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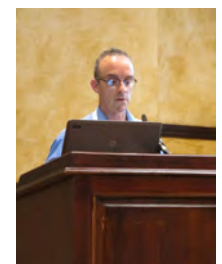
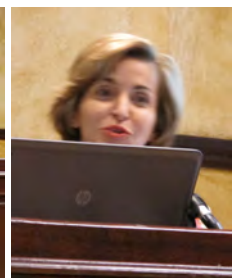
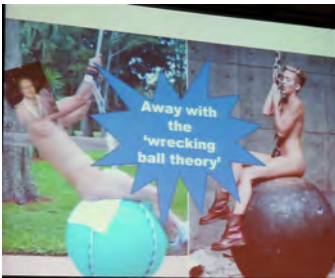
FIDSSA 5 - Faces from the Conference



SAASP

SOUTH AFRICAN ANTIBIOTIC
STEWARDSHIP PROGRAMME

2nd South African Antibiotic Stewardship Programme Pre-Conference Workshop



SAASP held its 2nd annual meeting as a pre-conference workshop at FIDSSA 5. From Adrian Brink's 'State of the Nation', to Debbie Goff's Lion's roar for South African action, via the wrecking ball that was the 'Search and Destroy' debate between Andrew Whitelaw and Preshnie Moodley, the day was full of excellent data and lively debate. Many thanks to Rene Snyman and all the team at MSD for sponsoring the meeting. The SAASP Working Group also met the evening before to review progress and discuss national core standards for AMS, and priorities for the coming year which is anticipated to see further progress in terms of SAASP working with the National Department of Health to develop AMS in South Africa.

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Winners of the 2013 FIDSSA-GSK Research Fellowships



The winners of the 2013 FIDSSA-GSK Research Fellowships were announced at the Gala dinner of the FIDSSA 5 conference at Champagne Sports Resort, Drakensberg. Ten applications were short listed for external review, and the final decision was made by a panel of the FIDSSA Council. Dr Simnikiwe Mayaphi, a clinical virologist at the University of Pretoria was awarded R75,000 towards his project to identify primary (acute) HIV-1 infections in an HIV hyperendemic setting. Dr Sean Wasserman, a senior registrar in infectious diseases at University of Cape Town, was awarded R50,000 to undertake a knowledge, attitudes and perceptions study of South African medical students' with respect to antibiotic use and resistance. Finally, Dr Mishal Pandie, a clinical pharmacology trainee from University of Cape Town was awarded R75,000 for his project studying a population pharmacokinetic approach towards drug-drug interactions between bedaquiline and antiretrovirals. Our thanks to GlaxoSmithKline for their extremely generous support that enabled FIDSSA to fund these outstanding young researchers.

Two new Honorary Life members of FIDSSA announced at the Conference



Professor Gary Maartens (above) and Professor Mark Cotton (below) were made life members of the Federation for outstanding services to Infectious Diseases within the Federation, nationally and internationally. Both are clinicians and researchers of the highest calibre, and were instrumental in setting up adult and paediatric infectious diseases as sub-specialties of medicine and paediatrics.



Gary Maartens is head of the Division of Clinical Pharmacology at UCT with many research interests around HIV, tuberculosis and the therapeutic management thereof. Mark Cotton is Director of KID-CRU (Children's Infectious Diseases Clinical Research Unit and Head of the Infectious Diseases Unit) at Tygerberg Hospital, University of Stellenbosch. Amongst many accolades, Mark was the PI on the Cher study, which proved the benefit of early treatment of children born with HIV.

Reflections on the SASTM involvement in the FIDSSA Congress & lessons learned



Lee Baker, G Brink

The networking which a multidisciplinary Congress provides is incalculable. If one lesson is to be learned, it is just this: exposing oneself to a broader medical field of knowledge has a profound impact on the way in which one approaches the patient, the illness and the management of the illness. It also ensures that one is aware of the importance of maintaining standards, and of improving patient care.

