

Search and Destroy strategy (see www.wip.nl). All patients at risk for MRSA carrier-ship, such as those that were recently hospitalized in a foreign hospital, are screened and strictly isolated at admission to a Dutch hospital. The success of the policy is based on the fact that it is applied by all hospitals, that hospitals have an adequate infrastructure (e.g. isolation rooms) and that infection control programmes are sufficiently supported by hospital administration. While generally discussing infection control measures used to control MRSA, the individual measures will not be 'graded' (as performed in recent publications) since the success of countries still controlling MRSA is probably based on the combined use of these measures. In opposition to other national guidelines, such as the recent HICPAC guidelines, Dutch guidelines stress the importance of HCWs as a possible source of MRSA spread. Last but not least, to control MRSA one needs to be able to reliably detect this resistant microorganism. Therefore, a national MRSA detection guideline should be an important part of any MRSA control strategy. Recently, new 'Dutch MRSA' strains are increasingly detected in patients lacking classical risk-factors for MRSA carrier-ship. Since carriers of these strains are not isolated at admission, MRSA has a better chance to spread in the hospital setting. Consequently, these strains are frequently a cause of nosocomial clusters. Furthermore, with the occurrence of CA-MRSA, epidemiological studies are needed to identify new sources of MRSA to fine-tune the Search and Destroy strategy.

The spread of multiresistant pathogens in the health care continuum

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The prevalence of antimicrobial resistance among pathogenic bacteria is increasing, both in the hospital and the community. Some resistant genes are located on plasmids or transposons. Therefore, the increase of resistance may in part depend on the spread of resistant isolates or spread of genetic elements carrying resistant determinants. Traditionally, most multiresistant bacteria causing human infections have emerged mainly in the acute care hospitals. However, nowadays, the current health system and the life style (travelling is a clear example of dissemination of multiresistant bacteria) facilitate the transmission dynamic of bacteria not only among the different care settings (hospitals, adult day care center, home hospitalisation, long-term care facilities, and ambulatory surgery clinics) but also implicating elderly nursing homes. Patients who are nursing home residents have a risk of multiresistance bacteria carriage four times higher than patients who live at home. Infections in the community owing to MRSA (CA-MRSA) strains from earlier reports appeared to spread from health care facilities. However, recent reports of infections by CA-MRSA have described patients who did not have history of recent health care contact; therefore, this is most probably due to a person-to-person spread, mainly in closed communities. Moreover, extended-spectrum β -lactamases (ESBL) producing *Escherichia coli* have also emerged in the community. Although, these microorganisms or the genetic elements carrying the ESBL genes may arise from extrahospitalary setting, further investigation should be carried out to confirm this hypothesis.

Sorting out these multiple and concurrent elements that lead to appearance and spread of resistance is an important but difficult problem and it should be considered as an important high-priority public health problem. Overall, wider policies affecting all health care settings may have to be developed that supplement local hospital measures.

Track 9: Workshop: Youth Friendly Services: effective strategies for improving adolescent health care

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Background

Adolescents have special health needs, which require specific approaches that most health care institutions throughout Europe are currently ill prepared to deal with. The concept of youth friendly health services has recently emerged as an answer to this challenge.

Objectives

Understand and detail the basic elements that make up youth friendly health services (YFHS). Illustrate the various strategies

which allow for the implementation of such services. Discuss the obstacles to the implementation of such services and how to overcome them. Describe the process evaluation that can be used in improving YFHS.

Methods

An interactive presentation will cover the main characteristics of YFHS, followed by a discussion focussing on implementation and evaluation procedures. Participants will bring their own experience and expertise on the subject and discuss the pros and cons of various policies within institutions, such as hospitals, clinics, schools, and private practices.

Track 10: Workshop: Transition countries' way into a reformed health care

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All of the organising countries lie at the important crossroads from the historical and present point of view. Austria is the only 'old' member state that has four new member states as its neighbours. Although a big number of articles had already been presented reflecting upon the ways and sidetracks