IPC Annual scientific conference
9 Dec 2016

WHO regional strategy for Infection Prevention Control

Dr. Satoko Otsu
Team leader Emerging Disease Surveillance and Response (ESR)
WHO Viet Nam

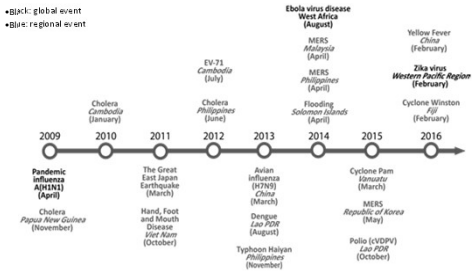
International Health regulation (IHR)

- A Legal framework
- Commitment for preparedness and response to emergency public health events.
- In force on 15 June 2007

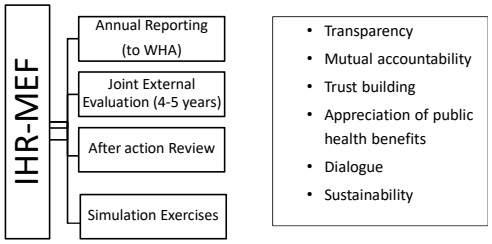
IHR aims:

- Prevent and control for international spread of outbreak
- Respond emergency public health events and reduce risk on public health

Major outbreaks and emergencies affecting the Region



IHR Monitoring and Evaluation Framework



Health Security Threats

- The Asia Pacific region continues to face health security threats
- The need for collective action to further strengthen the IHR core capacities
- National, regional and global contexts are rapidly changing
- Monitoring and evaluation promotes continuous improvement

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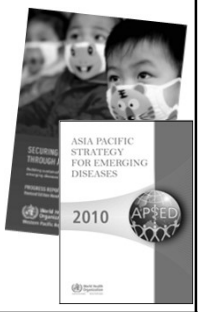
The Joint External Evaluation (JEE)

28 October-4 November 2016

- New IHR monitoring framework endorsed at World Health Assembly (May 2016).
- Viet Nam: One of the first countries in the WPR to successfully undertake the JEE

APSED: a tool to implement the IHR

- **Asia Pacific Strategy for Emerging disease (APSED)**
  - A **bi-regional framework for action** for two WHO Regions (SEAR and WPR) **to meet IHR core capacity requirements**
  - A framework to prepare for and response to emerging disease outbreak and an emergency public health event



World Health Organization
Western Pacific Region

Information document

Sixty-seventh session of the Regional Committee
Reference for WPR/RC67/9 APSED

RC67/INF/3
31 August 2016

SUMMARY OF EVALUATION OF ASIA PACIFIC STRATEGY FOR EMERGING DISEASES (2010)

"The greatest challenges were in risk assessment, infection prevention and control, and public health emergency preparedness."

- Lack of an IPC culture or prioritization in clinical settings, limited coordination between ministries of public health and clinical-care providers…

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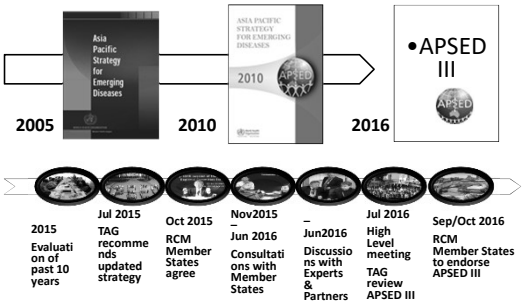
APSED: Regional tool to comply IHR



Ebola virus disease outbreak

http://www.who.int/ebola/preparedness/en/

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APSED (2010) IPC Key components

- National IPC structure
- IPC policy and technical guidelines
- Enabling environment (including facilities, equipment and supplies)
- Supporting compliance with IPC practice

