



Testimony of the Association for Professionals in Infection Control and Epidemiology (APIC) to the U.S. Senate Committee on Appropriations on the U.S. Government Response to the 2014 Ebola Virus Disease Outbreak

We thank the Committee for the opportunity to submit testimony on the federal response to the Ebola outbreak, specifically on efforts to prepare U.S. healthcare facilities to safely care for Ebola patients, and protect healthcare personnel and the American public. The Association for Professionals in Infection Control and Epidemiology (APIC) is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists and hospital epidemiologists, whose mission is to create a safer world through the prevention of infection.

Infection preventionists are experts in identifying sources of infection and limiting the transmission of infections within healthcare facilities. Their work is accomplished through the implementation of processes and procedures, and education of healthcare staff, to prevent healthcare-associated infections (HAIs). This is especially critical when our nation is at risk from a virus as deadly as Ebola.

The 2014 Ebola outbreak has dramatically reinforced the need for strong protocols and procedures to prevent infection within U.S. healthcare facilities. However, what has not been clearly articulated is that our current infection prevention and control infrastructure is already pushed to the limit to address the day-to-day needs of preventing HAIs. Nearly 75,000 people die each year with these infections, about twice the number who die from automobile accidents.

Unfortunately, the Ebola crisis illustrates why infection prevention programs are critical and require adequately trained, staffed, and well-resourced infection control departments to address day-to-day risks identified in individual institutions, while tracking and reporting infections to help the U.S. government better understand the burden of these infections.

Prior to Ebola reaching the United States, APIC partnered with the Centers for Disease Control and Prevention (CDC) to share interim guidance and protocols with our members to prepare for a possible Ebola patient. APIC hosted several training webinars and recruited experienced infection preventionists to help assess the readiness of and provide technical assistance to select Ebola Treatment Centers currently under development. Despite this preparation, the arrival of the first Ebola case diagnosed in the United States, and the subsequent transmission of Ebola to two of the nurses providing care, demonstrated the need for stronger protocols and additional public health resources. Especially important is the need for robust collaboration between the CDC, public health departments and infection preventionists within healthcare facilities.

Our members are an essential link to understanding and addressing risks that can contribute to serious public health threats; however, hospital infection control departments

lack adequate funding and staffing to meet this need in addition to current HAI prevention and reporting requirements. In order for our nation to develop an adequate capacity to plan and prepare for the spread of novel infectious diseases, we respectfully submit that this limitation must be remedied.

In an effort to further understand the needs of our members in providing those protocols and resources in combatting Ebola, APIC undertook a survey¹ between October 10 and 15, 2014. The results show the pressing need for greater resources for infection prevention and the lack of an overall infection prevention surge capacity. The APIC survey of more than 1,000 infection preventionists in U.S. acute care hospitals found that only 6 percent of hospitals felt well-prepared to receive a patient with the Ebola virus. Moreover, 50% of hospitals had one or less than one full-time equivalent infection preventionist on staff. As Ebola preparedness demands intense, in-person training led by infection prevention experts, facilities must have sufficient personnel to address other infection prevention needs as well. The lack of adequate staff in many facilities means that a crisis such as Ebola limits their ability to address the immediate crisis and prevent the spread of infections. These survey responses are especially troubling, given what we know about the dangers of healthcare-associated infections.

Most infections can be prevented through proper infection prevention practices. Yet hospitals that are not adequately staffed in infection prevention and control will find themselves stretched beyond capacity to handle even basic tracking, monitoring, and prevention of HAIs. It is essential that healthcare facilities have effective infection prevention programs in place in order to concurrently address HAIs and infectious disease threats, such as Ebola.

APIC believes that infection prevention programs must have appropriate personnel; ample training to ensure that guidelines are followed precisely; and the technology and equipment to maximize efficiencies and provide real-time data to help infection preventionists detect and prevent infection. While these three requirements are critical to protecting patients, healthcare personnel, and the public from future outbreaks, they also require financial investment.

APIC supports the request of \$2.43 billion to the Department of Health and Human Services, including \$1.83 billion to CDC and \$333 million to the Public Health and Social Services Emergency Fund. This funding will allow CDC and public health departments to strengthen preparedness for Ebola and other infectious diseases. There is a particular need to build public health laboratory capacity to allow for timely identification of infectious disease pathogens. Faster identification of these pathogens will allow for a faster and more precise public health response. APIC supports additional resources for state HAI coordinators and encourages the development of state HAI plans so that infection preventionists and public health officials are able to control the current situation and prevent the next public health issue from escalating to a crisis. However, we believe there must be attention to the ongoing need for infection prevention surge capacity in dealing with public health emergencies. Additional funding is needed to deal with the lack of an adequate infection prevention infrastructure within healthcare facilities.

During public health emergencies we tend to retroactively look at what went wrong and focus only on deficiencies. This is an important exercise, but ignores the lessons we can learn from our successes. Dr. Marion Kainer, an epidemiologist at the Tennessee Department of Health whose work was highlighted during the 2012 fungal meningitis outbreak linked to

contaminated steroid infections, pointed out that she utilized the network she built during her CDC training to partner with private providers in healthcare facilities to identify the New England Compounding Center as the source of tainted steroid injections. Dr. Kainer's ability to rely on already-established relationships with infection preventionists and doctors beginning day one of the meningitis outbreak, and her commitment to preventing harm to patients, saved countless lives.

Dr. Kainer's testimony² before the Senate Committee on Health, Education, Labor, and Pensions (HELP) in November 2012 related to the meningitis outbreak rings just as true today for Ebola: "Sustained commitment to funding for emergency preparedness and reduction of healthcare associated infections through cooperative agreements from the CDC has supported our productive relationships with our partners and healthcare providers across the state. These pre-existing relationships allowed us to respond quickly because we trusted each other. We all need to work together to do our best to prevent such a tragedy from occurring again and to ensure that we have the public health capacity to detect and rapidly respond to any future outbreaks." This type of network between CDC, state and local health departments, and healthcare facilities should be replicated across the country in order to more efficiently protect patients, healthcare personnel, and the public from the serious daily risks of HAIs and well as more novel risks that may put our nation at risk.

Although the primary responsibility of our members is to prevent the spread of infections at home, many have also gone to Africa to assist the response efforts in Guinea, Liberia, and Sierra Leone – the countries hardest hit by the outbreak, because they understand the importance of stopping Ebola at its source.

APIC is pleased that Congress has provided funding to allow the Departments of State, Defense, and Health and Human Services, and agencies such as the CDC and the Agency for International Development to rapidly increase ongoing efforts to curb the outbreak. APIC stands ready to continue to assist the U.S. government and work with our partners in the infection prevention community to address the gaps in preparedness that exist.

Please forward questions to: Lisa Tomlinson, Vice President of Government Affairs, ltomlinson@apic.org

About APIC: *APIC's mission is to create a safer world through prevention of infection. The association's more than 15,000 members direct infection prevention programs that save lives and improve the bottom line for hospitals and other healthcare facilities. Visit APIC online at www.apic.org. Follow APIC on Twitter: <http://twitter.com/apic> and Facebook: www.facebook.com/APICInfectionPreventionandYou.*

¹ Access full survey report: [http://www.apic.org/Resource /TinyMceFileManager/Topic-specific/Ebola_Readiness_Poll_Results_FINAL.pdf](http://www.apic.org/Resource/TinyMceFileManager/Topic-specific/Ebola_Readiness_Poll_Results_FINAL.pdf)

² <http://www.help.senate.gov/imo/media/doc/Kainer.pdf>