EUCIC EUROPEAN COMMITTEE ON INFECTION CONTROL
European Society of Clinical Microbiology and Infectious Diseases

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Creation of a Multidisciplinary Joint Committee on «Infection Control» as a joint invitation by UEMS Infectious Diseases (ID) and Medical Microbiology (MM) Sections

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Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals

2011–2012

ecdc
EUROPEAN CENTRE FOR DISEASE PREVENTION AND CONTROL

- **In 2011–2012, 29 EU/EEA Member States and Croatia participated in the first EU-wide, ECDC-coordinated point prevalence survey (PPS) of healthcare-associated infections (HAIs) and antimicrobial use in acute care hospitals.**

- **231,459 patients from 947 hospitals were included in the final European sample for analysis.**

Point prevalence survey of healthcare-associated infections and antimicrobial use in European acute care hospitals

2011–2012

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- **The prevalence of patients with at least one HAI in acute care hospitals in the PPS sample was 6.0% (country range 2.3%–10.8%).**

- **Of a total of 15 000 reported HAIs, the most frequently reported HAI types were:**

1. **respiratory tract infections (pneumonia 19.4% and lower respiratory tract 4.1%),**
2. **surgical site infections (19.6%),**
3. **urinary tract infections (19.0%),**
4. **bloodstream infections (10.7%)**
5. **gastro-intestinal infections (7.7%), with Clostridium difficile infections accounting for 48% of the latter.**

Burden of Six Healthcare-Associated Infections on European Population Health: Estimating Incidence-Based Disability-Adjusted Life Years through a Population Prevalence-Based Modelling Study

