



**European Core curriculum  
for training for  
Infection Control Practitioners**

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Protecting people  
Preventing harm  
Preparing for threats

# 1. A core Curriculum for Infection Control professionals (ICPs); Why?

## 1.1. A Need for harmonisation

Within the IPSE Framework, a European wide survey was carried out in 28 European countries in collaboration with health care authorities and public health institutions.

Participating countries were:

- European Union Member States (24): Austria, Belgium, Bulgaria, Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Poland, Portugal, Slovakia, Slovenia, Spain, Sweden, The Netherlands, United Kingdom
- Candidate countries to the European Union (2): Croatia, Turkey
- Other European countries (2): Norway, Switzerland

It appears in the survey that infection control professionals do not have common training programmes neither harmonised professional profiles: National curriculum existed in one third of the countries for nurses whereas it was very rarely defined for doctors (only in three countries). As to professional status, it was defined by law, with specific governmental funding for doctors and nurses respectively in only eight and seven countries.

These heterogenic situations result in very capacities of the healthcare institutions to manage the prevention and the control of Health-care Associated Infection (HAI).

In addition, the expansion of the discipline to include new components such as quality and risk management, community acquired infections activities, etc. emphasizes the need for setting consensual core training for infection control professionals.

## 1.2. A European willingness for the recognition of qualifications

In order to facilitate movement within the European Union countries, and complementary to the Bologna Process aiming for ease and ensure fair recognition of staff and students qualifications, a European Directive (2005/36/EC) has been set up. This directive establishes a system which allows clearly, safely and quickly the recognition of new qualifications and the updating of those already engaged.

## 1.3. The European Society of clinical microbiology and infectious diseases ESCMID challenges and aspirations

ESCMID as a professional organisation has amongst its missions, the development and the improvement of the professional profiles and the training of its members. ESCMID expressed lately the need for setting up a suitable curriculum for infection control professionals and showed its willingness to participate in this challenge : Infection control activities being carried out by physicians (from different backgrounds) as well as by nurses, the discipline ought to have its own curriculum.

## 2. What is the purpose of the core curriculum?

On one hand, the core curriculum is addressed to professional organisations responsible of training ICPs as well as healthcare institutions which define on their own (particularly in countries where no national training or curriculum exists) profiles of their ICPs. At this level, the Curriculum would be used as a reference for adapting and improving existing training programmes.

On the other hand, the core curriculum would be the base for initiating a European dialogue on qualification/specialisation of ICPs. Indeed, the survey carried out for collecting the information, the registry of national training programmes already established and the proposal of the consensual core curriculum could constitute the start of the process if this is expressed as a common desire of European member states. In addition, in the framework of the recommendation proposal related to HAI which is in progress within the DG SANCO remit, an inclusion of a reference related to IC training and particularly to the European core curriculum proposal could be also an important indication for the European countries.

## 3. What is meant by Infection Control practitioner?

In this document medical doctors and nurses in charge of Infection control activities are designated as Infection Control practitioner.

According to the different countries, an infection control practitioner could be a hospital hygienist, hospital epidemiologist, etc; this depends on the way that infection control practice is organised amongst healthcare professionals.

## 4. Core Curriculum

The proposed core curriculum is organised into three main areas:

- Programme Management (PM)
- Quality Improvement (QI)
- Infection Control (IC)

Each part consists of different professional tasks (total=16).

All these tasks (except one) are common to infection control doctors and nurses: During the consensus process, it became evident that almost all the tasks were shared and carried out by doctors and nurses.

For accomplishing each professional task, necessary competences were identified, formulated and outlined.

***Competency is defined as a combination of knowledge, skills and abilities that a professional must demonstrate and that are critical to perform work effectively.***

## 5. References

- European Directive 2005/36/EC of the European parliament and the council of 7 September 2005 on the mutual recognition of qualifications
- Bologna Declaration 19 June 1999
- Meeting Report: ESCMID Workshop on Progress towards Meeting the Challenges in Clinical Microbiology and Infectious Diseases
- Technical Document: Core competencies for public health epidemiologists working in the area of communicable disease surveillance and response, in the European Union Stockholm, January 2008
- Certification in Infection Control and Epidemiology - Candidate Handbook. Certification Board in Infection Control and Epidemiology CBIC. December 2005
- Core Competencies for Practitioners in Infection Prevention and Control. Infection Control Nurse Association ICNA. September 2007

