Session 3. Infection Prevention & Control: What research to develop innovations to prevent/control infections in healthcare?







Research towards sustainable strategies to ensure Infection Prevention and Control (IPC) during outbreaks and pandemics.

**Updates and Priorities** 

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**Department of Medicine, University of Calgary, Canada** 

**Currently Visiting Fellow,** 

**Kellogg College** 

**University of Oxford, UK** 







# Key research achievements and progress update

Infection prevention and control (IPC): Operational readiness and response research and innovation for public health emergencies

The COVID-19 pandemic highlighted ongoing **gaps** in the understanding of how **transmission modes influence prevention measures** and what are the most effective practical **tools for protection and control** in the context of emergencies due to novel high-threat pathogens (HTPs) of epidemiologic concern.



# **Objectives**

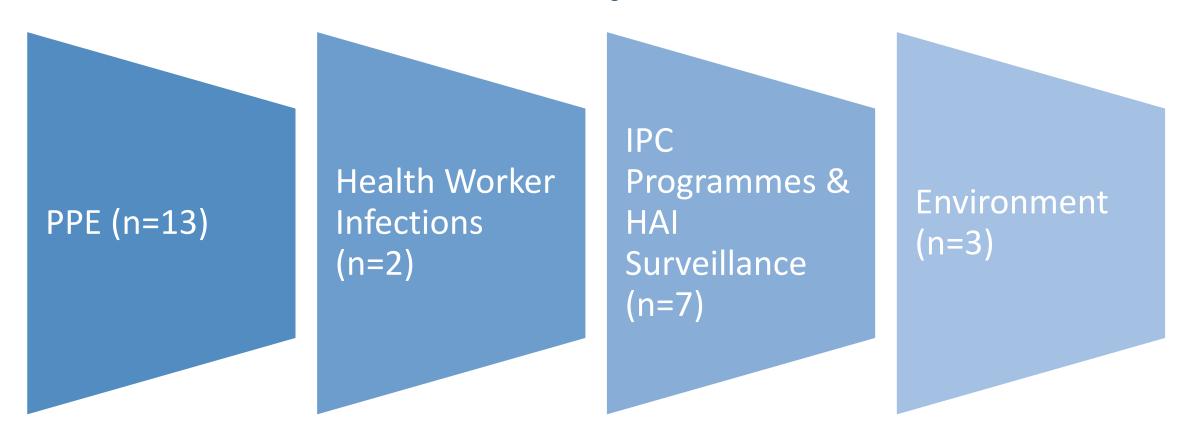
In collaboration with experts from many countries, the WHO Infection Prevention and Control (IPC) teams focused on the following research areas:

- Understanding risk factors in exposures to SARS-CoV-2 and other pathogens in the health care work environment and cost-effectiveness of measures to prevent health and care workers (HCWs) SARS-CoV-2 infection
- Rethinking existing IPC medical devices and equipment based on key enabling technologies.
- Defining pragmatic protocols for guiding local implementers in executing safe and effective IPC practices.
- Working with laboratory experts to bridge knowledge gaps on how to detect and deactivate novel pathogens, to inform cleaning, disinfection and reprocessing practices.
- Establishing research and innovation (RI) priorities which should be brought to the attention of the international community.



## **Peer-Reviewed Publications**

WHO teams coordinated research resulting in **25** peer-reviewed publications since the last GRIF meeting