Estimate of 2,609,911 new cases of HAI occurring every year in EU/EEA

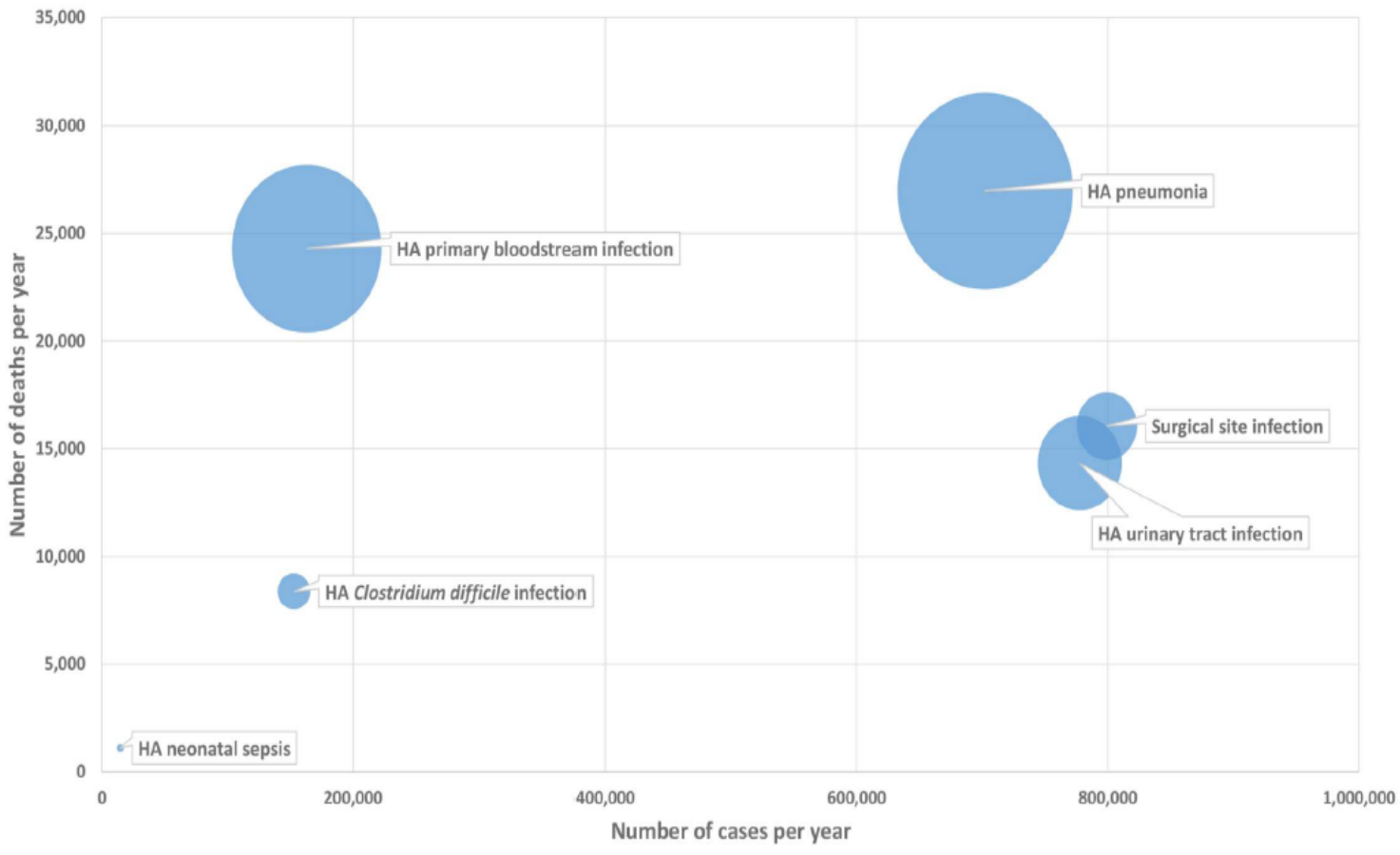

Fig 1. Six healthcare-associated infections according to their number of cases per year (*x*-axis), number of deaths per year (*y*-axis), and DALYs per year (width of bubble), EU/EEA, 2011–2012 (time discounting was not applied). DALY, disability-adjusted life year; HA, healthcare-associated.

91,130 deaths for the six HAIs

at least 1/2 of the deaths attributable to HAI due to the 7 most common MDRB

Cassini A et al. 2016 PLoS Med 13(10): e1002150.

Complications of HAI

- **Increase length of hospital stay**

-increases direct costs to patients and indirect costs due to lost work.

-The increased use of drugs,
-the need for isolation,
-the use of additional laboratory,
-other diagnostic studies,

- **Increase death**

- **Increase morbidity among hospitalized patients.**

- **Increase patient and public burden:**

-Functional disability
-Emotional stress of the patient
-Reduce the quality of life.

Health care-associated infections (HAI)

- **Effective HAI prevention and control in healthcare organisations relies on specialised Infection Control professionals in charge of elaborating, implementing and monitoring local preventive measures such as hand hygiene, patient isolation, etc.**

- **There is indeed a growing body of evidence that an important proportion of HAI are preventable through Infection Control strategies that can also limit the spread of MDR organisms in the healthcare settings.**

- **As a matter of fact, the rate of HAI and antibiotic resistance represent an important indicator of quality of care.**

Infection Prevention and Control

- **Over the last 4 decades, Infection Control has evolved significantly.**

- **There has been a shift from the descriptive and analytic approach of infection control toward a more proactive interventional approach in infection prevention.**

- **The evolution derives from the increased strength of evidences supporting infection control and prevention practices, which in turn has expanded the responsibilities for professionals deadling with Infection Control.**

- **Bundle approaches to infection prevention best practices have improved outcomes.**

Infection Prevention and Control

- **Threats of MDR organisms and public health emergencies have exposed the need for more robust antimicrobial stewardship and for collaboration in the emergency preparedness.**

- **There is a need for coordinated efforts to effectively manage this «new deal».**

- **Knowledge of basic and advanced IPC measures should be incorporated in the core competenciens of all the actors dealing with HAIs.**

Expanding responsibilites of Infection Control Professionals

Major issues	Responsibility description
The science of infection prevention	Creating and interpreting the evidence base for infection prevention practices
Implementation of best practices	Translating efficacy of reported interventions into effective provider practices

Doll M et al. Curr Infect Dis Rep 2016; 18: 16

Expanding responsibilites of Infection Control Professionals

Major issues	Responsibility description	Challenges	Opportunities
Mandatory reporting and regulations		Maintaining knowledge of and compliance with rules and regulations from various external sources	
Emergency preparedness	Planning and implementing a program to prepare for potential infectious and non-infectious emergencies		

Doll M et al. Curr Infect Dis Rep 2016; 18: 16

Expanding responsibilites of Infection Control Professionals

Major issues	Responsibility description	Challenges	Opportunities
Antimicrobial stewardship		Promotion of appropriate usage of antimicrobials in order to improve patient safety and decrease drug resistant pathogens and *Clostridium difficile*	
The business model of infection prevention		Performing multiple infection prevention-related services for the institution, providing staff and trainee education, while maintaining a financially productive clinical schedule	

Infection Control is a Multi-disciplinary Activity

- **This activity involves Infectious Disease Specialists, Medical Microbiologists, Infection Control professionals and Hygiene & Public Health professionals.**

- **Some of the major stakeholders dealing with Infection Control are represented within UEMS ID and MM Sections, with strong support from scientific societies such as the European Society for Clinical Microbiology and Infectious Diseases (ESCMID), and the European Committee on Infection Control (EUCIC).**

- **EUCIC was set up within ESCMID in order to strenghten Infection Control and preventive measures in European countries.**

Request for creation of a MJC in Infection control

- **The main objective is to define European standards of medical education and training in Infection Control.**

- **The availability of European Infection Control core competencies is a cornerstone for harmonizing infection prevention and control training and education in Europe.**

- **Proposed MJC on Infection Control would ensure that part of curriculum and European Training Requirements pertaining in IC in both ID and MM specialties are structured in a similar way.**

- **As a next step, this MJC in IC will plan to set up a European Certificate in Infection Control.**

Request for creation of a MJC in Infection control

Finally, since full implementation of IC measures can only be fulfilled through multidisciplinary work, invitation will be sent to all UEMS sections for a future collaboration within MJC in Infection control

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