JAMMI

Journal of the Association of Medical Microbiology and Infectious Disease Canada
Journal de l'Association pour la microbiologie médicale et l'infectiologie Canada

Calgary 20 Years of Collaboration and Engagement 2025

AMMI CANADA–CACMID ANNUAL CONFERENCE 2025 CONFÉRENCE ANNUELLE

APRIL 29–MAY 2 / 29 AVRIL–2 MAI

CALGARY TELUS CONVENTION CENTRE
CALGARY, ALBERTA

CONFERENCE ABSTRACTS AND CASE REPORTS

ORAL PRESENTATIONS

Wednesday, April 30

Session A (A01–A04)
Session B (B01–B04)

Thursday, May 1

Session C (C01–C04)
Session D (D01–D04)

RAPID FIRE PRESENTATIONS

Wednesday, April 30

Session A (RFA001–RFA012)
Session B (RFB001–RFB012)

Thursday, May 1

Session C (RFC001–RFC012)
Session D (RFD001–RFD012)

CASE REPORT SYMPOSIUM

Friday, May 2

CR01–CR04

during influenza season with substantial delays in initiating therapy.

P099

Integrating AI into infection control: Evaluating the accuracy and consistency of four leading platforms across three regions

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OBJECTIVE: The study aimed to assess the accuracy and consistency of AI responses on specific infection control measures, comparing them to CDC guidelines. It also assessed how AI platforms perform in dealing with complex infection control scenarios.

METHOD: A comparative analysis of four AI platforms (ChatGPT, Meta AI, OpenEvidence, Copilot) was conducted by presenting them with structured questions and clinical case scenarios on varicella and measles. AI responses were evaluated for accuracy based on alignment with CDC guidelines, while platform accessibility was tested from Canada, Malaysia, and the UK. Regional variations in AI responses were analyzed to assess the consistency of outputs across geographic locations.

RESULTS: All four AI platforms provided generally accurate information on infection control measures for varicella and measles, but discrepancies were noted. ChatGPT and Meta AI largely aligned with CDC recommendations while OpenEvidence and Copilot omitted key features like the epidemiological criteria for confirming varicella cases. Meta AI also lacked a complete explanation of the laboratory criterion for varicella. Regional differences emerged in post-exposure prophylaxis (PEP) and treatment recommendations for measles, with Copilot and OpenEvidence showing significant variations. Meta AI was unavailable in Malaysia. Additionally, response consistency varied, with ChatGPT showing inconsistencies in case definitions and treatment guidance and Copilot displaying regional variations in PEP recommendations.

CONCLUSION: AI platforms demonstrate potential in supporting infection control but exhibit regional variability in responses, highlighting the need for standardized, region-specific protocols. These findings emphasize the importance of ongoing development and refinement of AI tools to ensure their global applicability and accuracy in health care. Consultation with an Infection Prevention and Control physician remains essential when dealing with complex infection control issues.

P100

How effective are continuous masking policies in reducing transmission of respiratory viral infections in hospitals? A systematic review

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OBJECTIVE: There is a need for strategies to reduce respiratory viral infection (RVIs) transmission in hospitals. One proposal is the implementation of mandatory continuous masking policies. However, the effectiveness of such policies in mitigating the spread of RVIs is unclear. We conducted a systematic review of the literature to determine the effectiveness of continuous masking in reducing the incidence and transmission of RVIs amongst patients and health care workers (HCWs) in hospital settings.

METHOD: We systematically searched electronic databases for original articles. Two reviewers screened studies. One reviewer extracted the data from selected studies according to a predetermined data extraction form. Results