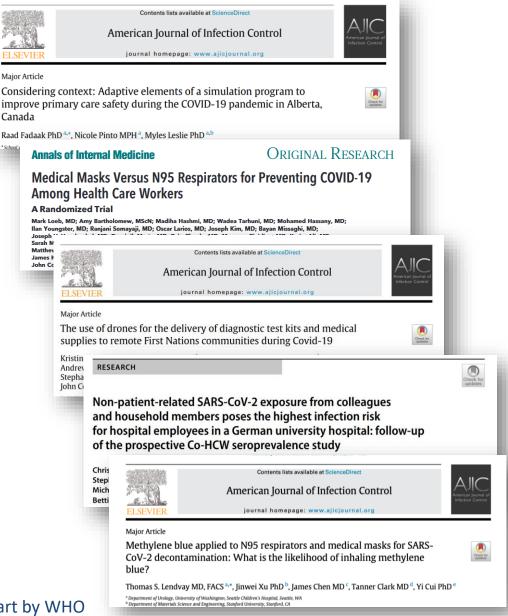


## Relevant Publications (n=25)\*

- Considering context: Adaptive elements of a simulation program to improve primary care safety during the COVID-19 pandemic in Alberta, Canada
- 2. Detection of SARS-CoV-2 in exhaled air using non-invasive embedded strips in masks
- 3. Inactivation strategies for SARS-CoV-2 on surgical masks using light-activated chemical dyes
- 4. Methylene blue applied to N95 respirators and medical masks for SARS-CoV-2 decontamination: What is the likelihood of inhaling methylene blue?
- 5. Of masks and methylene blue-The use of methylene blue photochemical treatment to decontaminate surgical masks contaminated with a tenacious small nonenveloped norovirus
- Methylene blue in combination with sunlight as a low cost and effective disinfection method for coronavirus-contaminated PPE
- 7. Introduction of mandatory masking in health care and community: experience from Jena, Germany
- 8. Perceived Workload Using Separate (Filtering Facepiece Respirator and Face Shield) and Powered Air-Purifying Respirator and Integrated Lightweight Protective Air-Purifying Respirator: Protocol for an International Multisite Human Factors Randomized Crossover Feasibility Study
- Non-patient-related SARS-CoV-2 exposure from colleagues and household members poses the highest infection risk for hospital employees in a German university hospital: follow-up of the prospective Co-HCW seroprevalence study
- 10. Sars-Cov-2 exposures of healthcare workers and acquisition of COVID-19
- 11. Perceptions of organizational culture among infection preventionists in Israel, the United States, and Thailand: Results from national infection prevention surveys
- 12. Robust epidemiological investigations in hospital-based COVID-19 outbreaks cannot be overlooked-even in the era of whole-genome sequencing
- 13. Surveillance for SARS-CoV-2 and its variants in wastewater of tertiary care hospitals correlates with increasing case burden and outbreaks
- 14. Viable mpox virus in the environment of a patient room
- 15. Viral cultures for assessing fomite transmission of SARS-CoV-2: a systematic review and metaanalysis

## ... and more!

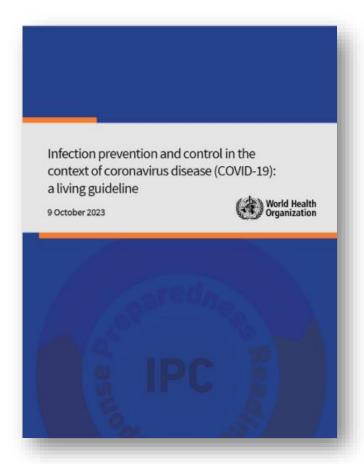
\*Funded entirely or in part by WHO



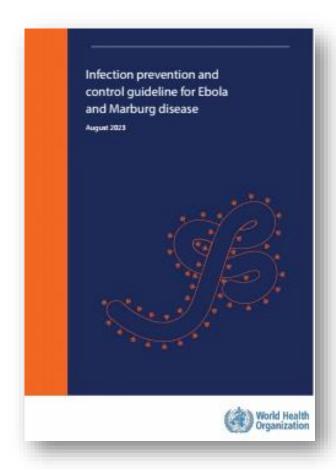




## **IPC Guidelines**



World Health Organization. (2023). Infection prevention and control in the context of coronavirus disease (COVID-19): a living guideline, 9 October 2023. World Health Organization. <a href="https://iris.who.int/handle/10665/373269">https://iris.who.int/handle/10665/373269</a>



World Health Organization. (2023). . World Health Organization. Infection prevention and control guideline for Ebola and Margurb disease, August 2023. https://www.who.int/publications/i/item/WHO-WPE-CRS-HCR-2023.1





# **Future research priorities**

- WHO Priority Pathogens
- Global research prioritization exercise to define the research priorities for IPC in context of Public Health Emergencies (PHE)







