

Advances in Global Infection Control: Inside IFIC
Presented by Patricia Lynch, Chair, International Federation of Infection Control
A Webber Training Teleclass

**Advances in Global Infection Control:
Inside IFIC**

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Hosted by: Paul Webber

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IFIC



**Before We Can Talk About
IFIC**

- Hospital infections...
- Infection control programs

Infection Control...

- One of the great successes in health care
- Saves money for hospitals AND patients
- Is a fundamental indicator of quality
- Reduces unnecessary death and illness

Today...

- Global infection control is a possibility
- Global outbreaks of infection occur regularly
- hospital outbreaks are similar in countries with similar circumstances
- education & training to prevent hospital infections are similar

**Key Questions About
Hospital Infections**

- What is the prevalence of HIs?
- What are patterns of occurrence?
- What don't we know?

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Reported Rates For Hospital Infections

(Ponce de Leon S. IN: Wenzel RP. Prevention & Control of Nosocomial Infection. 2003)

<u>Year</u>	<u>Country</u>	<u>Rate %</u>	<u>Scope of study</u>
1985	Mexico	9	Multicenter
1993	Thailand	11.7	National
1996	Brazil	5.1	5 hospitals
1995	Mexico	23.2	ICUs
2003	Thailand	7.9	1 hospital
2003	Argentina	27	3 ICUs

Global Burden Of Hospital Infections

- All health care systems in the world spend most of the budget on hospitalization.
- Infection problems are amplified in hospitals: From communicable respiratory diseases to bloodborne infections from injections to bacteria in wound infections.

Global Health Issues

- Insufficient financial resources for health
- Disproportionate burden of preventable cost and disease for least developed countries
- Failure of less developed facilities to use proven & inexpensive strategies to < risk
- Inadequate training for HCWs especially nurses

There Is SO Much We Don't Know..

- What really are Best Practices, where, when?
- How best to optimize regional IC networks?
- Many aspects of antibiotic use...
- Staffing issues?
- Value of generic precautions for everyone or isolation of infected cases

And What is the Consequence?

- 90% of health research money is spent on 10% of health conditions
- People in developing countries are not aware of risks of their health care system & generate no policy pressure
- Here is an example:

The Safe Injection Global Network



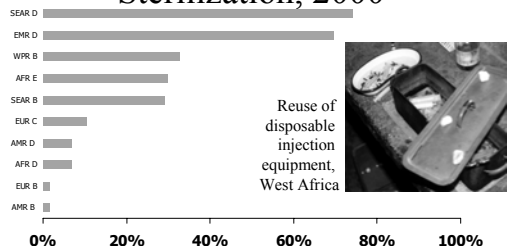
Yvan Hutin, MD
Safe Injection Global Network (SIGN)
Secretariat
WHO, Geneva, Switzerland

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Proportion of Injections Given with Syringes Reused without Sterilization, 2000



AMR B, EUR B,

- Antigua and Barbuda, Argentina, Bahamas, Barbados, Belize, Brazil, Chile, Colombia, Costa Rica, Dominica, Dominican Republic, El Salvador, Grenada, Guyana, Honduras, Jamaica, Mexico, Panama, Paraguay, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, Uruguay
- Albania, Armenia, Azerbaijan, Bosnia and Herzegovina, Bulgaria, Georgia, Kyrgyzstan, Poland, Romania, Slovakia, Tajikistan, The Former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Uzbekistan, Yugoslavia

AFR D, AMR D, EUR C

- Algeria, Angola, Benin, Burkina Faso, Cameroon, Cape Verde, Chad, Comoros, Equatorial Guinea, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Madagascar, Mali, Mauritania, Mauritius, Niger, Nigeria, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, Togo
- Bolivia, Ecuador, Guatemala, Haiti, Nicaragua, Peru
- Belarus, Estonia, Hungary, Kazakhstan, Latvia, Lithuania, Republic of Moldova, Russian Federation, Ukraine

