

Clean Your Hands: Stop the Spread of Drug Resistant Germs

Prof Didier Pittet, World Health Organization

Sponsored by the WHO First Global Patient Safety Challenge – Clean Care is Safer Care

WHO Clean Care is Safer Care Programme

Clean Your Hands :
Stop the Spread of Drug-Resistant Germs
Today is World Hand Hygiene Day!

Professor Didier Pittet
Infection Control Programme &
WHO Collaborating Centre on Patient Safety
University of Geneva Hospitals and
Faculty of Medicine, Geneva, Switzerland

Hosted by:
Dr. Edward Kelley
World Health Organization

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SAVE LIVES
Clean Your Hands
May 5, 2014
www.webbertraining.com

Hand Hygiene –
a global life saving action



Launched October 2005

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WHO 5 May over the years

2009

2014

It takes just 5 movements to change the world

Clean your hands, stop the spread of drug-resistant germs

SAVE LIVES: Clean Your Hands

2009-2013

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SA NE VAUT RIEN TANT QUE PITTET L'A PAS SIGNÉE

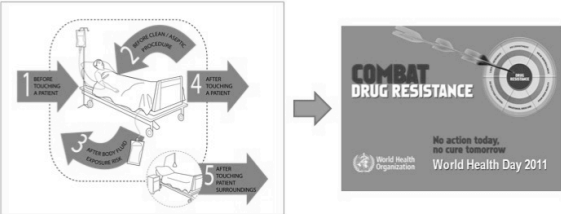
DECLARATION UNIVERSELLE DES DROITS DU GERME

This is worthless as long as Pittet has not signed it

Universal Declaration of Human Germ

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5 May 2014
The start of the idea



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Describing 5 May 2014 – WHO & the world!

- New scientific information
- Data to drive future action
- Providing patient and public information
- A focus on advocacy, awareness raising and engagement
- SAVE LIVES: Clean YOUR Hands around the world!

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WHO Global Report and Infographic on AMR

<http://www.who.int/drugresistance/documents/surveillance-report/en/>

World Health Organization | **Newly issued on 30 April 2014** 8

AMR Global Report - Key messages

- Data for any of the selected 9 bacteria–antibacterial drug combinations of public health importance obtained from **114 Member States**
- **AMR is a serious and current threat to public health in every WHO region**, with the potential to affect anyone, of any age, in any country
- Systematic literature reviews on health and economic burden due to AMR in infections caused by resistant *E. coli*, *K. pneumoniae*, and MRSA
 - Patients with infections caused by resistant bacteria generally have an increased risk of worse clinical outcomes and death, and consume more health-care resources

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Escherichia coli:
Resistance to third-generation cephalosporins

	Reported range of resistance (%)*	
	National data	Published data**
African Region	2–70	0–87
Region of the Americas	0–48	0–68
Eastern Mediterranean Region	22–63	2–94
European Region	3–82	0–8
South-East Asian Region	16–68	19–95
Western Pacific Region	0–77	8–71

* Based on at least 30 tested bacterial isolates.
** Publication data are complementary to national data, not from the same countries

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Klebsiella pneumoniae:
Resistance to third-generation cephalosporins

	Reported range of resistance (%)*	
	National data	Published data**
African Region	8–77	9–69
Region of the Americas	4–71	15–56
Eastern Mediterranean Region	22–50	6–75
European Region	2–82	4–61
South-East Asian Region	34–81	5–100
Western Pacific Region	1–72	27–35

* Based on at least 30 tested bacterial isolates.
** Publication data are complementary to national data, not from the same countries

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Klebsiella pneumoniae:
Resistance to carbapenems

	Reported range of resistance (%)*	
	National data	Published data**
African Region	0–4	-
Region of the Americas	0–11	0–2
Eastern Mediterranean Region	0–54	0–21
European Region	0–68	2–7
South-East Asian Region	0–8	0–55
Western Pacific Region	0–8	0–11

* Based on at least 30 tested bacterial isolates.
** Publication data are complementary to national data, not from the same countries

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Staphylococcus aureus:
Resistance to beta-lactam antibacterials
(i.e. methicillin-resistant *S. aureus*, MRSA)

	Reported range of resistance (%)*	
	National data	Published data***
African Region	12–80	0–100
Region of the Americas	21–90	2–90
Eastern Mediterranean Region	10–53	0–92
European Region	0.3–60	27–80
South-East Asian Region	10–26	2–81
Western Pacific Region	4–84	60

* Based on at least 30 tested bacterial isolates
** Publication data are complementary to national data, not from the same countries

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Impact of hand hygiene to reduce transmission and infections by MDROs in health-care settings a systematic literature review

World Health Organization

Good hand hygiene by health workers protects patients from drug resistant infections

3 MAY 2014 | GENEVA. On Hand Hygiene Day 5 May, WHO urges health workers to practice good hand hygiene when caring for patients. To protect them from contracting infections in health facilities, initial results from a new WHO global survey confirm that these infections are often resistant to the antibiotics used to treat them.

