

70.003

With Limited Resources: How to begin and How to Sustain an Infection Control Program

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Infection control (IC) efforts may encounter greater obstacles in developing countries. However, progress appears to have been made composed of designated and trained doctors, nurses, and others. E-learning is an important tool to bring health care professionals updated information, especially where teaching resources are limited. It allows the exchange of experiences between professionals, promotes simultaneous knowledge acquisition, and reaches some remote areas. Trained IC personnel are a scarce resource and their job is to prevent and control infection; their time and expertise must not be disproportionately utilized in counting infection only. Basic surveillance is an essential component of IC Programs and should be tailored for each institution. The data should be used to identify preventable infections so that resources are targeted in high priority areas requiring minimum resources. In addition, surveillance data can be used to compare infection rates between healthcare facilities, convince administrators, clinical teams and health care professionals to adopt recommended practices and help evaluate IC measures. For this last purpose one can easily find Guidelines issued by international health institutions or professional societies that indicate the basic requirements for an effective IC. The IC team should take into account to implement measures that are more cost-effective, and use all effort and creativity to adopt tools that could improve compliance. Positive Deviance method that is a social and behavioral change process based on the premise that in most organizations and communities there are people or groups of people who solve problems better than colleagues who have exactly the same resources. Another important concern in developing countries is integrating epidemiology and microbiology. Despite its relevance, knowledge about the status of antibiotic resistance in the developing world remains on the whole lacking. Regional special laboratories could provide a good amount of information about resistance and help in outbreak control.

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The Future Hospital Epidemiologist's Portfolio for Success

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It is understood that a successful Hospital Epidemiologist will need skills in clinical medicine, especially infectious diseases, and in microbiology, epidemiology and informatics. Yet that is only the beginning. Success builds on a platform of skill sets that include Becoming Articulate and Persuasive and Becoming Inspiring. These skills can be taught. In addition a still more successful Hospital Epidemiologist will need to know more: How to Manage Something New; How to Manage Intimidation; and How to be Creative.

The presentation will be accompanied by examples from the experiences of the speaker as well as examples from leaders in other fields.

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Bacterial meningitis: Prevention and cure (Invited Presentation)

71.001

The Global Impact of Bacterial Meningitis

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Background: Bacterial meningitis is an important cause of mortality and morbidity in neonates, infants, children and adults worldwide.

Methods.

Review of published literature.

Results: *Streptococcus pneumoniae*, *Haemophilus influenzae* type b, and *Neisseria meningitidis* are the most important causes of acute bacterial meningitis worldwide. A number of other bacteria are capable of causing meningitis, often associated with specific population groups; for example, *Streptococcus suis* is a common cause of acute bacterial meningitis in southeast Asia but occurs rarely elsewhere, Group B streptococcus is the leading cause of neonatal meningitis in developed countries but less frequent in developing countries where Gram negative bacteria are more commonly implicated, while in HIV-infected patients, *S pneumoniae* is the commonest cause of acute bacterial meningitis but meningitis caused by *Mycobacterium tuberculosis* and *Cryptococcus neoformans* is also common. However, surveillance, especially in high mortality developing countries usually under ascertains bacterial meningitis and sepsis due to the low sensitivity of diagnostic tests and limited access to care. Furthermore the long term sequelae of meningitis, a particular concern following neonatal meningitis, is poorly described. Finally, most reported estimates of meningitis incidence and case fatality ratios come from hospital-based surveillance studies only.

Conclusion: The global burden of bacterial meningitis is substantial. Better standardisation and reporting of methods and limitations for surveillance studies are needed and more research is required. Expanded use of established and new vaccines could significantly reduce both bacterial meningitis and overall mortality, especially in children.

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71.002

Pathophysiology of bacterial meningitis

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Bacterial meningitis is characterized by the entry of bacteria into the cerebrospinal fluid (CSF) and bacterial growth in this compartment leading to inflammation within