SASTM was privileged to host Professor Eli Schwartz, who linked travel medicine and the epidemiology of disease. His talk on Dengue fever raised an important fact: Dengue haemorrhagic fever (DHF) is a potentially deadly complication. It was previously thought to occur when the person contracted dengue fever for the second time, due to a concept known as antibody enhancement. However, with accumulated data in travellers, it appears that the rate of DHF in travellers is similar to that in the local populations, and most travellers would not have been previously exposed to the dengue virus.

Investigations have shown that what differentiates DHF from dengue fever is the major pathophysiological feature of plasma leakage. In DHF, there must be evidence of plasma leakage due to increased vascular permeability. Already imported cases of Dengue fever are being seen in South Africa, as there is an outbreak of Dengue fever in Angola. It will not be long before Dengue fever will raise its head in South Africa.

Rabies continues to take its toll. Lucille Blumberg detailed the outbreak of rabies in the Champagne Castle area, noting that many health care professionals do not have a high index of suspicion of the possibility of rabies occurring following a dog bite. The importance of the correct management of the patient cannot be over emphasised.

The importance, as alluded to above, of networking with colleagues was again brought to the fore with David Hyam's "Snippets from Maastricht" which highlighted important lessons learned from the International Society of Travel Medicine's biennial Congress. Jet-lag continues to be a troublesome travel condition and the correct use of melatonin has shown to be beneficial in reducing these symptoms.

An interesting introduction was the launch of the South African National Travel Health Network, a network formed by the South African National Department of Health, the National Institute of Communicable Diseases and the South African Society of Travel Medicine (SaTHNet). Often travel health advice available for travellers to South Africa is not entirely correct and SaTHNet (www.santhnet.co.za) provides the traveller with such information which is regularly updated and correct.

SASTM hosted Professor Karen Barnes as the Margaretha Isaacson Memorial Lecturer. Her presentation on "Changing Malaria Risk in South Africa: Implications and Challenges" was thought provoking.

Considerable inroads have been made along the path to eradicating malaria in South Africa by 2018: the problem though is whether or not this achievement will be sustainable as the vector control programmes might not receive the required funding. Should this occur, an upsurge in malaria cases will once again occur.

Each delegate will have their own story to tell of lessons learned: the above is but a very brief glimpse of a very small part of an incredible meeting.

Feedback from the 5th FIDSSA Conference—IDSSA



State-of-the-Art in HIV session at FIDSSA Conference- Dr S Dlamini

This session began with an excellent debate on *“Whether South Africa (SA) should adopt a test and treat strategy”*, with Graeme Meintjes arguing for the motion and Gary Maartens against. A preliminary vote was indicated the majority voting for the motion. Excellent arguments were expounded, generating a lot of discussion. A good debate is judged as one with the ability to change people’s views, and this was no exception, with the motion being defeated. Thanks to Graeme and Gary for an excellent debate enjoyed by the audience.

With the atmosphere in the room fully charged we were given a Tour de Force of HIV and the kidney presented by Francois Venter. The main focus of discussion was HIV-associated Nephropathy covering issues of what we know, what currently works and highlighting the need of more data on the role of steroids in this condition.

A presentation by Gert Van Zyl entitled *ART resistance patterns emerging in South Africa*, highlighted a lot of the good work that has been done in this country. The bottom line was that there is no evidence that there is an “explosion” in baseline resistance in our population and secondly protease inhibitor (PI) resistance in second-line patients is an emerging small but growing problem.

The session concluded with a presentation by Yunus Moosa reminding us that in the *“Assessment and management of non-infectious co-morbidities in HIV positive patients”* improved survival demands a holistic approach to care.

This session was truly State-of-the-Art and enjoyed by all who attended.

Challenges of infectious diseases in rural practice- a FIDSSA first - Dr T Boyles

Almost half of South Africans live in rural areas and yet they are served by only a small fraction South African doctors. Partly in recognition of this inequality the FIDSSA conference, for the first time, devoted a full session to the challenges of practicing infectious disease medicine in these neglected areas. Proceedings began with Professor Andy Parrish from East London giving an overview of the use of antibiotics in primary care, focussing on the systematic errors that lead to over-prescribing. Angela Hartwig continued with an engaging and interactive session based around the difficulties of managing cases without microbiological support. Her experience in rural practice reminds us of the luxurious position we are in when we have easy access to a functional microbiology laboratory.