## **IPC Research Priorities**



Environment
Sampling
methods and
deactivation



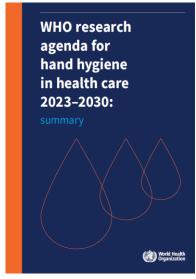
IPC measures
Transmissionbased
precautions
PPE



Early data management, collection, and interpretation



Exploring non-toxic measures





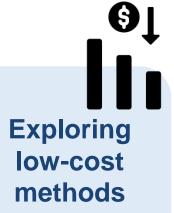
Pre-planned protocols for RCTs ready for outbreaks



Standarization of wastewater-based surveillance



Application of artificial intelligence







## Implementation Research

Behavioral / social science

Post-pandemic behaviors

IPC programmes

IPC and WASH studies

**IPC in PHE** 

IPC in low resourced and FCV settings Human factor studies

Including studies on the built environment

Use of One Health approach







### **Research Prioritization Exercise**

### **Ebola Disease / Marburg Disease (EBOD/MARD)**

- Participants: IPC Public Health Working Group + GDG EBOD/MARD members
- Modified Delphi technique: 1 preliminary meeting + two rounds of survey

#### Results:

Research priorities (≥75 percentile of sum score) included the following thematic areas:

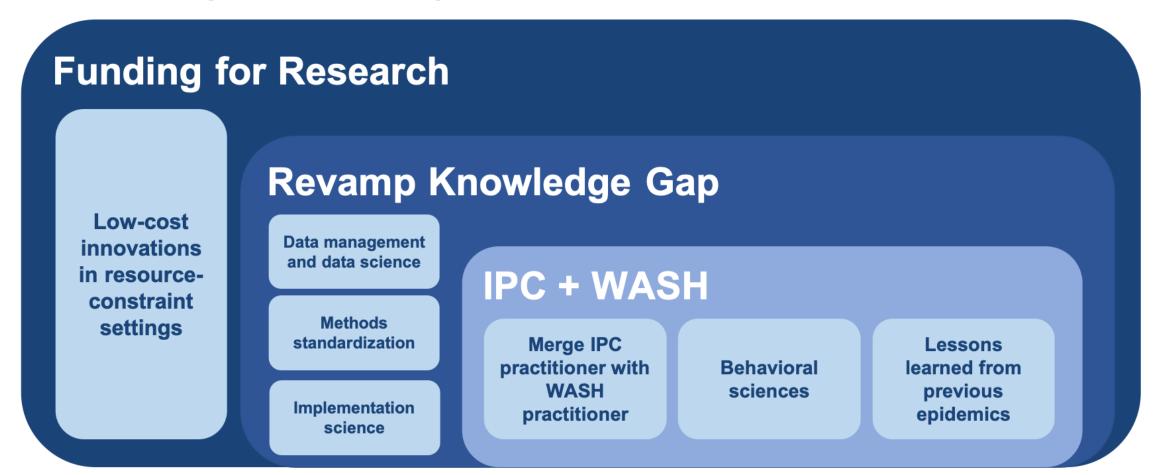
- Glove disinfection
- Healthcare workers' EBOD/MARD occupational risk
- Defining most appropriate research design for EBOD/MARD studies
- PPE indication for use, reuse, and donning/doffing.





# Early Identification and Response Research

**Incorporating Innovative Big Ideas** 













Early detection of epidemic-prone infectious diseases and infection prevention and control operational readiness and response

### **Innovative approaches**

#### Jesus Rodriguez-Manzano MSc PhD

Senior Lecturer in Diagnostics for Infectious Diseases at Imperial College London

