The IPAC Link Letter
A monthly review of highlights and linked updates from the ever-changing world of Infection Prevention and Control to help you stay current and informed.

October 2020

Highlights from the World of Infection Control

- Infants born to mothers with suspected or confirmed COVID-19: Canadian Pediatric Society and American Academy of Pediatrics provide guidance.
- Cohort study compares clinical features of COVID-19 vs seasonal Influenza in children. British Columbia updates list of symptoms used when screening children for school.
- Fans crowd into an indoor concert in experiment on how to return to “normal”.
- Member votes bring CPSI and CFHI closer to amalgamation.
- What happened to the instant hospitals built for COVID-19 patients in Wuhan?
- Pilot study investigates N95 training, “watch, learn, then do while being watched”: Interview with study authors.
- Climate change ushers in era of uncertainty for infectious diseases.
- Revisiting the “leading edge” of hospital privacy curtains: Interview with study authors.
- Transmission of infection from non-isolated patients with COVID-19 to health care workers.
- Saliva or NP swab for next stage of COVID-19 testing. IDSA Diagnostics Committee members discuss the latest on saliva testing.
- WHO: Immunizing the public against misinformation.
- COVID-19 policies hindering treatment for HIV, TB, and malaria worldwide.
- Small study finds benefit from convalescent plasma in severe COVID-19.
- Urinary culture intervention linked to reduced antibiotic use in Toronto hospital.
- If a COVID vaccine is available, how should it be distributed? Ethics-based strategy proposed by international team of experts.
- Wild polio finally eradicated in Africa, but vaccine-derived poliovirus remains a challenge for the continent.
- Micro case study: 83 y/o male with bladder cancer.

News
National Healthcare Supply Chain Week: October 4 – 10, 2020
National Healthcare Facilities Engineering Week: October 18 – 24, 2020
National Infection Control Week: Infection Prevention and Control Beyond the Horizon – October 19 – 23, 2020
Canadian Patient Safety Week: October 26 – 30, 2020
24th Annual Bug Day: October 20, 2020

Upcoming Webber Teleclasses
With our provincial subscription, if you miss the live Teleclass you can always go back and watch it at a later date.
https://webbertraining.com/schedule

October 15, 2020: The Value of Certification – “What’s In It For Me?”
October 20, 2020: Can We Halve Gram-Negative Bloodstream Infections? A Debate and Clean Hospitals: The Next Frontier in Infection Prevention
October 29, 2020: Cleaning Up After Rodents In Healthcare Settings

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If you have any interesting articles you would like to see in the IPAC Link Letter, please feel free to send them to Kevin.Duran@saskhealthauthority.ca or Rhianna.Matschke-Neufeld@saskhealthauthority.ca

Who Am I?

1. Orthomyxovirus derives its name from the Greek word ‘myxa’, which means mucus.
2. In 1935, a monovalent vaccine was developed to prevent this microorganism. The vaccine was approved in 1940.
3. Microorganism shedding may occur from one day prior to symptoms, up to seven days after symptom onset. This may occur longer in those who are immunocompromised or are very young.
4. In that past 100 years, this microorganism has caused four pandemics, including in 1918, 1957, 1968, and 2009.
5. Signs and symptoms may include fever, cough, sore throat, runny nose, muscle/body aches, headache, fatigue, vomiting, and/or diarrhea. These may appear 1-4 days after exposure.
6. Infection Prevention and Control considerations: Droplet/Contact precautions. Prevention includes vaccination, respiratory etiquette, staying home when ill, and meticulous hand hygiene.

For the answer and topic related articles, please visit our website here: https://saskpic.ipac-canada.org/picns-link-letter.php

Webinars/Learning Opportunities

- Webinar: Instrument reprocessing in the community setting.
- COVID-19 immunology 101 for non-immunologists.
- CUPAtea: Clinical updates from PHAC and AMMI Canada.
- VIDEO: Toilet germs and your toothbrush.

Across
2. Common name for influenza.
3. Number of weeks for the antibodies from the vaccine to develop in the body.
7. One of the surface proteins of Influenza A viruses. It is not the target of oseltamivir anti-viral drug.
8. Month when flu season begins in the Southern hemisphere.
10. Route of administration for influenza vaccines that are considered live and attenuated (trade name FluMist).
11. Rare syndrome commonly seen in children infected with influenza and consuming aspirin.

Down
1. Term used for influenza vaccine protecting against four strains of the virus.
3. Trade name of prophylactic medication usually given to long-term care residents in an influenza outbreak.
4. Target protein for the anti-viral drug oseltamivir.
5. Term used for influenza vaccine protecting against three strains of the virus.
9. Age (in months) recommendation to start receiving influenza vaccine.

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