Professor Graeme Meintjes gave an update on point of care tests for CD4 count, TB and cryptococcal disease, which are highly relevant to rural practice. Collins Iwuji from the Africa Centre in KZN explained the progress & challenges of a cluster randomised trial of a 'test and treat' strategy for HIV treatment and prevention. He particularly noted the challenges of achieving high rates of linkage to care for patients who are asymptomatic and tested in their own home. The session was completed by Dr David Moore who gave an overview of recent developments in childhood pneumonia. Overall the session was very successful and a welcome addition to the FIDSSA conference programme which will hopefully be repeated in conferences to come.

Malaria sessions - Dr S Wasserman

The conference programme included a dedicated parallel session by David Hamer, Arjen Dondorp and Nick White and a plenary by Karen Barnes.

The updated WHO case management guidelines recommend the addition of primaquine to coartem for uncomplicated falciparum malaria (except in pregnant women and children under 1 year old). Primaquine is used in this setting because of its unique ability to target the gametocyte stage of *P. falciparum* leading to a reduction in transmission. Haemolysis in G6PD deficiency is dose and duration dependent, with very few deaths (13 out of 11 million doses) resulting from primaquine therapy. A standard single dose of 15 mg is recommended for transmission prevention without testing for G6PD deficiency.

The malaria diagnostics in clinical use are peripheral blood smear and antigen-based rapid diagnostic tests (RDTs). Of the available RDTs, PfHRP2 antigen-based tests have the highest sensitivity. The caveats for using this test include reduced sensitivity at low level parasitaemia (below 100 – 200 asexual forms per ml) and persistence of HRP2 antigens for up to 5 weeks after treatment. Parasite LDH disappears with 4 days and are therefore more specific for early recurrent infections.

Artemisinin combination therapy (ACT) dosing in obese patients should be based on ideal body weight.

There is an interaction between lumefantrine and efavirenz (and possibly nevirapine) leading to a reduction in lumefantrine levels. Lopinavir/ritonavir increases lumefantrine levels but without causing toxicity.

Nick White discussed malaria therapeutics, focussing on new treatment options and drug resistance. New drugs include the compound OZ439 which is a long acting artemisinin and MMV390048 (discovered at UCT) which is active against all stages of *P. falciparum* and artemisinin resistance parasites, and potentially offers a single dose cure. Spiroindolones are potent drugs but have a low barrier to resistance.

De novo resistance is more likely with higher parasite counts, slowly eliminated drugs and recrudescence. The factors associated with recrudescence at day 42 include: high initial parasite load, suboptimal drug levels (particular problem in pregnancy and underweight children) and living in Cambodia where artemisinin resistance has now emerged.

Arjen Dondorp's talk focussed on the diagnosis and management of severe falciparum malaria. In high transmission settings parasitaemia is not specific for malaria in adults and older children. In these settings, true malaria is suggested by the finding of more mature parasite forms on the smear and by measuring plasma levels of PfHRP2 (levels of > 1000 are predictive of true severe malaria).

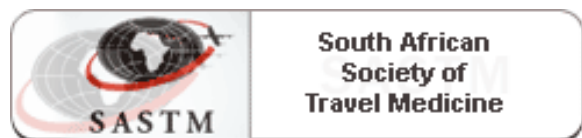
Presentation of severe malaria in endemic areas depends on age. Anaemia, convulsions, hypoglycaemia and shock are more common in children. Adults more often present with jaundice and renal failure. Poor prognostic signs include coma, acidosis and renal failure.

Concomitant bacteraemia occurs in 20% of children with severe falciparum malaria and all should be treated empirically with broad spectrum antibiotics. Bacteraemia in adults is suggested by shock and an elevated white cell count.