**Deputy Director of the Centre for Antimicrobial Optimisation (CAMO)** 

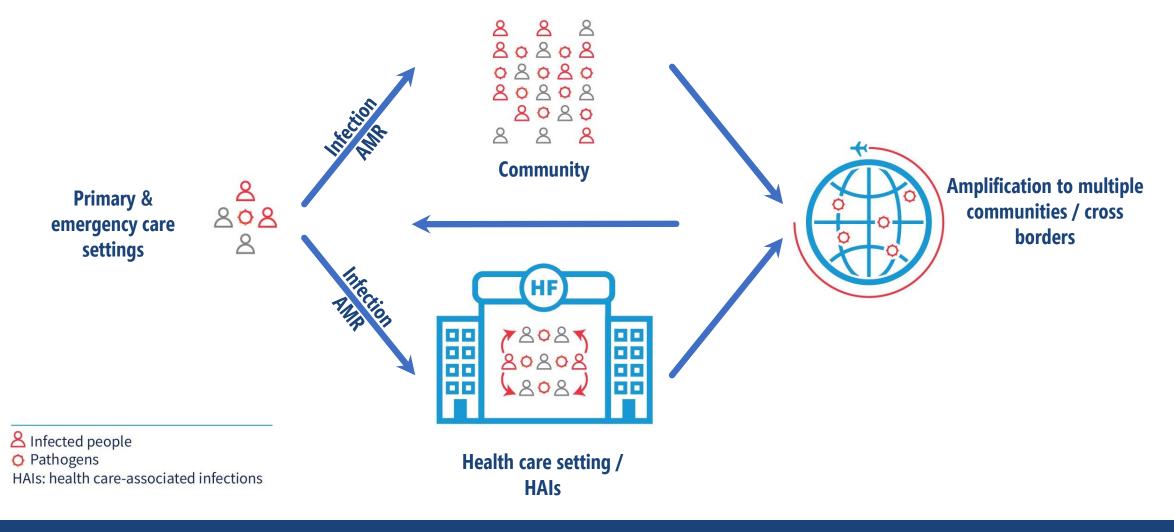
Co-Founder and Chief Scientific Officer at ProtonDx Ltd







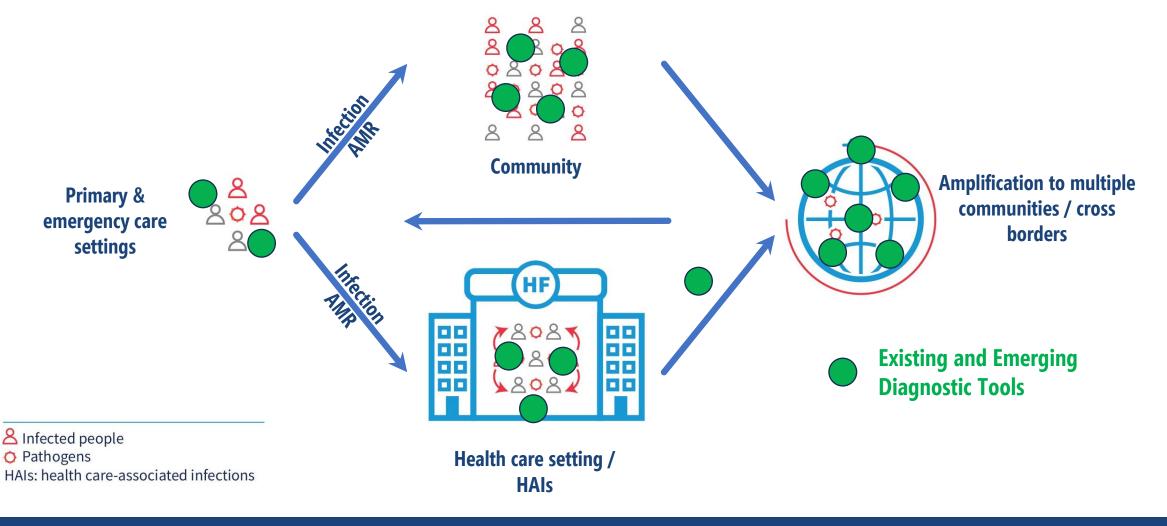
# <u>Problem</u>: Amplification of Outbreaks Associated with Healthcare Infections Along the Patient Pathway







