

Standards includes Standard 3 "Preventing and Controlling Healthcare Associated Infections". The intent of Standard is to:

"Prevent patients from acquiring preventable healthcare associated infections and effectively manage infections when they occur by using evidence-based strategies".

The NSQHS Standards are being implemented in all public and private hospitals and day procedure centres in Australia.

KS 15

INFECTION CONTROL 2025

Andreas Voss, CWZ & RUMC, Nijmegen, The Netherlands



In the talk the personal opinion of the speaker with regard to infection control and its development over the next 10 years. The talk will be centered around 6 main topics:

- Basics are the new black
- MDRO – are they all equal?
- Regional efforts
- Perceptions (Infection Control vs Clinicians)
- Less is more! (Guidelines)
- Help – by design and by patients

The content of the 6 basic principles on which Infection Control should focus will be further explained. In addition other factors might be mentioned, such as: infection control indicators, public reporting (2nd gen surveillance), integration of MMB/ID/AMS/IC at regional levels, remote video assisted behavior change (audits), nanotechnology for surfaces, virtual reality/serious gaming... for HCWs training, robots/avatars for patients assist

KS 16

THE MANAGEMENT AND A NEW STRATEGY AGAINST CARBAPENEM-RESISTANT ENTEROBACTERIACEAE INFECTION

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Appearance and spreading of antibiotic resistant organisms are everywhere in the world. In Japan, we have still problems of MRSA in the hospital and also recent epidemiological data demonstrated increase of community-associated MRSA not only in healthy individuals but hospital-admitted patients. Not many, but we experienced several outbreaks of multiple drug resistant *Pseudomonas aeruginosa* and *Acinetobacter baumannii* infections. Colistin is now a topic of antibacterial to treat MDR organisms, which was created in Japan for the first time in 1950'. In historical perspective, Japanese pharmaceutical companies have created internationally well accepted and widely used antibiotics, like cephazolin, levofloxacin, clarithromycin, tazobactam/piperacillin and meropenem. But unfortunately, we are facing to a difficulty to produce newer generation of antibacterials, even from those companies that produced golden standard compounds. In this talk, I would like to review several pipelines of antibiotics which were evaluated in vitro, in vivo animal model and clinical trial in some compounds. Some of them were reviewed in ICAAC 2014 in US, as promising agents in poster summary session. In addition, I would like to show some experimental data of antibiotic therapeutic strategies, such as rationale of combination treatment (Break-point checkerboard plate) and inhibitors of metallo-beta-lactamase by zinc-chelating agents.

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KS 17

CONTROLLING MULTI-DRUG RESISTANCE

Ian M. Gould, Royal Infirmary, Aberdeen, United Kingdom



The question posed by the title is one of the critical issues for health care at present, and surely for all time unless some new ways to control bacteria can be developed.

Resistance would not be an issue were it not for the widespread use of antibiotics so, in the absence of significant new antibiotic development, our efforts must concentrate on reducing selection of resistance and preventing its transmission.

Most experience, and success, has been gained through our efforts to control hospital MRSA, and I will discuss recent experience in the UK, USA and

Europe to illustrate several basic principles that might be applied to the control of most multi-resistant organisms.

For many years hospitals tried to control MRSA with "horizontal" measures, that is generic precautions (often known as standard precautions) such as hand washing that it was envisaged would stop spread of many pathogens. Clearly these failed to control MRSA, and as we learnt more about its epidemiology, we were able to design specific (vertical) precautions that specifically targeted the selection and spread of MRSA.

Implementation of such measures in the UK in particular, has been spectacularly successful in controlling MRSA. Universal admission screening for MRSA, patient isolation and decolonization and the avoidance of key antibiotics eg cephalosporins and quinolones have been particularly effective. Adjunctive measures such as improved hand hygiene and environmental decontamination can also play a role.

The application of the same general principles to control of other MDR organisms will likely be effective, if they are targeted to particular aspects of the epidemiology of each organism.

KS 18

HAND HYGIENE PROMOTION AND THE PARTICIPATION OF INFECTION CONTROL LINK NURSES: AN EFFECTIVE INNOVATION TO OVERCOME CAMPAIGN FATIGUE

Patricia Ching, Principal Nurse, WHO Collaborating Centre on Infectious Disease Epidemiology and Control, The University of Hong Kong, Hong Kong Special Administrative Region



The WHO has introduced a multimodal methodology for the implementation of the hand hygiene program. After a few years of promotion and implementation, a common problem is campaign fatigue when there is evidence that promotional activities are being ignored and hand hygiene compliance plateau at just 50%. Three methods are often used to overcome this including keep on expanding the campaign, effective linkage to other healthcare programs, and regular reinforcement.

An examples will be presented from the Hong Kong experience. (Seto et al AJIC 2013 (41):12: 128). Hand hygiene was introduced in the 850-bed Hong Kong Baptist Hospital (HKBH) showing significant improvement in compliance in 2008 from 41% to 58% (p<0.01). Subsequently from 2008 to 2011, it persists below the 55% level in spite of active promotional activities, indicating campaign fatigue. HKBH has 99 infection control link nurses (ICLN) and using focus groups, four key deficiencies were identified and for each, a program was implemented to resolve them. The four programs are as follows:

1. Help your doctor for excellence in Hand Hygiene: To reverse the low compliance among doctors, accompanying nurses squirt alcohol for them during ward rounds.
2. Competition for "Speaking Walls" posters: ICLNs help each ward to produce self-made posters because the present reminders were deemed ineffective. It is believed that self-designed posters will be better reminders.