, New Zealand 23-25 September 2019

<https://www.infectioncontrol.co.nz/education/ndicn-conference/>

**Infection Prevention Society (IPS)**

**12th Annual Conference**



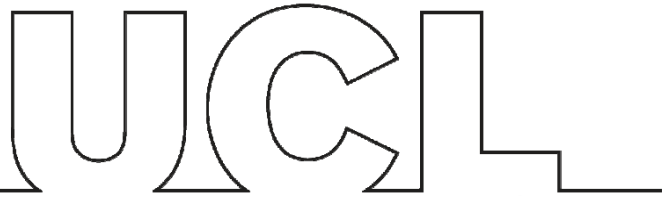
Liverpool , United Kingdom 22-24 September 2019  
<https://www.ips.uk.net/>

**Croatian Congress of Clinical Microbiology and infectious Diseases, CROCMID 2019;**

Watch for web link

Split, Croatia, 24- 27 October 2019

LONDON'S GLOBAL UNIVERSITY



As in the past our community of users drive what we provide: the National Resource for Infection Control has now received a 'face-lift' using a new cutting edge technology and will be re-launched as the 'International Resource for Infection Control (iNRIC) 2015' as part of International Infection Prevention Week 2016.

A research grant "NRIC meets ICAN" has also enabled us to reach out to our international colleagues in Africa. A survey study identifying infection prevention and control information needs of healthcare staff in Africa led the expansion of the evidence-based resources on iNRIC to support infection control professionals with local resources at the point of care in Africa. We also have exciting developments underway using mobile technology, apps and game-based training. [www.nric.org.uk](http://www.nric.org.uk)



ProMED - the Program for Monitoring Emerging Diseases - is an Internet-based reporting system dedicated to rapid global dissemination of infor-

mation on outbreaks of infectious diseases and acute exposures to toxins that affect human health, including those in animals and in plants grown for food or animal feed. Electronic communications enable ProMED to provide up-to-date and reliable news about threats to human, animal, and food plant health around the world, seven days a week.

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