



Testimony of The Society for Healthcare Epidemiology of America (SHEA)  
and the Association for Professionals in Infection Control and Epidemiology (APIC)  
to the U.S. Senate Appropriations Subcommittee on  
Labor, Health and Human Services, Education and Related Agencies on  
Fiscal Year 2017 Appropriations for the U.S. Department of Health and Human Services (HHS)  
April 15, 2016

The Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC) thank you for this opportunity to submit testimony on federal efforts to detect dangerous infectious diseases, protect the American public from preventable healthcare-associated infections (HAIs) and address the rapidly growing threat of antibiotic resistance (AR). We ask that you support the following programs: **within the Centers for Disease Control and Prevention (CDC) National Center for Emerging and Zoonotic Infectious Diseases: \$427.9 million for Core Infectious Diseases including \$200 million for the National Strategy and Action Plan for Combatting Antibiotic Resistant Bacteria (CARB), \$21 million for the National Healthcare Safety Network (NHSN), and \$30 million for the Advanced Molecular Detection (AMD) Initiative. Additionally, we request \$34 million for HAI research activity conducted by the Agency for Healthcare Research and Quality (AHRQ) and \$4.7 billion for the National Institutes of Health/National Institute of Allergy and Infectious Diseases (NIAID).**

According to the CDC, some AR infections are already untreatable. Without immediate intervention, minor infections may become life-threatening and put at risk our ability to perform routine medical procedures or treat diseases. The CDC conservatively estimates that over two million illnesses and about 23,000 deaths are caused by AR infections. In addition, almost 453,000 people each year require hospital care for *Clostridium difficile* (*C. difficile*) infections. In most of these infections, the use of antibiotics was a major contributing factor leading to the illness.

**Centers for Disease Control and Prevention (CDC)**

**SHEA and APIC request \$427.9 million for Core Infectious Diseases for FY 2017, which includes funding for the National Strategy and Action Plan for CARB, HAI prevention, AR prevention, and the Emerging Infections Program (EIP).** This investment will allow CDC to expand and build upon existing AR and HAI prevention efforts across healthcare settings to reduce the emergence of AR pathogens and improve antibiotic use in the community. CDC will develop evidence-based infection prevention guidelines, work with federal and private sector partners on programming to prevent HAIs

and AR, and redesign and expand hand hygiene awareness and educational materials for different healthcare settings.

In FY 2017, CDC will expand the EIP, which helps states, localities and territories protect the public from known infectious disease threats in their communities, maintain our nation's capacity to identify new threats as they emerge, and identify and evaluate prevention strategies. CDC will strengthen the EIP program's infrastructure in the states and with their partners to ensure successful coordination and implementation of tracking and studies. CDC will also expand the scope of AR activities in current EIP sites and potentially add 1-2 additional EIP sites to the network.

**We urge you to support \$200 million for the National Strategy and Action plan for CARB,** currently in year two of implementation. CDC's funding request will allow full implementation of the tracking, prevention, and stewardship activities to reach the goals and prevention targets outlined in the CARB National Strategy. The FY 2017 increase will expand the enacted FY 2016 HAI/AR prevention efforts as part of the CARB initiative from 25 states to up to 50 states, six large cities, and Puerto Rico, investing in direct action to implement proven interventions that reduce emergence and spread of AR pathogens and improve appropriate antibiotic use. The CDC will award the majority of the FY 2017 funding increase to states to effectively address the AR threats facing our country. It will also expand the National Healthcare Safety Network (NHSN) Antibiotic Use and Resistance (AUR) reporting option from 130 facilities in 30 states to more than 750 facilities in all 50 states, the Department of Defense, and the Department of Veterans Affairs. This investment will support better understanding and prevention of the spread of potentially preventable and untreatable infections in these settings.