Healthcare-associated infections, usually occur when germs are transferred by health-care providers' hands touching the patient. Of every 100 hospitalized patients, at least 7% acquire one and 10% two medication-resistant germs, all acquired in health-care-associated infections. Among critically ill and vulnerable patients in intensive care units, the figure rises to around 20% per 100. Every year, hundreds of millions of patients around the world are affected by healthcare-associated infections, a high proportion of which is caused by germs that are resistant to antimicrobial drugs.

http://www.who.int/gpsc/5may/EN_PSP_GPSC1_5May_2014/en/

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Summary results

- From Jan. 1980 to Dec. 2013
- 39 studies on hand hygiene as the key intervention implemented in the study period and including data about impact on MDROs' infection and/or transmission rates, as well as on hand hygiene indicators, were identified
- Only 4/39 studies failed to demonstrate an impact of hand hygiene interventions or improvement in the MDRO's infection and/or colonization

One of these studies *did not show any significant improvement of hand hygiene compliance* thus explaining the failure to reduce infections, while another study was a *low-quality retrospective study*

- Additional 60 studies investigated the impact of hand hygiene (HH) to reduce MDRO's infections as part of interventions including other infection control measures

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Effectiveness and Limitations of Hand Hygiene Promotion on Decreasing Healthcare-Associated Infections

A Lean Six Sigma Team Increases Hand Hygiene Compliance and Reduces Hospital-Acquired MRSA Infections by 51%

"The 3/3 Strategy": A Successful Multifaceted Hospital Wide Hand Hygiene Intervention Based on WHO and Continuous Quality Improvement Methodology

Comparison of strategies to reduce methicillin-resistant *Staphylococcus aureus* rates in surgical patients: a controlled multicentre intervention trial

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KEY FINDINGS
Successful promotion of Hand Hygiene results in substantial & sustained reduction in HAIs caused by gram positive MDROs (esp. MRSA)

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Impact of hand hygiene on reduction of MDROs - Gram negative bacteria

- Clinical studies also supported data showing lower incidence rates of **resistant *E. coli*** and **carbapenem resistant *P.aeruginosa*** in wards achieving compliance levels higher than 70% and the greatest degree of compliance increase

Trick WE et al. Infect Control Hosp Epidemiol. 2007 Jan;28(1):42-9

- Increased in HH Compliance from 43.3% to 95.6% resulted in 8.9% decrease in HAIs and a decline in the occurrence of bloodstream, MRSA and **extensively drug-resistant *Acinetobacter baumannii*** and intensive care unit infections

Chen YC et al. PLoS One. 2011;6(11):e27163

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Cost-benefit analysis

Effectiveness and Limitations of Hand Hygiene Promotion on Decreasing Healthcare-Associated Infections

Every US\$1 spent on hand hygiene promotion could result in a US\$ 23.7 benefit. Reduction of MRSA and extensively drug-resistant *Acinetobacter baumannii*

A Lean Six Sigma Team Increases Hand Hygiene Compliance and Reduces Hospital-Acquired MRSA Infections by 51%

Hand Hygiene Noncompliance and the Cost of Hospital-Acquired Methicillin-Resistant *Staphylococcus aureus* Infection

Overall prevention of 41 MRSA infections resulted in a gross saving of US\$ 354,276 with a net saving of US\$ 276,500

Mathematical model, a 200-bed hospital incurs US\$ 1,779,283 in annual MRSA infection-related expenses attributable to hand hygiene noncompliance; in this setting, 1% increase in hand hygiene compliance would result in annual savings of US\$ 39,650.