Dehydration is universal in severe malaria but fluid correction has no influence on obstruction in the microvascular circulation and therefore does not affect base deficit. There is an increased mortality in children receiving fluid bolus therapy. The main cause of death in children in shock, while most adults die from pulmonary oedema.

Late haemolysis with artesunate therapy does occur, usually around 14 days in patients with high ring form parasitaemia. The mechanism is persistence of pitted red cells which undergo haemolysis because of surface malaria antigens.

Should immunization continue beyond childhood? - Introducing "Beyond Childhood Vaccination"



It cannot be disputed the impact that childhood vaccination has had on morbidity and mortality. South Africa has a proud record with regard to its expanded programme of immunisation (EPI) with the introduction of the hepatitis B (1995), *Haemophilus influenza* type b (1999) rotavirus (2009) and pneumococcal vaccines. Smallpox vaccination was removed from the EPI in 1979 as it had been eradicated worldwide. Shortly a human papilloma virus vaccine will be introduced for girls as a two dose schedule. Indeed, a great milestone to counter the disease burden caused by HPV infection.

However, there is little focus on the importance of vaccinations beyond childhood. Does childhood vaccination provide life-long immunity? There is evidence to show that immunity declines with age, and that many adults are not protected against infections such as tetanus, pertussis, polio and diphtheria and certain vaccines do not provide life-long protection.

Vaccine-preventable diseases are only prevented if the person is adequately immunised, and this means boosters for adolescents, adults, healthcare workers, the immunocompromised and the elderly. Vaccination must not cease at childhood.

The South African Society of Travel Medicine (SASTM) realised that vaccination beyond childhood receives little attention so has recently published "**Beyond Childhood Vaccination**" which addresses these specific issues. For further information and to place an order, contact Marion Blewett admin@sastm.org.za or visit www.sastm.org.za

8th World Congress of the World Society for Paediatric Infectious Diseases, Cape Town 19-22 November 2013

Nicolette du Plessis and Mark Cotton, SASPID



The 8th World Congress of the World Society for Pediatric Infectious Diseases (WSPID) was held from 19-22 November 2013 at the Cape Town International Convention Centre (CTICC) in Cape Town. It was the first time this conference was held in Africa and was attended by over 1300 delegates from more than 50 countries. Infectious disease and its impact on the health of children, was the focus of this meeting.

Tuesday saw two pre-congress workshops, a symposium on pertussis as well as 3 pharmaceutical sponsored symposia. The background on antimicrobial resistance among neonates and children was presented by Keith Klugman and Andrew Whitelaw respectively. Unacceptably high blood culture contamination rates, drug-resistant gram-negative organisms as the most common blood stream isolate post-operatively, and an alarming increase in Carbapenem-resistant Enterobacteriaceae (CRE) were discussed. The importance of antimicrobial stewardship and correct and diligent infection prevention and control measures were also emphasized at the Paediatric Infectious Diseases Society's (PIDS) symposium held on the Wednesday afternoon.

The Opening Ceremony had an African flavor with a performance by the Etafeni Marimba Band. Louis Reynolds shared his views on the threats to child health sustainability. Current threats are antibiotic resistance (and its spread through trade and industry), climate change, and the increasing and energy-consuming human development index, Cuba being the only country to combine high standard of living with minimal environmental impact.

The first symposium on Wednesday morning was dedicated to pneumonia. Shamim Qazi reviewed the new 2013 WHO pneumonia management guidelines. Katherine O'Brein discussed some preliminary results from the Pneumonia Etiology Research for Child Health (PERCH) study. Important components include a wide search for pathogens in patients with and without disease. Management strategies of pneumonia in the community and HIV-related pneumonia were presented by Eric Simões and Heather Zar.

The importance of correct treatment strategies in malnourished children was on the agenda of the fourth symposium dedicated to malnutrition. Oral antibiotics as part of outpatient management of malnourished asymptomatic children is important to decrease mortality and increase weight growth, mentioned by James Berkeley. Evidence-based nutritional interventions are important to improve patient outcomes, as emphasized by Stephen Howie and Mutsa Dangarembizi.

