

Conference Report

The opening address by Dr Andrew Penman gave a very good overview of the state of infection control initiatives in NSW. Dr Penman spoke for many of us when he alluded to the similarity between Quality Assurance and Infection Control, emphasising that neither can be left to one or two people within an organisation to "fix"; both need to be an integral part of the daily work of all employees, and must be ingrained into the organisation's culture. Unfortunately, Dr Penman left it to us to decide how to actually achieve this! Initiatives set up by the NSW Health Department, such as the Infection Control Resource Centre and Needlestick Injury support hotline, are to be applauded.

Madeleine McPherson gave a wonderful Presidential Address, and I think her statements to the effect that we will all have a very interesting future is an understatement! It was heartening to hear our President emphasising the need for improved educational opportunities for Infection Control practitioners, and advocating a three-pronged approach; Epidemiology, Infectious Diseases and Microbiology.

Dr Bernie Hudson of Royal North Shore Hospital gave an entertaining and informative paper on travel medicine, looking at well-known hazards such as malaria and typhoid, but also lesser known hazards such as Japanese Encephalitis and rabies. Jenny Learmont, of the Sydney Red Cross Blood Transfusion Service, gave a most interesting account of her involvement in the "Look-back" programme, and the discovery and further study involving the Sydney Blood Bank Cohort. Lisa Rodier then discussed the results of a study done by the Central Coast Area Health Service, looking at colonisation rates of readmitted patients with MRSA. It was interesting to hear Lisa's paper, which added further credence to our policy here at PAH, which is to isolate or cohort patients with previous MRSA colonisation/infection upon readmission.

Judy Bowmaker of St George Hospital, Kogarah, presented a paper describing the efforts of infection control, medical records and information technology departments to develop an automated system for capturing ACHS post-operative wound infection data. The scheme appears to have been successful, although the inevitable delay between patient separation and coding is a problem. I had to wonder whether the huge effort involved, could have been used to develop a "Best Practice" model for wound surveillance, rather than simply accept the ACHS methods, which are certainly not validated and do not give a good picture of the "real life" situation when hospital stays for most patients is less than five days and post-operative wound infection commonly develops post-discharge. Sandy Berenger gave an interesting account of the Hunter Area Health Service's validation of the Oxyfume 2002 ethylene oxide mixture. Michelle Aberline of Monash Medical Centre then gave a very good account of the measures used to control an outbreak of nosocomial aspergillosis. This paper was of particular interest as the question of air sampling and interpretation of results has arisen here at PAH in the recent past.

Gabby Robathan of the Princess Margaret Hospital for Children in WA gave an interesting account of gentamicin-resistant enterobacteriaceae in their neonatal unit. The situation somewhat parallels that of extended spectrum beta-lactamase producing enterobacteriaceae, and the neonatal perspective is one which we do not encounter here at PAH, as we are exclusively an adult hospital. Chen Anderson, of Royal Perth Hospital, spoke about multi-resistant *Acinetobacter baumannii*, and the infection control interventions which were successful in halting the outbreak and keeping the numbers of new isolates to a minimum. Carol Jarvis presented an interesting case report, and a reminder that no corner of the world is safe from antibiotic resistant organisms, even clean, green New Zealand! Joanne Bendall of the Hunter Area Health Service gave a blow-by-blow account of her harrowing experiences during an outbreak of Norwalk Virus G2 at Belmont District Hospital. Gary Grohmann of the University of New South Wales then gave us some interesting information on the virology of Norwalk Virus, and other human caliciviruses. Lincoln Fowler of the NSW Health Department told us about the

need for revision of the Skin Penetration Guidelines, and Elaine Graham and Dianne Dreimanis of Woden Valley Hospital outlined the findings of their study into the prevalence of reprocessing of single use devices in Australia. This paper was particularly relevant as Queensland Health are currently examining this issue in depth. Judy Bail (SA Dental Service) and Meredith Ochota (Flinders Medical Centre) gave very interesting accounts of the infection control audit and accreditation processes in SA for the public and private sectors, respectively.

The conference's keynote speaker, Dr Julie Louise Gerberding, of San Francisco General Hospital, gave two extremely valuable papers on different aspects of needlestick injury. Her evaluation of risk and stratification of risk for the purposes of individual risk assessment provided information that will be useful for education programmes and for those directly involved in counselling injured workers. Her paper on risk factors for post-exposure HIV infection and post-exposure prophylaxis was also interesting. It will be interesting to see whether Australian authorities will follow suit and offer Lamivudine (3TC) in conjunction with AZT for post-exposure prophylaxis. Joy Humphrey's paper about Best Practice in orthopaedic surgery, as many brought knowing smiles and acknowledgments as she outlined the trials and tribulations of the project. Jacqui McLean gave an account of the use of quality assurance principles in infection control, and Madeleine McPherson gave a very informative account of the Fremantle Hospital's liaison nurse system. Again, this paper was invaluable as we have a similar system running here, and it was useful to 'compare and contrast'.

This was my first opportunity to attend an AICA conference, and I was impressed with the quality of the scientific programme, the venue and the trade display. The opportunities to renew old acquaintances and meet other infection control practitioners were invaluable. The trade display also gave me an opportunity to look at equipment and products, both established, of which I may not otherwise have been aware. I would like to take this opportunity to congratulate the conference organisers on an excellent conference, and thank AICA for providing me with assistance to attend the conference.