SEAR B, AFR E, WPR B

- Indonesia, Sri Lanka, Thailand
- Botswana, Burundi, Central African Republic, Congo, Côte d'Ivoire, Dem Rep of the Congo, Eritrea, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Namibia, Rwanda, South Africa, Swaziland, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.
- Cambodia, China, Cook Islands, Fiji, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia, Mongolia, Nauru, Niue, Palau, Papua New Guinea, Philippines, Rep. Korea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam

EMR D, SEAR D

- Afghanistan, Djibouti, Egypt, Iraq, Morocco, Pakistan, Somalia, Sudan, Yemen
- Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Maldives, Myanmar, Nepal

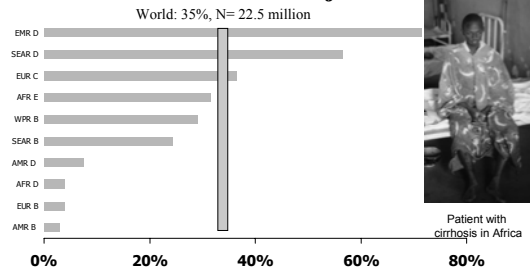
Studies Reporting an Association Between Injections and HBV Infection

Author	Year	Country	Design	Age group	PAR
Beasley	1974-9	China	Cohort	Children	34-53%
Ko	1984-6	China	Cohort	Children	61%
Narendranathan	1993	India	Case control	All	57%
Hutin	1994-5	Moldova	Case control	Children	21%
Hutin	1994-5	Moldova	Case control	Adults	52%
Hutin	1997	Romania	Case control	Children	40%

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Proportion of New HBV Infections Attributable to Unsafe Injections, 2000



What Should be the Focus of Research?

1. Define magnitude of the problem of HI
2. Specific projects with results that transfer to other similar settings: IC networks; SSI, CRBSI prevention
3. Education curriculum, low cost
4. Effects of HIs on morbidity & mortality

What Are The Cost Elements for Infections?

- Longer length of stay
- Patient & family direct costs
- Increased treatment cost
- More laboratory and radiology tests
- Increased IC cost--investigations
- Litigation
- Lost hospital patronage

What Are Cost Estimates for HIs?

Plowman UK: 7.8% HAI identified in hospital + 19% after discharge with cost 2.8X uninfected=\$5000 each
National UK cost: \$1.6B annually
US: IOM estimates infectious & non-infectious together cost \$17-29B
Mexico: Excess LOS 9.6 days = US\$12,000 per infection

What Are Effective Change Agents In This Effort?

- Local infection control societies: major source of education and support
- Individual hospitals
- Governments: Rarely a powerful force even in highly developed countries
- NGOs, WHO, PAHO, private foundations are slightly more consistent

International Federation of Infection Control (IFIC)

IFIC is a federation of infection control societies around the world. Of \pm 190 countries in the world, \pm 70-80 have IC societies. 53 of these belong to IFIC.

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IFIC Vision & Mission

V: Every nation has a functioning infection control organization.

M: IFIC provides the essential tools, education materials, & communication that unite the existing IC societies and foster development of IC organizations where they are needed.

IFIC Goals 2003-5

- **Unite IC societies and agencies to reduce infection risk globally**
- **Fund scholarships for IC training**
- **Provide low cost, essential education materials**
- **Host IC Congress with >100 countries and a full range of co-sponsors**

IFIC Goals 2003-5

- **Publish appropriate, timely info in print and on the web site: www.ific.narod.ru**
- **Work with all available organizations to foster national IC societies**

IFIC Structure

The Board is now comprised of 10 members

3 Officers: chair, treasurer, secretary

7 Directors: chair committees, edit publications including the Bulletin, and perform other tasks

IFIC Election Process

- **IFIC member societies nominate one of their members to serve on the board**
- **The nominating society pays expenses for their elected IFIC board member**
- **Term of office is 4 years with option to serve another term, 8 years total**
- **2004 is an election year**

Who Are We? Officers

- **Chair: Patricia Lynch, RN, MBA, USA**
- **Treasurer: Nizam Damani, MD, Pakistan/N. Ireland**
- **Secretary: Moira Walker, RN, Canada**
- **Incoming Secretary: Ulrika Ransjo, MD, Sweden**