# European Core curriculum for training for Infection Control Practitioners

## 1. Programme Management (PM)

Elaborating and advocating an infection control programme PM 1

Managing an infection control programme, work plan and projects PM 2

## 2. Quality Improvement (QI)

Contributing to quality management QI1

Contributing to risk management QI2

Performing audits of professional practices and evaluating performance QI3

Training of hospitals employees in Infection control QI4

Contributing to research QI5

## 3. Infection Control (IC)

### 3.1. Surveillance and Investigation (SI)

Designing a surveillance system IC-SI1

Managing (implementation, follow up, evaluation) a surveillance system IC-SI2

Identifying investigating and managing outbreaks IC-SI3

### 3.2. Infection Control activities (ICA)

Elaborating infection control interventions IC-ICA1

Implementing infection control and healthcare Procedures IC-ICA2

Contributing to reducing antibiotic resistance \* IC-ICA3

Advising appropriate laboratory testing and use of laboratory data IC-ICA4

Decontamination and Sterilisation of medical devices IC-ICA5

Controlling environmental sources of infections IC-ICA6

\* Task related to Infection Control Doctors Only

## 1. Programme Management (PM)

Main professional tasks	Foundation Skills and Knowledge	Competencies
<b>Elaborating and advocating an infection control programme</b> PM 1	<ol style="list-style-type: none"> <li>1. Understand the organisation of health services and their management</li> <li>2. Be conversant with health economics</li> <li>3. Be able to design and use management indicators</li> <li>4. Develop Leadership skills</li> <li>5. Develop team work skills</li> </ol>	<ol style="list-style-type: none"> <li>1. Advocate the importance of healthcare-associated infections (HAI) as a crucial issue of patient safety and highlight their potential human and economic burden to the decision-makers of a healthcare organisation (HO)</li> <li>2. Prepare and present an outline of an infection control (IC) programme focusing on key elements: mission statement, description of objectives and indicators, presentation of action-plan, rules for the functioning of the IC committee, operating manual, etc.</li> <li>3. Identify all internal and external stakeholders (including patient advocates) and develop strategies for involving them in the IC programme</li> <li>4. Establish priorities for IC according to the characteristics of an individual HO, including the safety of Healthcare Workers (HCW)</li> <li>5. Formulate and propose appropriate indicators in relation to the control of HAI, taking into account the official policy on internal transfer of information and public disclosure of information</li> <li>6. Foster and promote the advantages of team work in IC</li> </ol>
<b>Managing an infection control programme, work plan and projects</b> PM 2	<ol style="list-style-type: none"> <li>1. Be able to design and use management techniques and indicators</li> <li>2. Understand the organisation of health services and their management</li> <li>3. Be conversant with health economics</li> <li>4. Master the basics of communications theory and practice</li> <li>5. Be aware of change impact (management of behaviour and organisations)</li> </ol>	<ol style="list-style-type: none"> <li>1. Manage or contribute to the management of an IC programme (from conception to evaluation, including budgeting) according to national or local regulations</li> <li>2. Formulate an organisational structure for controlling HAI and antibiotic resistance (AR) in a HO</li> <li>3. Review, assess, provide and recommend appropriate resources for IC in the HO: scientific and technical expertise, facilities for infection control, information systems, continuing education, allocated budget</li> <li>4. Be able to manage system changes related to infection control issues based on knowledge of the HC organisations</li> <li>5. Identify and negotiate financial resources using cost benefits analyses of infection control activities</li> <li>6. Organise and support the meetings of an IC committee (ICC) and technical working groups</li> <li>7. Organise and lead regular review of policies/procedures in collaboration with multi-field experts</li> <li>8. Support ways to improve team work: provide tools for sharing of responsibilities, reporting, exchange of information, planning of tasks</li> <li>9. Provide expertise on infection control policy</li> <li>10. Formulate a suitable strategy for IC internal communications:             <ul style="list-style-type: none"> <li>▪ Disseminate information about laws, regulations and official recommendations</li> <li>▪ Inform healthcare workers (HCW) about new threats: epidemics, new agents, etc.</li> <li>▪ Communicate with hospital contractors and service providers (construction, renovation, maintenance, housekeeping, laundry, etc.)</li> <li>▪ Report IC findings appropriately to ICC, hospital management, clinical departments, units and professionals</li> <li>▪ Improve communication between different levels of care (primary, hospital, long term)</li> <li>▪ Promote collaborative partnerships between professionals</li> </ul> </li> <li>11. Contribute appropriately to external communications on infection control:             <ol style="list-style-type: none"> <li>1. Communicate with public health authorities when required</li> <li>2. Communicate with the media</li> </ol> </li> <li>12. Review and evaluate IC programme according to updated legislation, recommendations and latest feedback (audits, surveillance results, etc.)</li> </ol>

