level and established "Ebola Virus Disease Emergency Response Task Force" to implement the following four major measures against Ebola: (1) health education for outbound passengers; (2) quarantine for incoming passengers from affected West African countries ; (3) preparedness and drill of designated health care facilities; and (4) international collaboration. TCDC continues to monitor the trend of outbreak and timely adjust the response and control measures against Ebola.

SYMPOSIUM 12 (SP 12)

STRATEGIES FOR NEW PROBLEMS ON HEALTHCARE-ASSOCIATED INFECTIONS

SP 12-1

STRATEGIES FOR NEW PROBLEMS ON HEALTHCARE-ASSOCIATED INFECTIONS IN JAPAN

Kazuhiko Fukatsu, Hiroshi Yasuhara. *Surgical Center, The University of Tokyo Hospital, Japan*

Introduction: In Japan, the outbreak of methicillin resistant *Staphylococcus aureus* (MRSA) in hospitals in 1980's has brought clinicians the concept of infection control. Establishment of infection control team (ICT), generally comprised of medical doctors, nurses, pharmacists, and other professionals has contributed to prevention of healthcare-associated infections. All staffs working at hospital are encouraged to receive lectures including environmental hygiene and hand washing. Use of some antibiotics with broad spectrum is monitored by ICTs.
Problems: Nevertheless, patients are still suffering from severe healthcare-associated infections causing delayed recovery and poor outcome. Clinicians may not pay any attention to preservation and improvement of host defense system against pathogens. Some clinicians even do not know the significance of the procedures of washing and sterilization of medical instruments.
Strategies: Here, we would like to propose two strategies for better infection control. The first one is nutritional therapy. Repletion of nutritional status leads to reduced morbidity of infectious complications. Particularly, use of gut as nutritional delivery route strengthens host defense system and use of immuno-nutrients is known to modulate host response to various insults.
The other one is better management of central sterile services department (CSSD). Failure of CSSD function results in devastating problems in infection control. However, it is regrettable that there are only a few hospitals where medical directors devote to management of CSSD.

SP 12-2

STRATEGIES FOR NEW PROBLEMS ON HEALTHCARE-ASSOCIATED INFECTIONS IN TAIWAN

Feng-Yee Chang [a,b], Shu-Hui Tseng [b]. [a]*Division of Infectious Diseases, Department of Internal Medicine, Tri-Service General Hospital and National Defense Medical Center, Taipei City, Taiwan;* [b]*Taiwan Centers for Disease Control, Ministry of Health and Welfare, Taiwan*

The 2003 severe acute respiratory syndrome (SARS) outbreak marked a turning point in HCAI control in Taiwan. Since the SARS outbreak, hospital infection control and compliance with infection control guidelines have been significantly improved due to the attention of hospital leadership, contribution of infection control staff and the cooperation of clinical personnel. Nevertheless, many new problems in HCAI emerge. More aggressive and intensive treatment, more invasive procedures lead to increasing debilitating and device-dependent patients in the community and healthcare facilities. The nationwide populations susceptible to HCAI increased. Furthermore, frequent international travel and frequent hospitalization to different facilities in Taiwan facilitates the cross transmission of multi-drug resistant organisms in healthcare settings. In order to eliminate and tackle the new problems on HCAI, Taiwan CDC has formulated strategies according to the 8 core components for infection prevention and control programs proposed by WHO and conducted care bundle pilot project to reduce CLABSI in Taiwan from year 2010 to 2011. The rate of CLABSI declined 11.2% from 5.81 to 5.16 per 1,000 central line days during pilot study period. The results suggest that a coordinated, multi-institutional infection control initiative might be an effective approach to reducing CLABSI. After care bundle pilot project, national action plan to eliminate CLABSI in Taiwan has been promoted since 2013 in order to achieve our ultimate goal "zero tolerance" to HCAI.

SP 12-3

STRATEGIES FOR NEW PROBLEMS ON HEALTHCARE-ASSOCIATED INFECTIONS IN CHINA

Liuyi Li. *Dept. of infection control (IC), Peking University First Hospital, China*

The new situation of infection control in China, including the increasing risk of Healthcare Associated Infection, the change of medical needs and medical system, the infection risk of health care workers, how to implement the policies and regulations of Healthcare Associated Infection, the new connotation of HAI and how to improve the capacity of prevention and control of HAI etc. The strategies for how to deal with the new situation, such as strengthening the construction of HAI management discipline and cultivation of talents, setting up HAI training base, improving the capacity of risk assessment, improving the capacity of HAI prevention and control through scientific research etc.

SP 12-4

THE ROLE OF THE PATIENT IN A MULTIDISCIPLINARY TEAM - THE PATIENT IS "IN"

Axel Kramer. *Institute of Hygiene and Environmental Medicine, University Medicine, Greifswald, Germany*

So far, most infection prevention strategies have traditionally been addressed to healthcare workers, and in particular to infection prevention doctors and nurses. Aside of guidelines targeting behavioral and cultural aspects, these included also recommendations of structural aspects of hospital building and facility management. However, the patient himself may become both, target and distributor of healthcare associated infections (HAIs), if a minimum knowledge on infection prevention is lacking. Because of the great potential, this unexploited reserve should be included into future infection prevention activities. In an initial step, the patient shall be included into measures able to contribute towards the patient's own self-protection against HAI. This, however, requires the education of the patient. The patient will always show compliance if he is included as cooperative partner for the entire treatment process, including the prevention of nosocomial infections.
Here, our first results will be presented and it will be demonstrated how the patient may be successfully be included in his self-protection against nosocomial infections. The following chief topics are the focus of the initiative:

- Poster in the foyer of the hospital which calls attention to the importance of hand hygiene with emphasis to use the automatic dispensers in the lobby and at entrance to the wards with increased risk for infection (ICU etc.)
- Delivery of patients flyer as part of patient records highlighting the importance of hand hygiene, to avoid unnecessary contact with objects and surfaces in hospital, the role of hand hygiene before and after toilet use, and on protection measures at colonization or infection with multidrug-resistant pathogens (MRSA, VRE, Gram-negative bacteria, Noro viruses)
- Message of patients of any anomalies in the course of treatment to the medical team, i.e. pain at insertion of peripheral venous catheter
- Preparing before surgery
- Wound care and changing of wound dressing
- Behavior for those having a stoma
- Checklist for the risk assessment of possible colonization by multidrug resistant microorganisms (recording sheet as questionnaire) as self-assessment
- Use of breakfast television in the clinic (patients channel) to educate the patient with the short film "How can I protect myself during my hospital stay before infection - a short film for a long life"
- Introduction of the infection prevention check-out (evaluation of hygiene by the patient with a questionnaire).

All patients showed high levels of interest, were open-minded and welcomed their involvement in the self-protection against HAI.