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Directors

- Gary French, MD, UK
- Prof. Dr. Peter Heeg, Germany;
- Michael Borg, MD, Malta
- Gertie van Knippenberg-Gordebeke, Holland
- Smilja Kalenic, MD, PhD, Croatia
- Ossama Rasslan, MD, Egypt



IFIC Staff

- 1 part-time administrative officer: Pamela Allen, Dungannon, N. Ireland**
- 1 representative of an organizational management firm who works on commission for fundraising and conference planning: Blair King, Fitwise**
- 1 outstanding volunteer web site director: Sergey Eremin, MD, PhD, Russia**

Past IFIC Conferences

- 2003 IFIC/Malta IC Society Congress
- 2002 IFIC/HIS Edinburgh, UK
- 2001 IFIC/Egyptian Society of IC, Cairo
- 2000 IFIC/Croatian Society Conference
- 1999 IFIC/IC Society of S Africa, conference

Malta 2003, Chair, Dr. Michael Borg

- 45 countries represented
- Nearly 400 participants
- Excellent lectures and discussion groups
- Social events that fostered friendships

IFIC 2004: Porec, Croatia October 9-12:
Chair, Dr Smilja Kalenic

- www.kbc-zagreb.hr/mikra/ific2004

The 5th Congress of the



international federation
of infection control

IFIC

9th - 12th October 2004.
Porec, Croatia

IFIC 2005: Istanbul, Turkey
Chair: Dr. Ozdem Ang



IFIC Scholarship Fund

IFIC requires scholarship applicants to prepare an abstract for poster or oral presentation on some aspect of their work and the abstracts are judged and ranked. Scholarships are awarded in the order of ranking.

Award Winner 2004



IFIC Publications

1. "Infection Control: Basic Concepts"

This fundamental text is written by IFIC board members and invited experts; it is revised every few years and available for translation at no cost to member organizations.

2. "Information Resources in Infection Control", edited by Nizam Damani, is a compendium of print, web and organizational resources. It is updated annually.

Web Site: Sergey Eremin www.ific.narod.ru

- Organizational information
- All IFIC publications
- Links to corporate sponsors



IFIC Bulletin: Gertie van Knippenberg-Gordebeke, editor

- Published 2-3 times yearly
- Non-scientific reports from member societies
- Reprints of important reports & reviews
- Abstracts from conferences
- Helpful hints from the field



International Federation of Infection Control

- Making progress getting funding for multinational projects in IC
- Looking for help from all its member organizations

Research Projects

Why Research Projects?

1. Important questions need answers
2. Good projects bring good funding
3. Practical applications are essential
4. Tiny bits of funding go a long way--luckily!

IC Network Research Project in SE Europe:
S. Kalenic, PI. Funded by a grant from 3M USA & 3M Euro

1. Establish communication connection among the 10 countries
2. Organise and participate in two large multinational IC educational conferences
3. Develop content for a basic course for infection control nurses (in Zagreb, Croatia)

4. Survey a sample of hospitals in each country to determine demographics of IC personnel, training and tasks performed.
5. Translate and distribute the IFIC book, «Infection Control: Basic Concepts
6. Prepare a booklet: 'Developing a Successful Regional IC Network' to describe in detail and with costs attached the most effective methods to optimize development and use of regional IC networks.

Surgical Site Infection Research Project: G. Mehta, PI

Working with limited resources:
Developing and testing education material on surgical site infection prevention

G. Mehta, MD
U. Ransjo, MD
C. Friedman, BS, MPH
P. Lynch, RN, MBA
Funding application pending

What Can IFIC Member Organizations Contribute?

- Translation and printing for “Basic Concepts”
- Conferences that include less developed neighbors & support them

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What Can IFIC Member Organizations Contribute?

- **Attend IFIC annual conferences--present papers & posters**
- **Provide support for IFIC Scholarships & recipients: partner with beginners**
- **Write reports for IFIC Bulletin**

In Conclusion... Infection Control Will Progress

- **When IC societies support each other**
- **When we do projects together and**
- **When we publish together**

Continuing Education Certificate

To find out how to get a Continuing Education Certificate for this teleclass contact . . .

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