## 2. Quality Improvement (QI)

Main professional tasks	Foundation Skills and Knowledge	Competencies
<b>Contributing to quality management</b> QI1	1. Master basics of quality management	1. Contribute to the on-going accreditation, certification, evaluation and normalisation processes involving the HO 2. Integrate infection control activities within the HO quality promotion and patient safety programme 3. Prepare and conduct audits of professional practices related to IC in clinical wards 4. Implicate HCW, consumers and consumer groups in the establishment and evaluation of IC aspects of quality and patient safety programmes
<b>Contributing to risk management</b> QI2	1. Master the basics of risk assessment 2. Be conversant with methods of reporting of adverse events	1. Integrate risk management concepts (such as rapid reporting of adverse events or errors, without sanction) and methods (such as systemic analysis e.g. root causes of adverse events) in IC activities 2. Contribute to the on-going risk management programme of the HO by coordinating IC activities with other safety programmes such as for transfusion, administration of drugs or use of medical devices (coordinated communication, training, data collection or notification, etc.)
<b>Performing audits of professional practices and evaluating performance</b> QI3		1. Understand the different considerations and conditions which lead to the setting of evaluations and audits 2. Plan audits and investigations 3. Prepare protocols for the evaluation of performance 4. Train investigators to be able to assess targeted practices, structures or processes 5. Apply appropriate epidemiological methods during data collection to ensure reliability and reproducibility 6. Analyse data and interpret results related to the evaluation 7. Coordinate the progress of the audits in the targeted units or departments. 8. Disseminate and communicate constructive results to the HCW , administration and other professionals involved 9. Formulate and carry out corrective actions to ensure that evaluation results are acted upon
<b>Training of hospitals employees in Infection control</b> QI4	1. Be familiar with educational theory and practice 2. Be aware of change impact (management of behaviour and organisations)	1. Evaluate HCW needs through consultations and surveys. 2. Integrate within the HO training program for new employees, basic knowledge awareness on IC issues <sup>2</sup> 3. Design a training program on infection control activities and procedures for hospital employees in order to update their knowledge and awareness according to the latest data (national, local, newly published) 4. Select and provide appropriate training modalities to achieve expected outcomes 5. Evaluate the impact of the training sessions.
<b>Contributing to research</b> QI5	1. Master basics of biostatistics and epidemiology	1. Understand the methodology of evaluative and research studies [descriptive or analytic studies (cohort, case-control), randomised trial, efficacy or cost-effectiveness of intervention or technology and meta analysis ], and interpret and use the results 2. Apply standard methodologies of research to the investigation of infections and to the evaluation of preventive measures