Ten oral research presentation sessions were held on Wednesday and Thursday afternoons. Topics included diarrhea, neonatal infections, malaria, HIV/TB, and measles/polio eradication. Close to a 1000 poster presentations were accepted for the meeting. Because of this large volume, two poster sessions were needed to display and present all the poster presentations.

Controversies in Paediatric Infectious Disease: FEAST trial, was held as an interactive session on Thursday morning. The Fluid Expansion As Supportive Therapy (FEAST) trial was a large randomized control trial led by Kathryn Maitland, conducted in critically ill African children. The investigators concluded that bolus fluid as part of resuscitation of critically ill children should not be given outside of an intensive care unit with adequate monitoring tools, in patients presenting with septic shock. Although the reason for these unexpected results is largely still unknown, this had led to questions about the suitability of currently accepted resuscitation protocols in different patient groups and environments. Dr. Maitland also presented a late-breaker on a randomized pilot study of blood transfusion volumes for anaemic children, concluding that 30ml/kg was better than 20ml/kg in ability to correct deficits with no difference in safety.

A renewed interest in the prospect of an HIV cure, especially after the case discussion of the "Mississippi baby", was also highlighted during the HIV symposium on Friday morning. The changing face of the HIV epidemiology was presented by Phillipa Musoke. Carlo Giaquinto talked about HIV treatment options including new cART combinations and new drug classes. Mark Cotton explained the significance of the case descriptions of possible HIV cure and showed the current understanding of HIV reservoirs, a field of great interest for HIV researchers.

Emerging data on the human gastrointestinal microbiome and links to neurodevelopmental outcomes was presented by Simon Kroll at the diarrhea symposium. During the final conference symposium focusing on tuberculosis, Brian Eley reviewed new approaches in tuberculosis diagnostics such as the use of the GeneXpert MTB/Rif system, Gas Sensor Array Electronic Nose (E-nose), Infrared Spectroscopy, Magnetism-accelerated Mycobacterial Growth and Lateral Flow Devices. He shared a fascinating approach of gene arrays to aid paediatric TB diagnosis in the near future.

Society Symposia sessions by affiliated societies in paediatric infectious diseases, namely PIDS, SLIPE, ESPID, AfSPID, ASPID and ANZPID, ran from Wednesday through to Friday.

The best oral presentation was by Gareth Turner from Thailand - **neuronal oxygen transport mechanisms in the pathogenesis of fatal paediatric *P.falciparum* malaria** and best poster presentation was by Michelle Groome from Johannesburg - **effect of breast-feeding on immunogenicity of oral live-attenuated human rotavirus vaccine**.

The beauty and generosity of Cape Town was evident for all conference attendees, and complimented by the numerous social events including a 5km Fun Run along the Sea Point Promenade superbly organized by Heather Finlayson.

“A stitch in time saves nine” - Providing condoms for primary schools will help curb sex-related problems in society



Sexually Transmitted
Diseases Society
of Southern Africa

‘A stitch in time saves nine’ refers to saving nine stitches by sewing of a small hole or tear in a piece of material, so saving the need for more stitching at a later date when the hole has become larger. This phrase originated from mothers who were weary of mending their children’s clothing. If children rip their clothing, they should bring them for repair immediately, if not, they cause the rip to become larger, which results in extra work for their mother. Translated, it means that tasks should be completed immediately or you will have nine times the work when you complete the task. This encourages immediate effort as superior to putting things off until later. It is the same as putting off action now to help youth at primary schools to curb sex-related issues and phase bigger unmanageable problems later in life.

Over the years in most countries, the suggestion that condoms should be actively promoted as a solution to sex-related problems such as unwanted pregnancies has been debated. This is also the case for supplying and making available condoms as a method of preventing the spread of sexually transmitted diseases and HIV infection. We should make up our mind to act correctly now and strike at once, rather than to “leave till tomorrow what we can do today” The scientific evidence supports suggestion that condoms, when properly used, reduce the spread of sex-related diseases. Other people fear that the encouragement of condom use increases the beginning of sexual activity among young people. Some religious traditions and groups that oppose methods such as contraception, also oppose the distribution of condoms in schools out of fear that basic moral values of their religions and beliefs might be undermined in their children.