**We urge you to support \$21 million for CDC's National Healthcare Safety Network (NHSN).** The CDC estimates that HAIs cost the healthcare system up to \$45 billion annually; at any given time, one in 25 hospitalized patients has a HAI. The CDC provides national leadership and expertise in HAI prevention and protects patients across the healthcare continuum through outbreak detection and control. These activities complement and are informed by the NHSN. This request represents level funding with the FY 2016 enacted level for the NHSN to support HAI prevention and reporting efforts, and will support in FY 2017 reporting on AR infections in up to 20,000 healthcare facilities across the continuum of care. This investment will target prevention efforts and support assessment of antibiotic prescribing for healthcare facilities, and support of the National Action Plan for CARB. These funds will also enable CDC to continue to provide data for national HAI elimination, guide prevention to targeted healthcare facilities to enhance prevention efforts, and decrease HAI rates. This support will also provide NHSN infrastructure and critical user support and provide innovative HAI prevention approaches. In support of the HHS National Action Plan to Prevent HAIs, CDC will continue to track Central Line-Associated Blood Infections (CLABSI), Catheter-Associated Urinary Tract Infections (CAUTI), Surgical Site Infections (SSI), methicillin-resistant *staphylococcus aureus* (MRSA), and *C. difficile* infections through NHSN reporting in more than 6,000 hospitals, and bloodstream infection reporting in more than 7,000 dialysis facilities.

**We urge your continued support of the President’s \$30 million request for the Advanced Molecular Detection (AMD) Initiative** in bioinformatics and genomics, which allows CDC to more quickly determine where emerging diseases come from, whether microbes are resistant, and how microbes are moving through a population. This initiative is critical because it strengthens CDC’s epidemiologic and laboratory expertise to effectively guide public health action. CDC needs continued resources to support improvements realized to date, and to succeed in the long run beyond its initial success.

**Agency for Healthcare Research and Quality (AHRQ)**

**We request your support of the proposed investment of \$34 million for AHRQ’s HAI research activity.** The HAI support includes a total of \$11 million for three projects using the Comprehensive Unit-based Safety Program (CUSP): CAUTI and CLABSI in Intensive Care Units (ICUs); Antibiotic Stewardship in Ambulatory and Long-Term Care Settings and Hospitals; and Enhanced Recovery Protocol for Surgery. The CUSP for Antibiotic Stewardship project is designed to support the National Action Plan for CARB and will extend the use of CUSP to promote the implementation of antibiotic stewardship programs, which seek to reduce inappropriate antibiotic use in ambulatory and long-term care settings as well as hospitals.

**National Institutes of Health (NIH)/National Institute of Allergy and Infectious Diseases (NIAID)**

**SHEA and APIC support the \$4.7 billion requested for the National Institutes of Allergy and Infectious Diseases (NIAID) within NIH.** NIAID plays a key role in advancing the goals of the National Action Plan for CARB through research to understand how microbes develop resistance and studies to identify novel ways to combat them; translation of laboratory findings into potential treatments, vaccines, and new diagnostic tests, clinical validation of diagnostic tests, and clinical trials to evaluate vaccines and new and existing therapies against drug-resistant microbes.

We thank you for the opportunity to submit testimony and greatly appreciate your leadership in the effort to eliminate preventable HAIs, combat antibiotic resistance and improve patient safety and outcomes.

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**About APIC:** APIC’s mission is dedicated to creating a safer world through prevention of infection. The association’s more than 15,000 members direct and maintain infection prevention programs that prevent suffering, save lives and contribute to cost savings for hospitals and other healthcare facilities. APIC advances its mission through patient safety, implementation science, competencies and certification, advocacy, and data standardization. Visit APIC online at [www.apic.org](http://www.apic.org). Follow APIC on Twitter: [http://twitter.com/apic](https://twitter.com/apic) and Facebook: [www.facebook.com/APICInfectionPreventionandYou](https://www.facebook.com/APICInfectionPreventionandYou). For

information on what patients and families can do, visit APIC's Infection Prevention and You website at [www.apic.org/infectionpreventionandyou](http://www.apic.org/infectionpreventionandyou).

**About SHEA:** SHEA is a professional society representing more than 2,000 physicians and other healthcare professionals globally that have expertise in and passion for healthcare epidemiology, infection prevention, and antibiotic stewardship. SHEA's mission is to prevent and control healthcare-associated infections and advance the field of healthcare epidemiology and promote strong antibiotic stewardship programs. The society promotes science and research, develops expert guidelines and guidance for healthcare workers, provides high-quality education, encourages transparency in public reporting related to HAIs, works to ensure a safe healthcare environment, and facilitates the exchange of knowledge in all healthcare settings. SHEA upholds the value and critical contributions of healthcare epidemiology to improving patient care and healthcare worker safety. Visit SHEA online at [www.shea-online.org](http://www.shea-online.org), [www.facebook.com/SHEApreventingHAIs](https://www.facebook.com/SHEApreventingHAIs) and [@SHEA\\_Epi](https://twitter.com/SHEA_Epi).