Hospital Infection Society Conference, London 1994

Joy Borgert beside her poster presentation at the Hospital Infection Society Conference, London 1994.

The Third Conference of The Hospital Infection Society was held in the facilities of the Queen Elizabeth II Conference Centre close to Parliament Square London, from the 4-8 September, 1994.

The Australian Infection Control Association was represented by Joy Borgert, Ailsa Ritchie, Judy Bowmaker, Julie Gallard (NSW) and Dolly Olesen (Qld). Joy and Ailsa presented posters and Ailsa also spoke about the Australian experience with multi-drug resistant "Mycobacterium tuberculosis". The programme was beneficial in that this forum reassured us that local Infection Control activities are at the same point as the rest of the world. We found common problems and in some cases rather novel approaches!

A summary of some of the sessions attended along with recommendations follows.

1. Resource Utilisation and the challenge of setting and achieving Standards in Infection Control

R.P. Wenzel (USA) presented the 1994 Lowbury lecture on the 'Economics of Hospital Infection and its Control' and showed that the cost of an Infection Surveillance programme per year of life saved compared favourably with other preventative strategies, eg. prevention of breast cancer. He highlighted the fact that hospital based studies of the economic burden of hospital acquired infections are under-estimates of these costs because the post-hospital costs of rehabilitation, medication and consultation are not usually identified. Studies highlight the succeses, failure and costs of implementing infection control standards, but there is a distinct lack of data to show whether the quality of infection control has improved in response to their introduction.

2. Data Information and Surveillance

Problems with the reliability and validity of data collection, lack of standard definitions for diseases and co-morbidities, post-discharge surveillance logistics, failure to adjust for intrinsic and extrinsic patient risk factors, scarcity of resources and ownership of the information were discussed as just some of the common pitfalls of surveillance activity throughout the world.

3. Advances in preventing Implant Infections

The future in intravascular devices lies in antibiotic and/or antiseptic bonded polymer surfaces plus or minus antibodies and antagonists to decrease the adherence and accumulation of micro organisms. The role of pulmonary artery catheters in sepsis was highlighted in a number of studies.

4. Sensibly applying the Science of Infection Control

Speakers identified the increasing need to use behavioural techniques to increase compliance with infection control standards, eg. handwashing practise. The importance of feedback regarding the infectious outcome of non-compliance with accepted standards was noted.

5. Quality and Education in Infection Control

E. Larsen (USA) again highlighted the role of feedback in changing workplace behaviour and discussed three factors involved:

1. changing the language: ie enhance worker practice, not increase worker compliance.

2. having clear and articulate goals and giving feedback regarding outcome.

3. creating a safe environment: this necessitates the commitment of Management to the structure and process of Infection Control.

6. Methicillin Resistant 'Staphylococcus aureus' (MRSa)

C.F. Carson from Australia presented an interesting paper on MRSa, mupirocin and 'Melaleuca alternifolia'. Mupirocin is a topical anti microbial preparation which has been used in Western Australia (WA) to eliminate nasal MRSa carriage. Resistance to mupirocin is being reported in WA as well as throughout the world. The essential oil of 'Melaleuca alternifolia', or tea tree oil was found to be active against MRSa at a lower concentration than that found in most available commercial preparation. Clinical trials are needed to establish efficacy.

RECOMMENDATIONS

1. Standardised surveillance activity be established in New South Wales to establish the role of invasive devices in sepsis, based on clinical and laboratory criteria, for comparison with patients for whom severity of illness scores are known.

2. A measure of compliance for adherence to Infection Control Policies be developed.

3. National Infection Control Standards be established by a multi-disciplinary Committee.

7. Atypical pathogens

Sessions regarding multi-drug resistant 'Mycobacterium tuberculosis, Klebsiella pneumoniae', and outbreaks due to organisms such as 'Clostridium difficile and Pseudomonas cepacia' to name a few, highlighted the changing nature and requirements of infection surveillance activity. Vancomycin resistant 'Enterococcus faecalis' is particularly relevant as the resistance is transferable to other bacteria.

I really appreciated the opportunity to attend an International Conference (first experience), put faces to names in the literature, meet people and establish links nationally and internationally with practitioners of common interest and diverse experiences.

There are five books of abstracts available for perusal if anyone is interested and I am happy to discuss any issues further.

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