

Summary Report
On
The 2nd International Infection Control Conference
Hong Kong
2006

(A Sharing Experience)

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The 2nd International Infection Control Conference, Hong Kong 2006

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1. Learning objectives

To learn from the local (Hong Kong) as well international experts on their experience, skills and research knowledge in infection control.

2. 2nd International Infection Control Conference

The 2nd International Infection Control Conference, held between 16 June and 18 June 2006, was hosted by the Hong Kong Infection Control Nurses' Association and three other professional societies; the HK Society of Endoscopy Nurses, HK Operating Theatre & Sterile Supply Nurses Association and HK Sterile Services Management Association, to broaden the areas of interest for the conference.

Renowned speakers from local as well overseas were invited to review the latest evidence and best practices on Infection Control. Some of these prominent speakers included Dr. Adam Fraise, Dr. William Jarvis, Prof. Didier Pittet, Prof. Seto Wing Hong, Dr. Ling Moi Lin, Marsha Miller and Patricia Ching, the conference's chairperson.

About 820 participants from 13 countries namely: UK, Japan China, Taiwan, Thailand, Australia, Vietnam, US, and Korea, were treated to a wide array of interesting topics as well as provided in-depth information and evidence-based practices relating to infection control. Scientific sessions were held concurrently in 3 halls with wide topics ranging from Surveillance, Hand Hygiene to Avian Influenza, MRSA and WHO-World Challenge. "Real-time" information on the latest updates from WHO were also shared.

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3. Keynote lectures

The keynote lecture by renowned speaker on the topic, “Hand Hygiene - Evidence to Reality”, has an impact on the audience with the multi-modal strategies to promote hand hygiene. Hospitals and healthcare settings in Geneva, Switzerland have addressed the system change of using hand antisepsis as a Standard of Care, in which we should emulate.

3.1. Transformation of National Nosocomial Infections Surveillance (NNIS) to National Healthcare Safety Network (NHSN)

Topic on “Transformation of National Nosocomial Infections Surveillance (NNIS) to National Healthcare Safety Network (NHSN)” was also discussed at the conference. The transformation includes; expansion of participation to a larger number of healthcare facilities, combining the current three surveillance systems, i.e. NNIS, Nation Healthcare Worker Surveillance System and Dialysis Surveillance System, modification of data captured in the NHSN and inclusion of outcome and process measures and going on to reporting by internet system.

3.2. Ventilation

Other interesting topics addressing aspects of new advances and technology in infection control were presented concurrently at the scientific sessions. One had to debate on which topics to attend, and finally, I decided to attend sessions, which I thought I have the least knowledge on, i.e. “Ventilation. Isolation Room-Negative Pressure Versus Open Window” and “Ventilation Isolation. The Right Way And At The Right Time”. Engineers shared their experiences in engineering control during the SARS crisis through presentation. It is interesting to know that 100% fresh air can be achieved in a specific room with all windows opened, however, isolation room equipped with a switch to turn negative or positive pressure is not a recommendation, and healthcare personnel has to be more cautious and constant checks are required for rooms equipped with this system.

Ms Patricia Ching had also shared some interesting information on the prevention of Airborne Infection. She enlightened the delegates on the 3 different types of Isolation Rooms and the different types of pressure and exhaust system necessary to achieve the desired air-flow in controlling and containing a particular type of infection. E.g. Airborne Isolation Room would require a negative pressure control with airflow from clean to dirty area, with 6-12 ACH (air change per hour) and exhaust to outside or re-circulated with HEPA (High Efficiency Particulate Air) filter.

3.3. Personal Protective Equipment

Appropriate use of Personal Protective Equipment (PPE) for isolation was another challenging topic to discuss. During the SARS outbreak, there were a number of healthcare workers infected with the SARS virus; concerns on staff protection and safety were raised. The fear of acquiring the infection had resulted in an increased use of PPE that were not being used in a Healthcare setting before. The types of PPE play an important aspect in preventing healthcare acquired infectious diseases and the selection on the type of PPE depends on the infectious agent and its mode of transmission, however, for airborne precautions, it has been discussed at the conference that a facility and engineering control is more important than using PPE alone.

3.4. Hand Hygiene

Although this is not a new Infection Control topic, it was highlighted by Prof. Didier Pittet, that in order to achieve success, a system change is necessary to introduce waterless hand anti-sepsis as a standard of care. Healthcare Workers see the use of easily accessible hand rubs as timesaving, acts faster and irritates the skin less. With the launch of the WHO Global Patient Safety Challenge in Oct 2005, together with the current on-going practices, it was hopeful that the cost of healthcare infections could be reduced significantly.

The chances of successful implementation to improve hand-hygiene, however, involve a multi-modal approach to include staff education, motivation, management support and the use of Quality Performance Indicator to monitor its usefulness.

3.5. MRSA

Speakers shared their local experiences on the ever-challenging MRSA battle. Dr William Jarvis highlighted the concern over the emergence of Community Acquired (CA) MRSA being introduced into the healthcare settings and the fear that eventually CA MRSA and HA (Hospital Acquired) MRSA will merge and result in a more invasive and problematic MRSA strain to control. In this respect, Dr. Adam Fraise advocates the following Screening Guidelines for:

- Past known infected or colonized MRSA patients.
- Frequent re-admissions to any healthcare facility.
- Direct inter-hospital transfer.
- Those admitted to healthcare facility with high MRSA prevalence.

3.6. Tuberculosis Updates

Another learning point presented by Dr. Ling Moi Lin was the development of tuberculosis in Southeast Asia. Despite the challenge of battling with MRR TB, there were recent reports on the extensively drug resistant (XDR) strain, which the experts anticipated possible worldwide serious problem in the control of TB.

It is therefore, recommended that better and faster diagnostic tools and surveillance are essential in the addition to standardizing anti-microbial susceptibility testing of 2nd line anti-TB drugs. Besides, the world has to overcome some of the main obstacles in the control of TB, such as more laboratory accreditation and control of HIV.

4. Sharing of learning experiences

The 2nd International Infection Control Conference provides an opportunity to network. Poster presentation on ²“Promoting CQI measures through surveillance of surgical site infections in CABG surgery” was shared with Infection Control Practitioners from around the world.

Relevant facts and information were learnt in this conference. New knowledge learnt from the conference was shared among counterparts during the Infection Control Nurses’ Chapter meeting on 28 June 2006.

In addition, the amount of cutting-edge knowledge delivered was not only impressive but also extremely valuable for IC practitioners to take home and translate into practice in their institutions. IC practitioner needs to keep current and updated through such conference and seminars.

We would like to thank Infection Control Association, Singapore (ICAS) for the sponsorship.

² Phoon Poh Choo. “Promoting CQI measures through surveillance of surgical site infections in CABG surgery”.