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January 13, 2011

Vice Admiral Regina M. Benjamin, MD, MBA
US Surgeon General
Chair
National Prevention, Health Promotion and Public Health Council
US Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Dr. Benjamin:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank you for the opportunity to provide input on the draft National Prevention and Health Promotion Strategy. APIC's mission is to improve health and patient safety by reducing the risk of infection and other adverse outcomes. Our more than 13,500 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities around the globe. Our members are critical to efforts to provide data for internal facility quality improvement, as well as public health efforts.

According to the Centers for Disease Control and Prevention (CDC), healthcare-associated infections (HAIs) accounted for an estimated 1.7 million infections and 99,000 associated deaths in 2002, and cause \$28 billion to \$33 billion in excess healthcare costs each year. APIC strives to promote a culture within healthcare where targeting zero HAIs is fully embraced. Our organization advances its mission through education, research, collaboration, practice guidance, and public policy. Among our efforts are sharing best practices for preventing, identifying, monitoring, and treating HAIs, as well as the collection of meaningful data for internal improvement and public reporting.

APIC agrees with the National Prevention Council's intention to build on and complement other current national strategies that improve health. The recently-launched Healthy People 2020 has added a new topic area on healthcare-associated infections with objectives to reduce central line-associated bloodstream infections (CLABSI) and methicillin-resistant *Staphylococcus aureus* (MRSA). In addition, the HHS Action Plan to Prevent Healthcare-Associated Infections (Action Plan) provides a roadmap to define progress in the elimination of HAIs. We believe the National Prevention Strategy should integrate both of these plans to undertake its vision "...to improve the health and quality of life for individuals, families, and communities by moving the nation from a focus on sickness and disease to one based on wellness and prevention."

The Action Plan includes some infections for which there is a significant proportion of transmission within the community (e.g. MRSA). We also recommend consideration of other pathogens such as *Clostridium difficile*. This microbe also correlates with measures that the



public can take to mitigate transmission and risk of infection, specifically prudent use of antibiotics. In addition, the Action Plan is currently developing goals and metrics related to prevention of infection during receipt of care in ambulatory surgical centers (ASCs). According to the Ambulatory Surgery Center Association, approximately 20 million surgeries are performed in ASCs each year. Of note, APIC has developed a curriculum, Essentials of Infection Prevention, that is aimed at direct care providers. This curriculum can enhance skills and knowledge of providers to prevent transmission of infection, especially bloodborne pathogens. APIC is happy to provide more details on strategies we feel can effectively reach providers with this training.

APIC, along with the Centers for Disease Control and Prevention and several other professional organizations, recently published a position paper on the elimination of HAIs.¹ Some essential elements outlined in the paper to realize this goal include:

- i) to promote adherence to evidence-based practices through partnering, educating, implementing, and investing;
- ii) to increase sustainability through the alignment of financial incentives and reinvestment in successful strategies;
- iii) to fill knowledge gaps to respond to emerging threats through basic, translational, and epidemiological research; and
- iv) to collect data to target prevention efforts and to measure progress.

We support incorporation of the principles in this paper as you work to develop the National Prevention Strategy.

(SD3) Prevention and Public Health Capacity

As monitors of both infection prevention practices and occurrences of infections and infectious diseases, infection preventionists work closely with individual healthcare facilities and state and local health departments to ensure the safety of patients and communities. We agree that using all opportunities to educate the community on strategies to prevent the occurrence and spread of infection, identify possible outbreaks, and promote safe practices is essential to protect the population. APIC expertise and materials can be used in healthcare facilities, schools, community centers, homes and anywhere else that presents opportunities to promote healthy practices. We have assisted community leaders in identifying and promoting strategies and practices to protect the community from the spread of pandemic influenza, identifying and preventing the spread of community-associated MRSA, educating and training healthcare providers in safe injection practices, and reporting incidences of communicable diseases. We also support and provide input to CDC, state and local health departments, and the Office of the National Coordinator for Health Information Technology to improve and expand surveillance of infections, in health facilities and the community. Specifically, our members serve on CDC's Healthcare Infection Control Practices Advisory Committee (HICPAC) that develops recommendations for preventing infection. In addition our members are key to facilitating implementation of prevention recommendations in their affiliated healthcare facilities. To



support this implementation science, APIC has recently launched APIC Science, Knowledge, Implementation Network (ASK-IN). We offer ASK-IN as a mechanism to accelerate implementation of prevention strategies that are consistent with this broad, national initiative. APIC welcomes the opportunity to assist the National Prevention Council in its infection prevention efforts.

(SD4) Quality Clinical Preventive Services

Immunization for vaccine preventable diseases is an important part of any public health improvement project. APIC supports the recommendations of the Advisory Committee for Immunization Practices (ACIP)², and supports mandatory influenza immunization of healthcare personnel in order to protect themselves and their patients. APIC also supports assessment and mitigation of barriers to vaccine development and production in the US. We recommend greater emphasis on mechanisms to enhance receipt of immunizations against vaccine-preventable diseases. There is considerable evidence that resurgence for many diseases such as pertussis (whooping cough) is in large part due to less than optimal adherence with ACIP recommendations involving vaccines for adults. This is certainly true for healthcare workers but even more so for adults in the U.S. overall. Therefore we recommend prominent emphasis on use of vaccines as these are the most effective infection prevention tool for protecting and promoting health in the communities across the U.S.

Again, APIC appreciates the opportunity to comment on the National Prevention Strategy, and looks forward to continued opportunities to assist the National Prevention Council in pursuing strategies to prevent infection and improve public health.

Sincerely,

A handwritten signature in black ink, appearing to read "Russell N. Olmsted", written in a cursive style.

Russell N. Olmsted, MPH, CIC
2011 APIC President

¹ Cardo DM, Dennehy PH, Halverson P, et al. Moving toward elimination of healthcare-associated infections: A call to action. *Am J Infect Control* 2010; available at:

<http://www.ajicjournal.org/webfiles/images/journals/ymic/dcardo.pdf>

² Centers for Disease Control and Prevention. Recommended Adult Immunization Schedule – United States, 2010. *Morbidity and Mortality Weekly Report (MMWR) Quick Guide* 2010; 59(1):1-4. Available at:

<http://www.cdc.gov/mmwr/PDF/wk/mm5901-Immunization.pdf>. Accessed January 13, 2011.