There are alternative methods of abstinence-only education which encourages young people to abstain from sexual activity as a way to avoid pregnancy and disease. Condoms in schools help to lower teen pregnancy rates. If students in school are having sex, which evidence shows that they are, they should have the option of having safe sex and knowledge of the advantages. Condoms are also an effective way to lower pregnancy rates, thus their distribution within schools will result in lower teen pregnancy. Putting a condom machine in a school does not mean that all students are encouraged to have sex. Teenagers as human beings with sex hormones are also interested in sexual relations and there are already present in the same school opposite- sex genders that cannot be banned. This does not undermine religious beliefs and values. This belief does not forbid sexual relations but encourages the safe or responsible management of it such as discouraging pre-marital sex and adultery.

Distributing condoms in public schools will reduce the spread of sexually transmitted diseases. They are also easily the cheapest means of protecting against these threats. Educators need to endorse sexual activity by encouraging students to make wise choices if they decide to have sex. Some young people, regardless of the strength of the message of abstinence, will still have sex anyway. Providing condoms to students is a wise investment of government's funds by avoiding public health problems created by risky sexual behavior. The cost of raising the many children created through unintended pregnancies over a lifetime such a social grants is big.

Contribution: Frans Radebe –CHIV & STIs, NICD /NHLS

A Cultural [R] Revolution



The "clear and present danger" posed by infectious diseases to South African health calls for a sea change, and the aptly-themed 2013 "Changing Attitudes" FIDSSA conference provided a forum for the scientific community to address common and emerging infectious diseases threats with renewed focus.

The South African Antibiotic Stewardship Workshop was the perfect prelude to the main programme. Bolstered by the countrywide emergence of carbapenemase-producing *Enterobacteriaceae* (CPE), the collaborative efforts of key role players in healthcare, culminated in intense and earnest discussion regarding progress made and challenges encountered. Local antibiotic stewardship programs emerged as one of the many urgent steps needed to stem the tide of antimicrobial resistance. This looming crisis prompted advocacy for concerted collaborative action locally and globally.

The main conference ensued, with international and local experts in clinical and laboratory medicine, epidemiology, infection prevention control, research, ethics and industry, sharing valuable information and experience through oral and poster presentations, and social interactions.

A comprehensive clinical microbiology program highlighted progress and new insights gained whilst tackling challenging, controversial topical issues across all spheres: antibiotic resistance in community and hospital acquired pathogens, strategies in infection prevention and control, laboratory diagnostics, therapeutics and preventative medicine. In addition to updates on CPE, vancomycin-resistant enterococci (VRE), *Clostridium difficile* and methicillin-resistant *Staphylococcus aureus* (MRSA) a strong focus on HIV, TB, malaria and tropical disease shone the spotlight on significant strides made to date in the war against these "old foes". Gains made were tempered with evidence that there is still much to be done in areas of vaccine development and drug resistance.

SASCM is currently exploring adoption of European (EUCAST) standards for detection of antimicrobial resistance in lieu of American standards (CLSI). This was an exciting development reflecting the Society's attitude of striving towards high standards of laboratory medicine to ensure optimal patient care.

The progressive culture of the microbiology community was also evident in the increasing number of oral and poster presentations embracing the application of new technology and platforms, such as molecular techniques, in basic science research, laboratory diagnostics and epidemiological studies. Dialogue encompassing broader issues of patient advocacy, ethical considerations and the role of the environment on health, provided new thought-provoking perspectives in microbiology.

With a "changing of the guard" ushering in new leadership at the SASCM AGM, the task ahead will be to continue the sterling work of our predecessors, whilst working closely with our Federation colleagues in converting new attitudes into action.

EUCAST



EUCAST stand for European Committee on Antimicrobial Susceptibility Testing. It is organised by European Society of Clinical Microbiology and Infectious Diseases (ESCMID), European Centre for Diseases Prevention and Control (ECDC) and the national break point committees in Europe.