### 3. Infection Control (IC)

#### 3.1. Surveillance and Investigation (SI)

Main professional tasks	Foundation Skills and Knowledge	Competencies
<b>Designing a surveillance system</b> IC-SI1	<ol style="list-style-type: none"> <li>1. Be familiar with the principles of computing and the main programmes for office software</li> <li>2. Be conversant and well informed about hospital information systems</li> </ol>	<ol style="list-style-type: none"> <li>1. Advocate surveillance activities (including post-discharge surveillance) and gather the opinions of appropriate professionals in order to rank priorities and formulate objectives</li> <li>2. Formulate the scope, methodology and practical organisation of the surveillance system based on the population served, services provided and professional involvement in order to meet the objectives</li> <li>3. Select and define appropriate indicators</li> <li>4. Develop functional links with the laboratory and pharmaceutical departments for periodically reviewing laboratory and antibiotic consumption data</li> <li>5. Identify national and international recommendations, regulations and standard definitions to design surveillance activities ensuring all the while the need for consistency in applying definitions</li> <li>6. Support the development of hospital information systems to meet surveillance needs</li> <li>7. Identify the benefits and promote collaborative organised networks</li> <li>8. Ensure that prompt and responsive mechanisms for reporting and feedback are included in the system</li> </ol>
<b>Managing (implementation, follow up, evaluation) a surveillance system</b> IC-SI2	<ol style="list-style-type: none"> <li>1. Be aware of change impact (management of behaviour and organisations)</li> <li>2. Be able to train participants in the relevant aspects of the surveillance system</li> <li>3. Master commonly used statistical data entry and analysis software</li> </ol>	<ol style="list-style-type: none"> <li>1. Implement the surveillance system (pilot testing, kick off and commissioning) according to the organisation priorities and objectives</li> <li>2. Design and develop systems for effective data collection according to defined methodology</li> <li>3. Analyse data using appropriate epidemiological methods, measures and tests, seeking the assistance of biostatisticians and other experts when necessary</li> <li>4. Identify situations requiring additional epidemiologic investigations (case-control, cohort studies, trials) and outbreak investigations</li> <li>5. Produce periodic structured reports to interpret significant findings, taking into account the target reader</li> <li>6. Review regularly the risks, needs and priorities in order to adjust surveillance targets and objectives</li> <li>7. Evaluate periodically the effectiveness of the surveillance system</li> <li>8. Ensure that reporting and feedback tools are efficiently used to communicate adequately in different contexts (scientific, professional, media, etc.)</li> </ol>
<b>Identifying investigating and managing outbreaks</b> IC-SI3	<ol style="list-style-type: none"> <li>1. Master epidemiologic methods</li> <li>2. Be conversant with clinical microbiology</li> <li>3. Be familiar with transmissibility (chain of infection)</li> </ol>	<ol style="list-style-type: none"> <li>1. Identify clusters of HAI (or other unusual events) through contacts with clinical units and laboratories, through alerts or through systematic analysis of microbiological laboratory testing</li> <li>2. Manage an outbreak of infection at hospital or community level</li> <li>3. Collect data and carry out descriptive and analytic investigations</li> <li>4. Select appropriate methods of typing and interpret microbiological results</li> <li>5. Formulate a suitable strategy for communicating with concerned actors</li> <li>6. Interpret and report findings to relevant people using appropriate means</li> <li>7. Facilitate communication between different levels of care (primary, hospital, long term)</li> <li>8. Use investigations results to induct quality improvement.</li> </ol>