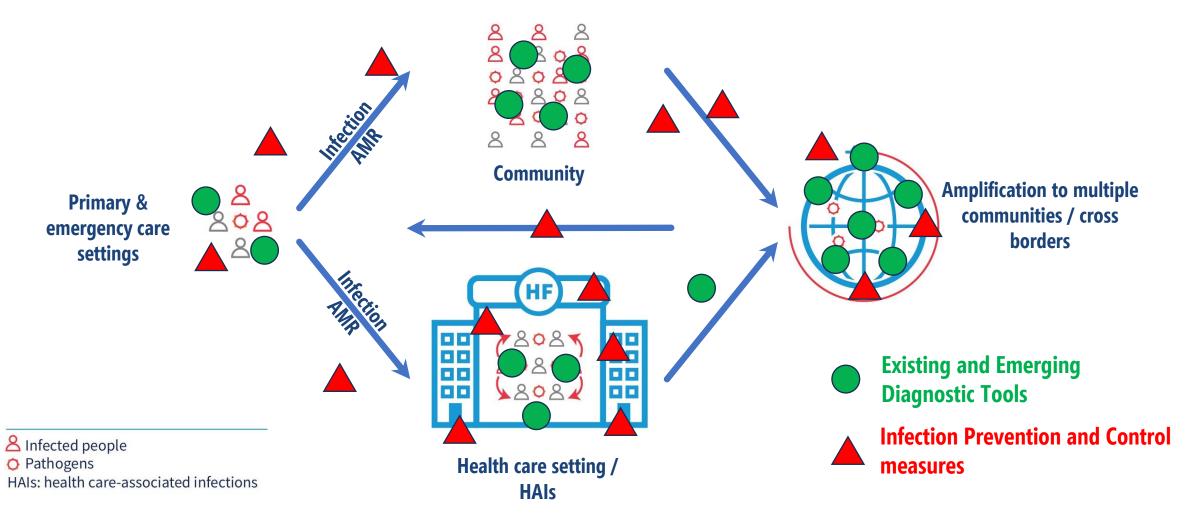
# <u>Problem</u>: Amplification of Outbreaks Associated with Healthcare Infections Along the Patient Pathway





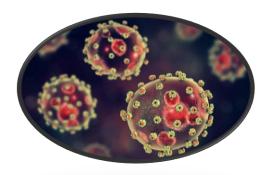


# <u>Problem</u>: Amplification of Outbreaks Associated with Healthcare Infections Along the Patient Pathway





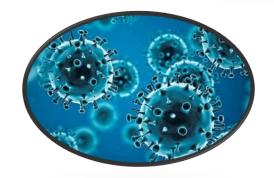
# Well-Documented Outbreaks in Primary Care and Outpatient Settings



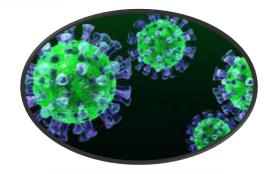


Lassa virus

**Ebola/Marburg** 







SARS-CoV-2 mpox MERS-CoV

Effective infection control can prevent HAIs from escalating into pandemics

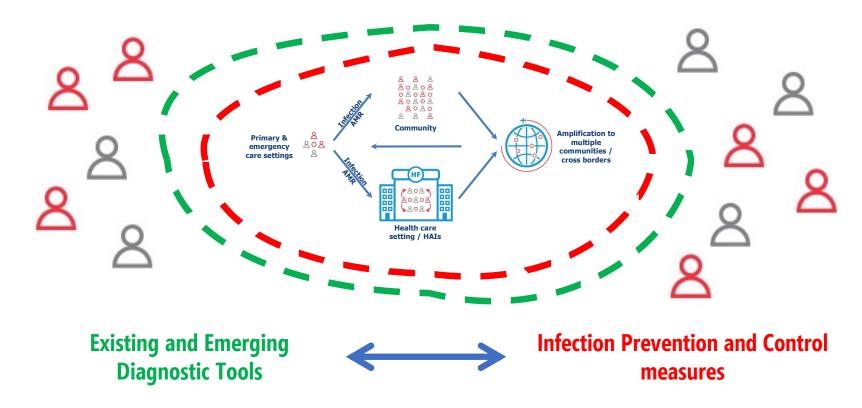
WHO List of Priority Pathogens





# <u>Solution:</u> "Big Research Idea – Creating a 'Ring of Protection' by Decentralizing Testing and Implementation of IPC Measures"

