

DIRECTOR OF STANDARDS AND GUIDELINES

1. Activities of the Core Committee

The Standards and Guidelines core committee was relatively quiet in 2009 primarily due to competing priorities of the pandemic H1N1 and for the chair, the intensity of planning for the 2010 Olympic and Paralympic Games. The focus of the committee was to review the newly developed audit tools. This activity was competently led by Clare Barry and enabled the tools kit to be ready for launch at the 2009 CHICA conference. All minutes and products of the meetings are posted on the CHICA website in the Standards & Guidelines section.

2. Position statements:

A number of position statements were reviewed and a list of priority issues for position statements was added to. The Dialysis Interest Group continues work on a position statement and the Core Committee published their hand hygiene statement.

3. Additional Activities

The chair and committee members provided advice to media, responded to member queries, and assisted the CHICA Board in their work with Safer Health Care Now! and other national infection prevention and control activities. In addition the committee was a forum for discussion of various provincial initiatives including the Ontario Hand Hygiene campaign and the BC CDAD surveillance initiative as well as contributing through the Chair to the Public Health Agency of Canada, updating of the RPAP and hand hygiene guidelines.

The position of Director, Standards and Guidelines was turned over to Dr. Jennifer Grant in the summer of 2009.

Canadian Nosocomial Infection Surveillance Program

The following updated provided by Virginia Tirilis MLT CIC

The 18th Annual Meeting of the Canadian Nosocomial Infection Surveillance Program (CNISP) was held in Ottawa on November 16 & 17. The following is a summary of the CNISP ongoing core projects:

MRSA Surveillance project

- An increase trend is seen for MRSA for rates collected from 1995 to 2008
- Infections: 17% for bloodstream infections (BSI) and 83% clinical infections
- Issues: data not submitted in time
- Changes to questionnaire to be ready by 2010 – follow colonized patients on the same admission to see if they become infected

VRE Surveillance project

- A significant increase noted in the last year seen since 1999
- Infection rates for VRE are low: < 0.5/1000 pt. days
- VRE is predominantly reported from Central and Western Canada

Clostridium difficile-associated infection (CDI) Surveillance project

- Slight increases reported in 2008 (7.0/10,000 pt days from 6.4/10,000 pt days in 2007)
- Subgroup to be formed to review questions and change forms to minimize confusion of form completion and to develop tool looking at causality of death and extension of surveillance to year round for serious outcomes

Central Venous Line – Bloodstream Infection (CVL-BSI) Surveillance project

- Ongoing surveillance (began in 2006) and became core project in 2009
- Rates have remained consistent with the aim to have Canadian Network Public Health Intelligence (CNPHI) data entry by 2011

The following is a brief summary of some of the ‘optional surveillance projects’ which include:

Laboratory confirmed H1N1
Pediatric FRI (name change to Pediatric Nosocomial Viral Respiratory Infections)
Pediatric Cardiac Surgical Site Infections (SSI)
CSF Shunt Associated Infections
Point Prevalence Survey for Hospital Acquired Infections (HAI)
Data quality audits

Point Prevalence Survey for HAIs

First survey done in 2002, current survey completed February 2009 with 90% of CHEC hospital participation. Small increase in all HAIs and antibiotic use – rationale: higher acuity level of patients.

- Survey indicated that the most used antibiotics were: fluoroquinolones, metronidazole and 3rd generation cephalosporins
- Patients in isolation have doubled – ARO and CDI driven
- Most common HAIs were urinary tract infections (UTIs) and CDIs

Lab Confirmed Influenza Survey

- New profile will be sent to participating sites with additional questions on testing algorithm
- Appendix B will be stopped – no need for admitting diagnosis and small modifications to Appendix A
- Weekly submission by Tuesday (end of day) of new admitted cases, deaths, outbreak reports and ICU admissions needed

Influenza Research Group

- Timeline: 1 year
- Goal: to measure Transmission, Prevention and Impact on Healthcare setting

Prevention will cover: PPE resources used during H1N1 season and selection, use and removal; self reported compliance and use of PPE and vaccination; policy collection and comparison to PHAC guidelines; survey on satisfaction with guidelines; and environmental survey by ICPs of resources including floor plans of emergency depts. where possible

Update on Data Quality

- 2008 VRE data audit proposal to determine common data entry errors and to enhance rules of CNPHI
- VRE audit to roll out in the spring of 2010
- Sites who have reported VRE cases will be asked to review approximately 25 cases (random sampling of colonization and infections reported)
- CNPHI – MRSA module using web base – by 2010 have everyone trained and engaged in its use
- Goal is to replace paper forms and faster reporting

Infection Control Practitioner Working Group Session

The following initiatives were discussed:

- Quarterly discussion via teleconferences to discuss data collection issues, new protocols to be started and a discussion board on CNPHI website
- Emails will be sent to ICPs indicating any ‘new’ surveillance protocols being sent out to the CHEC member and to remind them when denominators are due
- Research money is available for an ICP project – possibly measuring workload issues

Lastly, we would like to extend our thanks and appreciation to Barbara Amihod for her contributions representing CHICA-Canada as the CNISP representative for the last several years.

CCIAP (CANADIAN COALITION FOR IMMUNIZATION AWARENESS & PROMOTION)

The following update provided by Marion Yetman RN BN MN CIC., CHICA-Canada representative to CCIAP

The Canadian Coalition for Immunization Awareness and Promotion is a partnership of national non-governmental, professional, health, consumer, government and private sector organizations with a specific interest in promoting the understanding and use of vaccines recommended by the National Advisory Committee of Immunization.

The goal of CCIAP is to contribute to the control/elimination/eradication of vaccine-preventable diseases in Canada by increasing awareness of the benefits and risks of immunization for all ages. CCIAP aims to achieve this goal through education, promotion, media relations, and advocacy.

National Immunization Awareness Week (NIAW) Activities - April 2009

- Theme based on PAHO Vaccination Week in the Americas. Theme: "It's a Family Affair"
- Created NIAW posters from the winning Canadian Immunization Poster Contest 2008 designs created by grade 6 students across Canada
- Daily bulletins (pdfs) were circulated via email throughout NIAW and were then made available for download.

Pneumococcal Immunization Awareness Campaign - September/October 2009

- Resources were made available to order, including: posters, pocket guides and a fact sheet.
- A poster specific to First Nations was created in partnership with the First Nations and Inuit Health Branch of Health Canada
- Over 40,000 resources were distributed
- A media release highlighting the CCIAP campaign to promote pneumococcal immunization was distributed to key national and community media outlets

Influenza Immunization Awareness Campaign - October 2009/January 2010

- Six posters were designed, each targeting a specific part of the population, and indicating the differences between pandemic H1N1 and seasonal influenza
- Provided the public with a listing of provincial recommendations and programs
- Worked in partnership with the Canadian Pharmacists Association, to prepare a Pharmacists' Kit regarding influenza and pneumococcal immunization. The kit was sent to 8,200 pharmacists across Canada
- A media release highlighting the CCIAP campaign to promote influenza immunization was distributed to key national and community media outlets

Education

- CCIAP continued to create new resources, including a postcard for travelers, a brochure about the coalition, a pamphlet addressing common misconceptions about immunization, and downloadable web buttons.
- Existing CCIAP resources were updated to include the most up-to-date guidelines recommended by NACI.
- Continued improvement on the CCIAP web site, <http://immunize.ca>

Bonnie Henry MD FRCPC

Director, Standards and Guidelines