### 3.2. Infection Control activities (ICA)

Main professional tasks	Foundation Skills and Knowledge	Competencies
<b>Elaborating infection control interventions</b> IC-ICA1	<ol style="list-style-type: none"> <li>1. Be familiar with information technology for documentation.</li> <li>2. Be able to identify appropriate evidence based medicine</li> <li>3. Be conversant with nursing care</li> <li>4. Be familiar with the organisation and techniques related to clinical care</li> <li>5. Be conversant with infectious diseases and prevention in healthcare settings</li> <li>6. Be familiar with transmissibility (chain of infection)</li> <li>7. Master the specificities of HAI</li> </ol>	<ol style="list-style-type: none"> <li>1. Collect and analyse the relevant documentation for the drawing up of an IC procedure</li> <li>2. Prepare IC policies and procedures according to national or local Standard Operation Procedures (SOP)                      Examples for the main IC validated activities:                     <ul style="list-style-type: none"> <li>▪ Standard precautions and hand hygiene</li> <li>▪ Isolation and special (barrier) precautions</li> <li>▪ Skin disinfection</li> <li>▪ Patient pre-operative preparation</li> <li>▪ Decontamination and sterilisation of medical devices</li> <li>▪ Invasive procedures: vascular and urinary catheterisation, mechanical ventilation, etc.</li> <li>▪ Support activities: linen and waste management, housekeeping, food service, environmental safety (air, water), decontamination of environmental surfaces</li> </ul>                     Examples for Occupational health activities:                      Management of post fluid exposure and other infectious risks in healthcare workers                     <ul style="list-style-type: none"> <li>▪ Immunization in HCW and patients</li> </ul> </li> <li>3. Prepare a procedure for crisis management in IC:                     <ul style="list-style-type: none"> <li>▪ Alert management</li> <li>▪ Recall of patients</li> <li>▪ Recall of potentially contaminated equipment and supplies</li> <li>▪ Reporting and exchange with relevant healthcare professionals</li> </ul> </li> <li>4. Plan strategies for the design of healthcare procedures:                     <ul style="list-style-type: none"> <li>▪ Contribute to the drawing up of clinical procedures when special precautions for infection control are required</li> <li>▪ Contribute to the drawing up of clinical procedures for specific settings</li> </ul> </li> </ol>
<b>Implementing infection control and healthcare Procedures</b> IC-ICA2	<ol style="list-style-type: none"> <li>1. Be familiar with communication theory and practice</li> <li>2. Be familiar with work organisation, work behaviour and changes in practices</li> </ol>	<ol style="list-style-type: none"> <li>1. Set a policy for the implementation and the revision of IC guidelines and recommendations according to the SOP: roles and responsibilities of supervisor, trainers, link professionals...</li> <li>2. Disseminate pertinent policies and procedures to applicable departments and help HCW in their implementation through continuous support.</li> <li>3. Identify barriers to compliance and involve HCW</li> <li>4. Promote and participate in the evaluation of compliance to the procedures and contribute to the improvement of compliance by monitoring parameters in terms of process or outcome</li> <li>5. Facilitate the implementation of the IC procedures within the clinical care organisation</li> </ol>
<b>Contributing to reducing antibiotic resistance</b> IC-ICA3	<ol style="list-style-type: none"> <li>1. Understand the basics of antibiotics treatment</li> <li>2. Be conversant with the mechanisms of resistance to antibiotics and with the factors influencing the emergence of resistance</li> <li>3. Understand the approaches used in antimicrobial stewardship</li> </ol>	<ol style="list-style-type: none"> <li>1. Advocate the importance of antibiotic resistance (AR) control, including antibiotic prophylaxis, highlight and communicate on their potential human and economic burden to the decision-makers of a HO and in the community.</li> <li>2. Identify the specific local determinants of the AR in the HO</li> <li>3. Prepare a plan to reduce AR in a HO based on findings related to local determinants, especially by lowering AB pressure and limiting cross-infection and contamination. Involve key people in the implementation of this plan</li> <li>4. Implement a surveillance of AR in a HO; participate in national and international surveillance schemes. Formulate and propose appropriate indicators concerning the control of AR, taking into account the official policy on internal transfer of information and public disclosure of information</li> <li>5. Participate and involve IC committee HCW in periodic evaluation (audit) of AB use for treatment and prophylaxis.</li> <li>6. Contribute to the training of HCW</li> </ol>

Main professional tasks	Foundation Skills and Knowledge	Competencies
<b>Advising appropriate laboratory testing and use of laboratory data</b> IC-ICA4	<ol style="list-style-type: none"> <li>1. Understand the basics of microbiology and pathogenesis of major nosocomial pathogens</li> <li>2. Understand the basics of antibiotics use</li> </ol>	<ol style="list-style-type: none"> <li>1. Advise about appropriate surveillance and screening testing including policy for patient testing</li> <li>2. Be able to interpret microbiological data to assist in the prevention and control of infection</li> <li>3. Be able to assess patients and HCW environments to estimate the risk of transfer of micro-organisms</li> </ol>
<b>Decontamination and Sterilisation of medical devices</b> IC-ICA5	<ol style="list-style-type: none"> <li>1. Be conversant with the principles, the mechanisms and the products for decontamination and sterilisation</li> <li>2. Be conversant with the guideline process, testing protocols and standardisation methodologies</li> </ol>	<ol style="list-style-type: none"> <li>1. Distinguish between levels of risk presented by individuals, equipment and the environment</li> <li>2. Propose and select appropriate methods and products for decontamination</li> <li>3. Develop and update procedures related to decontamination and sterilisation guidelines and standards</li> <li>4. Support and encourage the centralisation of decontamination and sterilisation of medical devices</li> </ol>
<b>Controlling environmental sources of infections</b> IC-ICA6	<ol style="list-style-type: none"> <li>1. Be familiar with standards and norms related to environmental infection control (air, water, waste, laundry, food)</li> <li>2. Master the basics of hospital hygiene</li> <li>3. Be conversant with the basics of design and construction of hospitals</li> </ol>	<ol style="list-style-type: none"> <li>1. Propose appropriate infection control measures for the management of             <ul style="list-style-type: none"> <li>▪ Waste</li> <li>▪ Air</li> <li>▪ Water</li> <li>▪ Laundry</li> <li>▪ Food</li> </ul> </li> <li>2. Contribute to the risk reduction by participating actively to architectural and functional design of hospital units</li> </ol>