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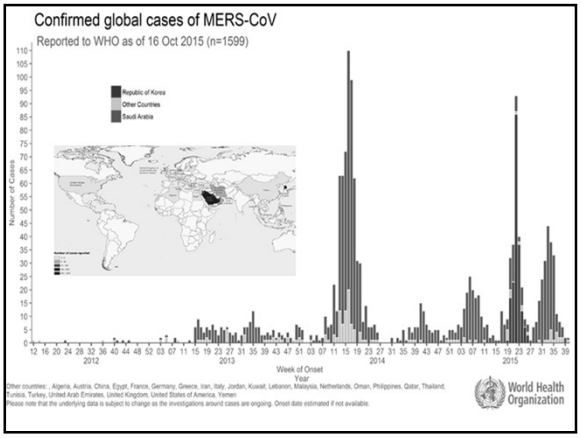

MERS outbreak in ROK

Journal of Hospital Infection.

7 October 2016

Middle East respiratory syndrome coronavirus (MERS-CoV) outbreak in South Korea, 2015: Epidemiology, characteristics and public health implications

Epidemiological characteristics of MERS

N=186

- ***Outbreak sites***
  - Infection in hospital 184
- ***Route of infection spread***
  - Infection through medical staff or allied health professionals 28
  - Infection at hospital for the purpose of own treatment 54
  - Infection due to hospital visitation or care giving 103

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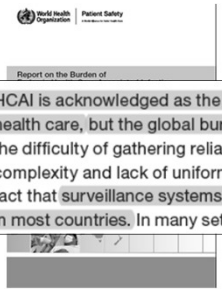
The Burden of HCAI Worldwide



- Increased length of stay associated with HCAI in developing countries:
  5-29.5days

HCAI is acknowledged as the most frequent adverse event in health care, but the global burden remains unknown because of the difficulty of gathering reliable data. This is mainly due to the complexity and lack of uniformity of diagnostic criteria and to the fact that surveillance systems for HCAI are virtually nonexistent in most countries. In many settings, from hospitals to ambulatory

CR-BSI: USD 4,888
HAP: USD 2,555

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Hospital Acquired Infection (HCAI)

At any given time of
every 100 hospitalized patients,

7 in developed and
10 in developing countries

will acquire at least one HAI

(WHO 2010)

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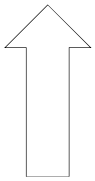
Prevent HCAI is crucial

HCAI affects significantly on



Mortality

Prevalence

Duration for admission

Medical expenses

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Burden of HAI in developing countries

A functioning national surveillance system available only in 23/147 developing countries (16%)

Allegranzi B et al. Lancet 2011; 377:228-41. Epub 2010 Dec 9

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APSED III (2016): focus area

APSED III (2016)

1. Public Health Emergency Preparedness
2. Surveillance, Risk Assessment and Response
3. Laboratories
4. Zoonosis
5. **Prevention through Health Care (IPC, AMR, Hospital response plan)**
6. Risk communication
7. Regional Preparedness, Alert and Response
8. Monitoring and Evaluation

Strategic actions for IPC in APSED III

- Establish and/or strengthen organizational structure of national IPC/health care associated infection (HCAI) programmes to ensure that IPC is an integral part of health care system, and seen as a routine activity by health care workers;
- Develop and implement evidence-based IPC policies in all health- care settings;
- Strengthen routine IPC practices in all health-care settings as part of health system strengthening prior to outbreaks and public health emergencies through clinical audits, critical incident reporting, and the training and development of dedicated IPC staff.

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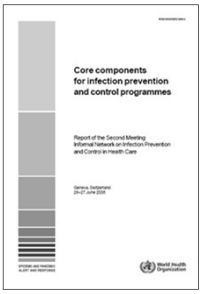
WHO-IPC Core components (2008)



- Organization of IPC program
- Technical guidelines
- Human resource
- Surveillance & assessment of compliance with IPC practices
- Microbiological laboratory
- Environment
- M&E
- Link with public health and other services

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Strategic actions for IPC in APSED III

- Establish mechanisms to ensure the timely supply and availability of PPE, vaccines, drugs and other materials to ensure the safety and well-being of health-care workers, patients and visitors and the broader community at all levels of the health-care system.
- Develop and enhance mechanism for mobilizing IPC experts, as members of RRTs, for public health emergency response nationally or internationally.
- Conduct rapid investigations of disease clusters, HCAI and AMR in health-care facilities.
- Develop and strengthen surveillance and reporting on HCAI.