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Increase in hand hygiene compliance and reduction of MDROs

Avg. Compliance Before Improvements 65%

Avg. Compliance After Improvements 82%

Increase in hand hygiene compliance resulted in 51% decrease in MRSA infection and saved the hospital US \$276,500

Carboneau C et al. *Journal for Healthcare Quality* 2010;32(4): 61-70

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Promoting and sustaining a hospital-wide, multifaceted hand hygiene program resulted in significant reduction in health care-associated infections

Jaffar A. Al-Tawfiq MD^{a,*}, Mahmoud S. Abed RN^b, Nashma Al-Yami MSc^b, Richard B. Birrer MD^c

MRSA/1000 patient-days significant decrease: from 0.42 in 2006 to 0.08 in 2011 (P < .001)

Device-associated infection/1000 decrease:
VAP from 6.12 to 0.78 (P < .001)
CLABSI from 8.23 to 4.8 (P = .04)
Catheter-UTI from 7.08 to 3.5 (P = .01)

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Australian National Hand Hygiene Initiative

Significant reductions in methicillin-resistant *Staphylococcus aureus* bacteraemia and clinical isolates associated with a multistate, hand hygiene culture-change program and subsequent successful statewide roll-out

Outcomes from the first 2 years of the Australian National Hand Hygiene Initiative

AUSTRALIA National Hand hygiene Multimodal culture-change campaign Significant reductions in MRSA bacteraemia and MRSA clinical isolates

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England & Wales National Hand Hygiene Initiative

Procurement (ml, per bed day): Alcohol hand rub and soap combined, Soap, Alcohol hand rub

Rate of bacteraemia (per 10000 bed days): MSSA bacteraemia, MRSA bacteraemia

Stone SP et al. *BMJ* 2012;344:e3005

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Informing the world about the results

Retweeted by Claire Kilpatrick: Prof Didier Pittet @didierpittet Apr 27

Seminal work in Geneva led to a hand hygiene campaign in Aus with a reduction in MRSA; work featured in WHO report

Retweeted by Jules Storr @julesstorr Apr 27

WHO report includes Stone et al national study; link between increased handrub use & MRSA reduction

Clare Kilpatrick @ckilpatrick Apr 25

According to Chen et al, every US\$1 spent on hand hygiene promotion could result in a US\$23.7 benefit

Clare Kilpatrick @ckilpatrick Apr 25

Data on HAHR inc feasibility & impact of hand hygiene compliance on MDRO reduction needed from LMICs

Clare Kilpatrick @ckilpatrick Apr 25

Papers listed in new WHO report show evidence that improved hand hygiene leads to reduction of 11% from MDROs

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“An alarming and irreversible crisis on the same level as global warming”

THE DRUGS DON'T WORK
A GLOBAL THREAT
PROFESSOR DAME SALLY C. DAVIES

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The science, Hunnet et al, 2013

- *‘The annual societal cost-of-illness for AMR is considered to be roughly \$55 billion for the US alone, maybe higher’*
- *‘Suboptimal infection control is a factor in spread of resistant microorganisms’*
- *‘The public must be aware of the scale of AMR threat, and must perceive antimicrobials as a non-renewable & endangered resource’*
- *‘Infection control including hand hygiene is still performed sub-optimally contributing to spread AMR’*
- *‘Tackling AMR requires action on multiple levels!’*

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The call to action

- Action: prohibit over-the-counter antimicrobials sales worldwide
- Action: prep of a detailed charter on antimicrobial conservation now; ratified and upheld by all ministries of health
- Action: develop coordinated, culturally sensitive campaigns for the public; give info on protecting antimicrobials ‘a limited resource’
- Action: Support the improvement of sanitation systems to eliminate resistant microbes in waste water & include hand washing advice
- Action: establish standardized, universal methods & metrics for surveillance of antimicrobial use & resistance development
- Action: Medical & veterinary school curricula to ensure instruction on microbial resistance & use of antimicrobials
- Action: advance point-of-care rapid diagnostics to avoid the prescription of antibiotics for viral infections

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Report on the Burden of Endemic Health Care-Associated Infection Worldwide

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The WHO Global AMR Surveys - 2014

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5 May 2014 - Global Surveys

Antimicrobial resistance (AMR) is of global concern and WHO is committed to combating it. A large part of the burden of AMR is due to the emergence, substantial rise and spread of antibiotic-resistant bacteria in health-care facilities.

On the occasion of its SAVE LIVES: Clean Your Hands global campaign, every year on 5 May, WHO is launching a call to action to implement and sustain hand hygiene improvement in health-care settings worldwide. The focus of the 2014 call is the role of hand hygiene in reducing the spread of AMR.