Objectives of this committee are:

- To organize a network of established experts in the determination of antimicrobial breakpoints and in antimicrobial susceptibility testing.
- To determine, review and revise European clinical breakpoints and epidemiological cut-off values for surveillance of antimicrobial resistance in close collaboration with the European Medicines Agency (EMA) and ECDC.
- To promote the development and standardization of in-vitro antimicrobial susceptibility testing methods used in Europe.
- To promote quality assurance of in-vitro antimicrobial susceptibility testing.
- To promote education and training in antimicrobial susceptibility testing.
- To advise ECDC and other European Union health agencies on issues related to antimicrobial susceptibility testing and detection of resistance determinants relevant to public health.
- To collaborate with international groups, ECDC and other European Union health agencies involved in antimicrobial susceptibility testing and/or the epidemiology of antimicrobial resistance in human pathogens.
- To work towards international consensus and harmonization of clinical breakpoints and antimicrobial susceptibility testing.
- Main responsibilities that EUCAST is involved are:
 - Determine clinical breakpoints and epidemiological cut offs for existing and new antimicrobials (bacteria, fungi)
 - Provide standardised and harmonised methodology for AST in Europe (bacteria, fungi)
 - Liaise with European regulatory organisations and NGOs and with international groups involved in breakpoints, methodology and surveillance of resistance.

Committee consists of representatives of national breakpoint committees and the medical profession in European countries; communicates with regulatory authorities (ECDC, EMEA); consults with industry but not as a member and decision are made by consensus and not by vote. In comparison CLSI consists of representatives from the medical profession, science, industry and regulatory authorities and decisions are made by vote.

Advantages of EUCAST are:

Funded by ESCMID, ECDC and national breakpoint committees and not by industries as they have consultative role; committee meets five times per year; rationale documents are published on EUCAST website for free and consist of clinical breakpoints and epidemiological cut-offs.

Infection Control News - ICSSA



The new exco members of ICSSA are Joy Cleghorn as President; Briette du Toit as Secretary and Lesley Devenish as Treasurer.

The next step is to elect a board from nominations from each individual chapter and ensure that both public and private sector are equally represented.

Plans for 2014 include:

- To refresh the branding of ICSSA and increase membership by offering easy to access information and standardised presentations and guidelines as well as frequently asked questions and answers on the ICSSA website.
- Nominate prominent people who have played a key role in supporting infection prevention and control as honorary members.
- National Core Standards have recognised the importance of infection prevention and control and this is demonstrated by the level of detail that the standards require. We plan to make standardised material available as per some of these requirements e.g. N95 fit testing, TB information for patients and families, hand hygiene audit tools etc.
- A national inter-facility infection prevention and control transfer document was developed and has been introduced by the public sector in the Western Cape and by the private hospital groups.
- A standard curriculum has been drawn up by 3 different universities and submitted to the South African Nursing Council in an attempt to have a formalised course recognised as a speciality. Regrettably this has not come to fruition and further work will be done to ensure registration.
- The emergence of CRE has been challenging, with limited isolation facilities as well as no clear consensus between the laboratories with regards to testing by PCR or culture first. This poses a risk because infection prevention and control practitioners in the field are unsure and practices are not standardised. There is an urgent need for clear guidelines from the CRE work group (SASCM).



Join us in Cape Town from 2-5 April for the 16th International Congress on Infectious Diseases (ICID). Abstract submission deadline is Monday 2nd April. All FIDSSA trainees that have an abstract accepted for presentation either as a poster or oral paper will be eligible for financial support from FIDSSA, covering transport and registration.

And finally....



Another year draws to a close and we at FIDSSA would like to wish all our members and the wider Infectious Diseases community a joyful time over the festive season and hope that 2014 will be a wonderful year for you all.

A word of thanks to all those who have contributed their time and effort to FIDSSA over the last year. To our administrator and all-round guru, Lea Lourens for all her sterling work, to the FIDSSA council for steering the ship, and to the presidents/chairs and executives of all of FIDSSA's individual societies for your support and contributions throughout the year.

See you in 2014!