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IPC program organization

National
- Responsible for policy, strategy, legal framework, technical support, and IPC surveillance
- Development of NAP on IPC and coordinate in implement of the NAP

Hospital
- knowledge leaders on IPC
- Authorization on IPC
- Skilled and responsible IPC staff
- Implementing IPC activities, and M&E

Command and control

A mechanism on prepare for policy , objective, strategy, legal framework, technique and surveillance

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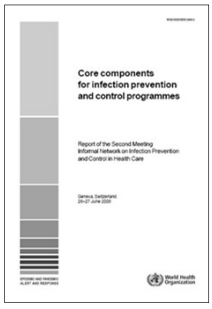
WHO-IPC Core components (2008)



8 core IPC components

http://www.who.int/csr/resources/publications/WHO_HSE_EPR_2009_1/en

Technical Guideline

Development, dissemination and application of technical guidelines based on evidence in IPC practice and prevention from infection risks

http://www.who.int/gpsc/5may/tools/9789241597906/en/

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3.Human resources

Training for all health care personnel in IPC and specialized training of infection-control professionals.

Required sufficient number of multi-discipline staff

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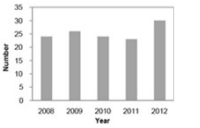
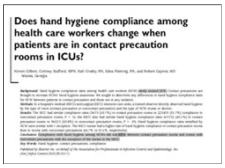
4.Surveillance




Does hand hygiene compliance among health care workers change when patients are in contact precaution rooms in ICUs?

- Surveillance of infections and pathogens
- Systematic assessment of compliance with IPC practices
- Detection of outbreaks and prompt response
- Documentation of the situation of HAI and IPC practices

Evidence based practice

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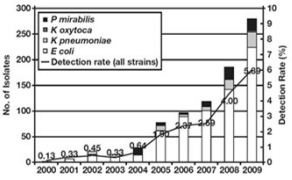
5.Microbiology laboratory

ESBL produced Enterobacteriaceae in Japan



Promotion of the interaction between IPC activities

Am J Clin Pathol 2012;137:620-6

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6.Environnment

- Minimum requirements for IPC:
  - clean water
  - hand washing facilities
  - patient placement and isolation facilities
  - storage of sterile supply
  - ventilation

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7.Monitor and evaluation of programmes

- Regular monitoring, evaluation and reporting of IPC outcomes, processes and strategies

8. Links with public health or other services

- Links between public health services and the facilities for events of mandatory reporting

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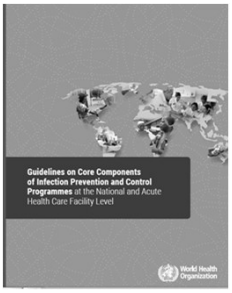
Guidelines on Core Components of IPC programmes (2016)



8 components

1. IPC programmes
2. IPC guidelines
3. IPC education and training
4. Surveillance
5. Multimodal strategies
6. Monitoring audit of IPC practices and feedback
7. Workload, staffing and bed occupancy
8. Built environment, materials and equipment for IPC at the facility level

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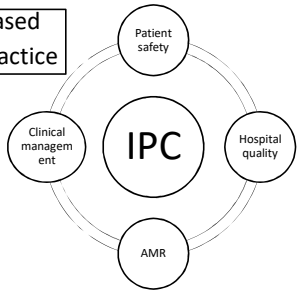
IPC is the center of wheel

Evidence based effective practice



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Health is in your hand…

Thanks!

Country needs more efforts...

- IPC is a priority of health care
- Important practices:
  - Multi-sector approach
  - Disciplinary intervention
  - Regular assessment and feedback
  - Ensure efficient human resource for IPC
- Evidence-base police making
  - Strengthen HAI surveillance

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- **Past 10 years:** We have made **good improvement** in outbreak preparedness and response in the Asia Pacific region
- **Future 10 years:** We will continue to face health security threats…AND we need to continue our collective journey **towards a safer and more secure region**.