Drug resistance web site

Among the activities to support the 5 May 2014 call focused on the role of hand hygiene in reducing the spread of AMR, WHO is inviting health-care facilities to participate in two global surveys:

1. WHO Global Laboratory-based Survey on MULTIDRUG-RESISTANT ORGANISMS (MDROs) in Health Care - to assess and raise awareness of the prevalence of the five main health care-associated MDROs that have been identified at the global level.
2. WHO Global Prevalence Survey on use of SURGICAL ANTIBIOTIC PROPHYLAXIS - to assess surgical antibiotic prophylaxis prescribing in a wide range of acute health-care facilities.

Deadline extended to 3 May 2014!

Health-care facilities registered for SAVE LIVES: Clean Your Hands will receive a personal email invitation to participate, including specific links to the online systems.

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WHO laboratory-based global survey on multidrug-resistant organisms (MDROs) in health care – interim analysis

- Aim:** to estimate the burden of MDROs isolated among inpatients in a wide range of health-care facilities worldwide
- Design:** online survey (1st March-13 April 2014) based on the routine, ordinary collection of clinical blood and urine (MSU & CSU) culture specimens over one week
- Participants:** health-care settings registered for the WHO SAVE LIVES: Clean Your Hands global campaign and other WHO-associated networks
- Submissions: 334 laboratories**
- 54 countries
- All 6 WHO regions

We thank Dr. N. Damani and Mr. S. Wallace (Southern Health & Social Services Trust, Portadown, Craigavon, N. Ireland, UK), for data management and analysis.

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MDROs included in the survey: definitions

- MRSA** *Staphylococcus aureus* resistant to methicillin/oxacillin/cefoxitin
- VRE** *Enterococci* spp. resistant to glycopeptide antibiotics (i.e. vancomycin or teicoplanin)
- ESBL** Gram-negative organisms that mediate resistance to extended-spectrum third generation cephalosporins, (e.g. ceftazidime, cefotaxime, and ceftriaxone) and monobactams (e.g. aztreonam) but do not affect cephamycins (e.g. cefoxitin and cefotetan) or carbapenems (e.g. meropenem or imipenem)
- CRE** Enterobacteriaceae that produce any β -lactamase that hydrolyses carbapenems (any or all of ertapenem, doripenem, imipenem and meropenem) and are resistant to all of the following third-generation cephalosporins: ceftriaxone, cefotaxime, and ceftazidime.
- MRAB** Multi-resistant *Acinetobacter* spp.: Isolate resistant to at least 3 classes of antimicrobial agents, i.e. all penicillins and cephalosporins (including inhibitor combinations), fluoroquinolones, and aminoglycosides.

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S. aureus isolated from blood and urine samples and related resistance – interim analysis*

WHO REGIONS	N° countries	N° labs.	S. aureus (N° isolates)	MRSA (N° isolates, % of MRSA)	Enteroc. spp (N° isolates)	VRE (N° isolates, % of VRE)
AFRICA**	6	15	25	10 (40%)	N/A	N/A
AMERICAS	12	55	75	33 (44%)	111	9 (8.1%)
EUROPE	20	200	386	145 (37.6%)	951	33 (3.4%)
EMR	6	32	N/A	N/A	61	7 (11.4%)
WPR	6	11	N/A	N/A	33	1 (3%)

EMR: Eastern Mediterranean Region; WPR: Western Pacific Region
 *Based on at least 30 reported isolates
 **Based on lower number of isolates following quality check

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E. coli isolated from blood and urine samples and related resistance – interim analysis*

WHO REGIONS*	N° countries	N° labs.	E. coli (N° isolates)	ESBL prod. (N° isolates, % of ESBL)	CRE (N° isolates, % of CRE)
AFRICA	6	15	70	24 (34%)	1 (1.4%)
AMERICAS	12	55	713	134 (18.8%)	6 (0.8%)
EUROPE	20	200	3569	437 (12.2%)	28 (0.7%)
EMR	6	32	229	91 (39.7%)	4 (1.7%)
SEAR	3	12	98	54 (55.1%)	10 (10.2%)
WPR	6	11	131	35 (26.7%)	2 (1.5%)

EMR: Eastern Mediterranean Region; SEAR: South-east Asian Region; WPR: Western Pacific Region
 *Based on at least 30 reported isolates

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Klebsiella spp isolated from blood and urine samples and related resistance – interim analysis