Deploy rapid point-of-care testing and targeted IPC responses along and beyond the patient pathway







# **Integrating Diagnostics in IPC Practices**

Near-patient diagnostic tools to inform infection control practices

- Early screening and risk assessment of high-risk patient
- Rapid identification and detection of pathogens
- Timely implementation of relevant IPC measures (e.g., patient placement, selection and use of PPE, duration of precautions)
- Outbreak management
- Guiding antibiotic usage

**The big idea**: using point-of-care diagnostic tests to improve the implementation and effectiveness of IPC measures along and beyond the patient pathway.



### Implementing The Big Idea

### Paradigm Shift in the Use of Diagnostics in Healthcare

We need to shift away from the **conventional definition of diagnostic tests** (e.g. presence/absence).



Considerations for **community** in addition to individual patients only.



**Diagnostics tools** need to be used to guide surveillance, inform IPC measures, and prevent the amplification of outbreaks associated with healthcare settings.



Move **beyond the one-size-fits-all** approach.





### **Near-Patient Diagnostic Applications**

In combination with syndromic based assessments



Rapid diagnostic testing (self-testing and point-of-care) for patients and health workers



Contact tracing technologies within health care facilities



Wastewater surveillance at health care facility level

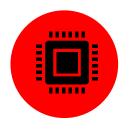
## Improved IPC Approaches and Innovative Tools



Identification of worldwide common barriers and facilitators (behavioural sciences)



Innovative dissemination strategies on IPC measures in the context of outbreaks



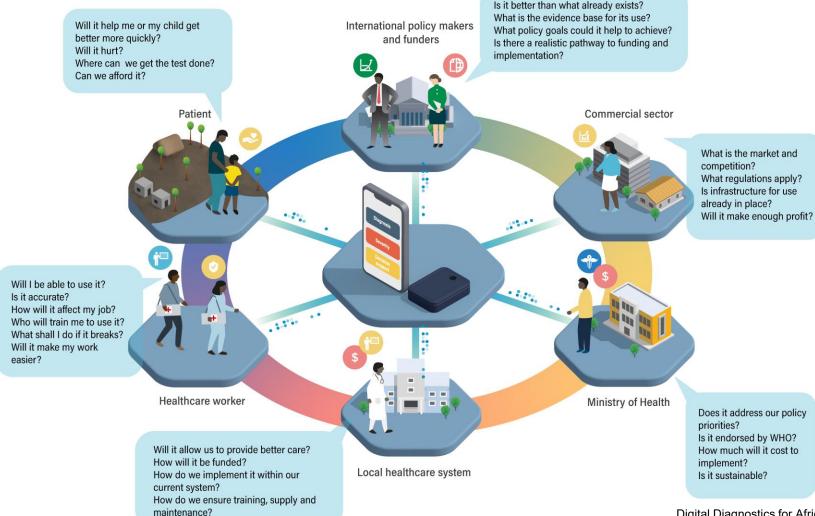
AI technologies







### **Enhancing Transparency Throughout the Implementation Pathway**



Fostering a Unified
Approach Among
Stakeholders for the
Integration of
Diagnostics

Particular attention to regulatory bodies & establishment of emergency pathways

Digital Diagnostics for Africa Network. 'The potential of digital molecular diagnostics for infectious diseases in Sub-Saharan Africa' (2022) PLOS Digital Health, 1(6). https://pubmed.ncbi.nlm.nih.gov/36812544/





### **Research Questions**

What strategies can be implemented to **establish early warning systems** for the detection of emerging infections **outside and within** health care facilities?

How can we optimize the **implementation of responsive point-of-care testing protocols** to improve healthcare outcomes and patient safety?

What methods and technologies can be employed to better monitor and track the health and well-being of healthcare workers in real-time?

How can we enhance the precision and efficiency of targeted IPC interventions beyond healthcare systems to maximize positive health outcomes?





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