## 6. Acknowledgments

The contribution of the followings is acknowledge

### 6.1. EU member states representatives

Country	National contact point	Person completing the questionnaire of the survey
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Lithuania	Rolanda Valinteliene	Rolanda Valinteliene Institute of Hygiene Vilnius
Luxembourg	Jean-Claude Schmit	Jean-Claude Schmit National Service of Infectious Diseases
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The Netherlands	Susan van den Hof (now Birgit van Benthem)	Susan van den Hof National Institute of Public Health and the Environment Bilthoven
Norway	Bjorn Iversen	Bjorn Iversen Norwegian Institute of Public Health Nydalén

Country	National contact point	Person completing the questionnaire of the survey
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Portugal	José Robalo (now Cristina Costa)	Anabela Coelho Candeias Directorate General of Health Lisbon
Republic of Ireland	Robert Cunney & Fidelma Fitzpatrick	Fidelma Fitzpatrick Health Protection Surveillance Centre Dublin
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## 6.2. Professional Organisations

Country	Participating Professional Organisations
Austria	Medical University of Innsbruck - Department of Hygiene and Microbiology
Belgium	Vervolmakingcentrum coor verpleegkundigen en vroedvrouwen (VVC-NVKVV)
Bulgaria	National Centre of Infectious and Parasitic Diseases
Croatia	University Hospital for Infectious Diseases
	Reference Centre for Hospital Infections
	Ministry of Health and Social Welfare
The Czech Republic	NA Homolce Hospital - Working Group on Nosocomial Infections (WGNI)
	National Institute of Public Health
	Central Military Hospital - Working Group on Nosocomial Infections (WGNI)
Denmark	Danish Society of Infection Control Nurses
Finland	The Finnish Society for Hospital Infection Control
France	Société Française d'Hygiène Hospitalière (SFHH)
	Société des Infirmiers et Infirmières en Hygiène Hospitalière de France (SIHHF)
Germany	German Society of Hospital Hygiene (GSHH)
Hungary	Hungarian Society of Microbiology
Italy	Societa Italiana Multidisciplinare Per la Peevenzione delle infection nelle oraganization sanitarie (SIMPIOS)
Latvia	Stradins University Hospital
	Public Health Agency
	State Hospital of Traumatology and Orthopaedics - Riga
	Pauls Stradins Clinical University Hospital
Malta	Malta College of Pathologists
The Netherlands	Dutch Organisation of Infection Control Nurses
	Working Party Infection Prevention (WIP)
Norway	Norwegian Association of Infection Control Nurses
	The Norwegian Forum for Hospital Infection Control
Portugal	C. Medicina Reabilitacao
	Hospital de Santa Marta
	Hospital de Sao Goncalo
	Hospital Santa Cruz
	Centro Hospitalar do Alto Minho
	Centro Hospitalar de Lisboa
	Hospital Nossa Senhora Assuncao
	Unidade Local de Daude de Matisinhos
	Hospital de Sai Miguel – Oliviera de Azemeis
	Hospital Distrital de Agueda
	Hopital Senhora da Oliveira-Guimaraes
	Comissao de Controloda Infeccao
	Hospital Distrital do Montijo
	Comissao de Controlo de Infeccao do CHVRPR
	Hospital dos SAMS
	Hospital Garca de Orta
	Hospital Distrital de Lamego
	Hospital Amato Lusitano
	Hospital S.Joao de Deus
	Maternity Hospital “Julio Dinis”
	Hospital Jescobertos
	Hospital Distrital de santarem
	Hospital Nostra Senhora do Rosario, Barreiro
	Hospital de Julio de Natos
	Comicao de Controlo de Infeccao
	Centro Hospitalar Cascais
	Hospital Sao Marcos
	Hospital S.Joan EPE
	Hospital Distrital do Figueira da Foz EPE
	Hospital Padre Americo- Vale do Sousa, EPE
Instituto Portugues Oncologia	
Hospital do Espirito Santo	
Institute of Public Health	

Country	Participating Professional Organisations
Slovakia	Slovak Medical University
	Institute of Clinical Microbiology – Teaching Hospital Nitra
	Slovenian Association for Clinical Microbiology and Hospital Infection
Slovenia	Hacettepe University Adult Hospital
Turkey	Konya Public Hospital
	Hospital Infection Society (HIS)
United Kingdom	Health Protection Agency (HPA)