WHO REGIONS*	N° countries	N° labs.	Klebsiella spp (N° isolates)	ESBL prod. (N° isolates, % of ESBL)	CRE (N° isolates, % of CRE)
AFRICA	6	15	34	16 (47%)	1 (2.9%)
AMERICAS	12	55	128	41 (32%)	6 (4.6%)
EUROPE	20	200	753	270 (35.8%)	39 (5.1%)
EMR	6	32	105	51 (48.7%)	11 (10.4%)
SEAR	3	12	53	31 (58.4%)	20 (37.7%)

EMR: Eastern Mediterranean Region; SEAR: South-east Asian Region
 *Based on at least 30 reported isolates

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Acinetobacter spp isolated from blood and urine samples and related resistance – interim analysis

WHO REGIONS*	N° countries	N° labs.	Acinetobacter spp (N° isolates)	MRAB (N° isolates, % of MRAB)
EUROPE	20	200	60	8 (13%)
EMR	6	32	50	13 (40%)

EMR: Eastern Mediterranean Region
*Based on at least 30 reported isolates



WHO GLOBAL SURVEY 2014
INTERIM RESULTS

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WHO Global Survey on Surgical Antibiotic Prophylaxis (SAP) in Health Care – interim analysis

- Aim:** to present information on prevalence and duration of SAP prescribed in a wide range of health-care facilities worldwide
 - Design:** online survey (10 March-13 April 2014) with submission of data about SAP* related to all patients having had *surgery* over the 3 working days before the survey day
 - Participants:** health-care facilities registered for the WHO SAVE LIVES: Clean Your Hands global campaign and other WHO-associated networks
 - Submissions: 357 health-care facilities**
 - 8 199 patients**
 - 50 countries, all 6 WHO regions
- * Defined as: Administration of systemic antibiotics before a surgical procedure (within 60 min) with possible repetition during the operation, depending on its duration.



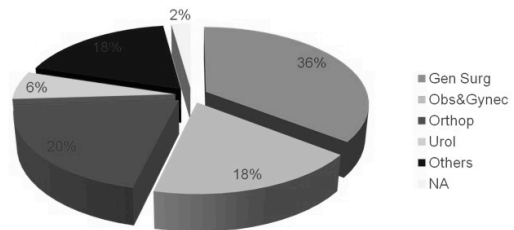
New for 2014

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WHO REGIONS – INTERIM RESULTS	N° countries	N° health-care facilities	N° patients
AFRICA (Algeria, Benin, Cameroon, Democratic Rep. of Congo, Ethiopia, Nigeria, Senegal)	7	37	633
AMERICAS (Argentina, Bolivia, Brazil, Canada, Chile, Colombia, Dominican Rep., Mexico, Paraguay, Peru, USA, Uruguay)	12	51	840
SOUTH-EAST ASIA (India, Indonesia)	2	6	235
EUROPE (Belgium, Bosnia and Herzegovina, Croatia, Finland, France, Greece, Hungary, Italy, Malta, Portugal, Rep. of Montenegro, Rep. of Serbia, Romania, Spain, Switzerland, Turkey, UK)	17	222	5791
EASTERN MEDITERRANEAN (Bahrain, Egypt, Iran (Islamic Republic of), Kuwait, Lebanon, Saudi Arabia)	6	22	196
WESTERN PACIFIC (China, Japan, Malaysia, Philippines, Rep. of Korea, Viet Nam)	6	19	504
TOTAL	50	357	8,199

Type of surgical ward

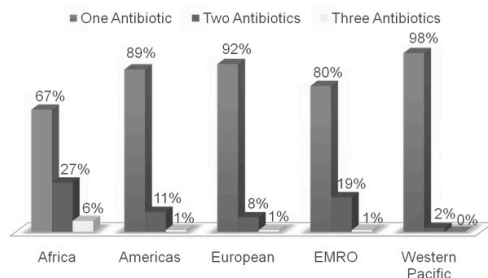


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INTERIM RESULTS

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Number of antibiotics given for surgical prophylaxis

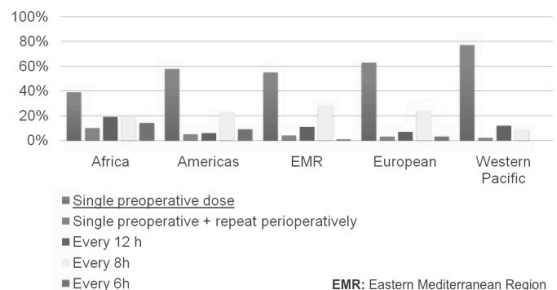


WHO GLOBAL SURVEY 2014
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Frequency of administration by Region



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INTERIM RESULTS

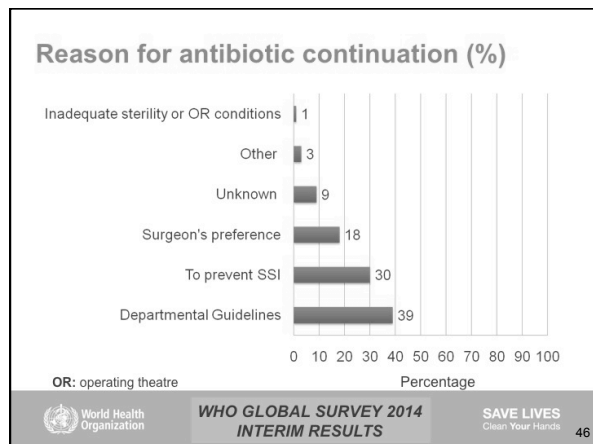
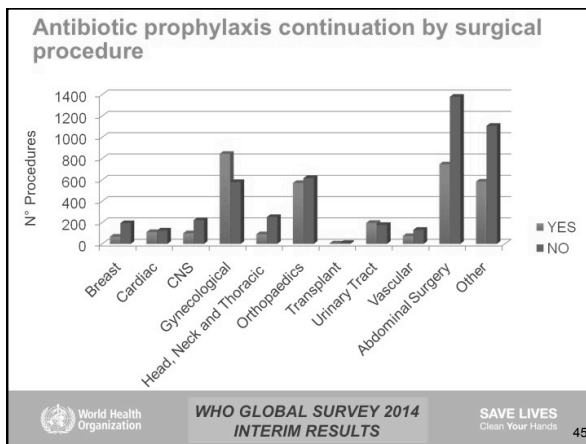
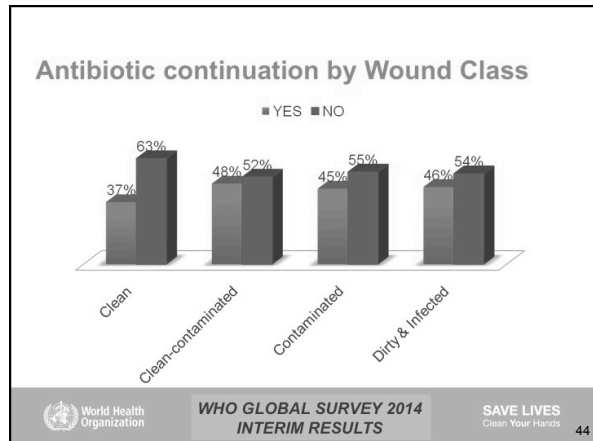
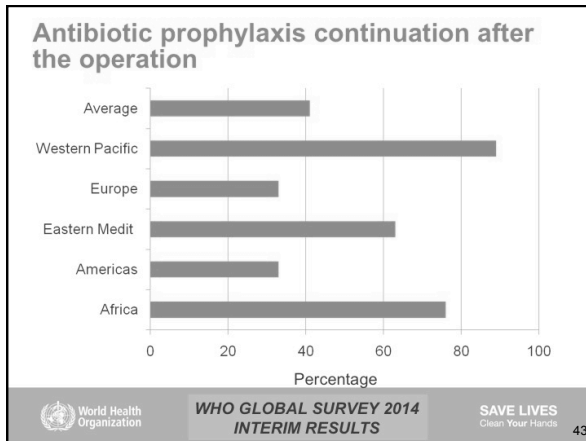
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“Hand hygiene is the frontline defense against infections”

**JEANINE THOMAS,
MRSA SURVIVORS NETWORK**

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New patient and public information on AMR

World Health Organization Hand hygiene and Antibiotic Resistance
WHO Information for Patients and Consumers

What is 'antibiotic resistance'? Sometimes an antibiotic that used to work in the past for a certain type of bacterial infection no longer works. This happens when the bacteria change and so can no longer be killed or inhibited by the antibiotic. The antibiotic (and others of the same 'type') is then unable to cure an infection caused by these bacteria. In other words, the bacteria become resistant and can continue to multiply in a patient's body even while taking the antibiotic. The name for this is **antibiotic resistance** and is usually caused by the overuse and misuse of antibiotics.

What can patients do to limit the development of antibiotic resistance in hospital?
When patients are in hospital, they can help stop antibiotic-resistant bacteria spreading by cleaning their hands. Here are some guidelines of when:

- before touching their own wound dressing or IV line site;
- after touching other patients;
- after using the toilet.

Patients can also work alongside their health-care workers, by politely asking if they have cleaned their hands before touching them and before a clean task - WHO has a document on this http://www.who.int/topics/antibiotic-resistance/2013_patient-participation (Please consider giving the search for, or a message address, URL, or bookmark)

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Clean Hands Save Lives – helping the public to understand the story

THIERRY CROUZET
CLEAN HANDS SAVE LIVES

FOREWORD
Dr. Margaret Chan
WHO Director-General
Sir Liam Donaldson
WHO Patient Safety Envoy

CleanHandsSaveLives.org

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THIERRY CROUZET
LE GESTE QUI SAUVE
LES MALADES EN HÔPITAL
REUTRE LA VIE

THIERRY CROUZET
CLEAN HANDS SAVE LIVES

THIERRY CROUZET
DIE RETTENDE GESTE

THIERRY CROUZET
UN GESTO SALVADOR

THIERRY CROUZET
O GESTO QUE SALVA

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Informing the public – the influence of social media

#Health workers, make sure you and your colleagues practice the #5moments of #handhygiene goo.gl/fv6ts

WHO @WHO - 3h
This is how patients can help stop bacteria spreading in hospitals, eg clean hands after touching other patients goo.gl/bd4vFN

WHO @WHO - 3h
Patients w/ infections caused by bacteria resistant to several drugs are more likely to die. Clean hands save lives! goo.gl/bd4vFN

WHO @WHO - 4h
Health-care facilities, register for SAVE LIVES: Clean Your Hands campaign - #handhygiene every day not just 5 May goo.gl/Bi5hK

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Describing 5 May 2014 – WHO & the world!

- New scientific information
- Data to drive future action
- Providing patient and public information
- A focus on advocacy, awareness raising and engagement
- SAVE LIVES: Clean YOUR Hands around the world!

World Health Organization **SAVE LIVES** Clean Your Hands 53

It takes just 5 Moments to change the world

Clean your hands, stop the spread of drug-resistant germs!

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Clean Your Hands: Stop the Spread of Drug Resistant Germs

Prof Didier Pittet, World Health Organization

Sponsored by the WHO First Global Patient Safety Challenge – Clean Care is Safer Care

It takes just 5 Moments to change the world. Clean your hands, stop the spread of drug-resistant germs.

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New WHO 5 Moments Screensaver

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My 5 Moments for Hand Hygiene

Focus on caring for a patient with a Urinary Catheter

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No Action Today
No Cata Tomorrow

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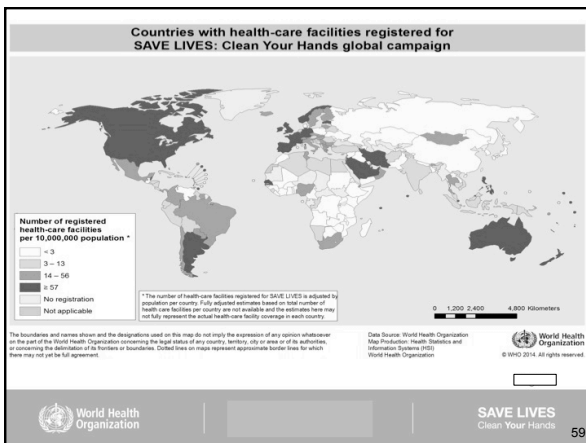
Describing 5 May 2014 – WHO & the world!

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Congratulations to

- New countries since 2013:
 - Guinea
 - Montenegro
 - Barbados!
- Registrations from every country in a whole region – Eastern Mediterranean



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Regional Office for the Eastern Mediterranean

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Example organisation websites



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Example organisation websites




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Example country activities




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Example country activities

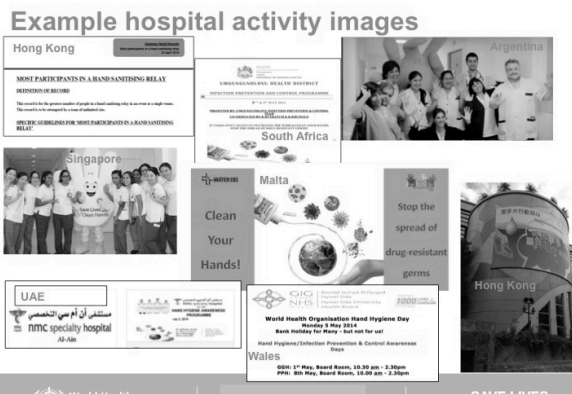


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Example hospital activity images



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Clean Your Hands: Stop the Spread of Drug Resistant Germs

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Private Organisations for Patient Safety (POPS) – example commitment

2014 WHO May 5th Stats (April 28th)

Global Reach

- +1,513 web site visits exposed to May 5th message
- +5,051 emails were sent to global healthcare contacts
- Profused 3 new blog articles focused on WHO May 5th which have been viewed 1,036 times
- May 5th Press Release featured in several languages
- 1,036 visits to WHO May 5th landing page

Results

- 91 pledge card downloads to date from 13 countries

Active in 10% of Irish Hospitals

2500 cards issued

100 posters

Engaged 100 hospitals

Active in 12 countries
Almost 1000 web page views
2000 direct emails
Secured a registration in 1 new country!

ANIOS
2M Infection Prevent (2014_infection)
Save lives. Clean your hands. #51515 Hand Hygiene day is coming on May 5th!

Diversey Organizes Art Contest to Promote Hand Hygiene

May 5, 2014 – Sealed Air Diversey Care has launched a global art contest supporting hand hygiene in recognition of World Hand Hygiene Day (May 5).

SARAYA
Les cinq indications de l'hygiène des mains: Prise en charge d'un patient avec un cathéter urinaire

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POPS booth at APIC 2014 – a first!

APIC 2014
June 7-9 Anaheim, CA

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A country story from 2007.....

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Field Testing of the WHO Guidelines (2006-2008)

2006 - 2008

- Complementary Sites (>500)

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The Story

- In Costa Rica...."During the dry season water shortages are an issue, so there was a need for an alternative method for cleaning hands in health care."
- "It was also important to address compliance with WHO recommended actions to prevent HAI, including from drug-resistant bacteria."
- "Early reports showed hand hygiene compliance was as low as 40%.".....
- "Alcohol-based hand rub is available throughout the hospital at patients' bedsides where it is needed most, and in health centres in Costa Rica following WHO recommendations."
- "Patients have benefited since there are fewer infections in the hospitals."

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The future

- www.who.int/gpsc/5may
- www.cleanhandssaveslives.org
- Social Media:
 - Follow WHO on Facebook and Twitter @WHO
 - Follow @didierpittet on Twitter

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Clean Your Hands: Stop the Spread of Drug Resistant Germs

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Using innovative ways around the world to apply the 5 Moments

Translated in :

- French
- Portuguese
- Japanese
- Spanish
- Italian
- German
- Chinese
- Russian
- Romanian
- Turkish

Available soon

- Shewali
- Urdu.....

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Continue to use the WHO Hand Hygiene Self-assessment Framework

Assessment → Action

English
French
Spanish
Portuguese
Italian
Arabic

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http://www.who.int/gpsc/5may/hhsa_framework/en/

Apply now –
<http://www.handhygieneexcellenceaward.com>

APSC 2013
Shanghai
Asia-Pacific Hand Hygiene
Excellence Awards
2012-2013

International Congress of the Asia Pacific Society of Infection Control
APSC 2013
Shanghai

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SAVE LIVES
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Shanghai

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2014 WHO Teleclass Schedule

Clean Care is Safer Care

January 29
Innovation and implementation strategic approaches to reduce catheter-related bacteraemia: The results of a European multicentre study (PROHIBIT)
Dr. Walter Zingg, Switzerland

March 7
How to prevent the spread of multiresistant bacteria
Dr. Stephan Harbarth, Switzerland

April 9
Highlights on SSI prevention: The new CDC guidelines and more
Dr. Joseph Solomkin, USA

May 5
Special lecture for International Hand Hygiene Day
Prof. Didier Pittet, Switzerland

September 3
New WHO global campaign to eliminate unsafe therapeutic injections
Dr. Benedetta Allegranzi, Switzerland

October 8
Public reporting and disclosure of HAI rates: Positive impact or confusion?
Dr. Maryanne McGuckin, USA

November 5
Global application of behaviour change models and infection control strategies
Dr. Michael Borg, Malta

Thanks to Teleclass Education

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