

Infection Prevention and Control Canada

Submitted to the House of Commons Standing Committee on Finance – August 5th, 2016

The accessibility and quality of healthcare is a pillar of Canada's prosperous workforce and economy, and a vital part of our national identity. Healthcare practitioners and administrators in Canada work tirelessly to provide safe care, prevent disease, and promote wellbeing from coast-to-coast and our governments provide a large portion of all public finances toward keeping our population healthy. With this in mind, it is essential that healthcare groups recognize the contributions made by all stakeholders in our publicly-funded system while providing feedback and recommendations that will make our system stronger and our population healthier for years to come.

This goal is challenging. As our technology and collective knowledge advances, so too does the average age of our population, which puts a strain on the system, not just in acute care settings but in all segments of the healthcare sector. For systems that face such hurdles, in many cases operating at or beyond capacity, shifting focus to long-term strategy and prevention can be challenging. This is where our association mandate aligns with government.

Infection Prevention and Control Canada (IPAC Canada) is a national, multidisciplinary association committed to public wellness and safety by advocating for best practices in infection prevention and control in all settings through education, standards, advocacy and consumer awareness. We represent over 1600 members nationwide and encourage Infection Prevention and Control certification through support in their education and training.

Accreditation Canada requires all accredited hospitals to have systems in place to ensure adequate infection prevention and control activities. Infection Prevention and Control Professionals (ICPs) must remain current on all infection control standards and practices to ensure these are upheld within their healthcare settings. This is done by orienting and providing continuing education and consultation for healthcare workers, and utilizing surveillance data for healthcare-associated infections (HAIs) to drive healthcare improvement. ICPs maintain a strong liaison with Public Health authorities in their region and compliment the work done within the Public Health mandate.

With the increasing pressure on Canada's healthcare system and the reliance of an aging population on long-term care and home care, infection prevention and control in various settings across the continuum of care is more important than ever. Annually, 1 in 12 adults and 1 in 10 children admitted to a Canadian hospital will develop a healthcare-associated infection.

There are three issues of primary concern that require immediate federal attention, given the Finance Committee's request for recommendations that will benefit individuals, businesses, and communities to maximize their economic impact. These recommendations are aimed at reducing overall healthcare costs, particularly for acute care by reducing outbreaks; promoting better health outcomes for indigenous populations and seniors; and, ensuring that the overall population has greater support for infection prevention and resources in place to plan for and combat pandemics and emerging novel pathogens.

IPAC Canada recommends the federal government:

1. Increase support for infection prevention and control in settings of concern, including but not limited to northern and Indigenous communities, hospitals, and long-term care and home care settings, with particular focus on antibiotic resistant organisms (AROs) and antimicrobial stewardship.
2. Provide improved support through targeted funding for provincial and territorial governments to fulfill infection prevention and control duties across the entire spectrum of care.
3. Re-establish the National Immunization Strategy (NIS) and continue to complete the Federal/Provincial/Territorial review of the NIS that was started in 2011; additionally provide funding for the creation of a national immunization registry.

Infection prevention and control and guarding against AROs in settings of concern

The annual escalator for federal health transfers to the provinces has been set at 6% per year over the past twelve years and is scheduled to be decreased to 3% in 2017/2018. Canada's aging population determines that healthcare costs will continue to rise; with a decrease in expenditure annually, this will result in operational cuts to many healthcare systems. Certainly this is also contingent on allocation of the demographic allowance many are calling for. In this instance, it is important to note that vulnerable populations like seniors are at greater risk for HAIs, including *C. difficile* infection and infections following surgery.

Without continued and direct funding, essential services like infection prevention and control may be cut. We cannot afford to forfeit preventive and forward-looking services that keep people out of acute care when provinces are forced to find ways to save money. This ultimately results in costing the system more financially.

An area of concern for ICPs is the growing presence of Antibiotic Resistant Organisms (AROs). The most prevalent ARO is Methicillin-resistant *Staphylococcus Aureus* (MRSA) but drug-resistant tuberculosis (DR-TB) is also notable. MRSA, first reported in Canada in 1981, is routinely identified in many healthcare facilities and community-acquired MRSA is increasingly more common, particularly for Aboriginal communities in the Prairies.¹

When outbreaks occur, even small cluster outbreaks can cause negative effects, not only in the healthcare system, but for the economy as well. In Europe, following the global financial crisis, vulnerable groups in society were disproportionately impacted by the downturn.² These groups also faced a disproportionate burden of infectious disease compared to the general population in Europe,³ a trend also observed in Canada. In times of belt-tightening, the federal government should take the long view of continuing to support the profession and the practices that keep our healthcare system operating smoothly and safely, thus keeping our population healthy and productive. The federal government will assist individual Canadians, especially indigenous peoples, seniors and children who are at greater risk from infectious diseases, by **increasing support for infection prevention and control in**

¹ Simor, A.E.; Ofner-Agostini, M.; Bryce, E.; Green, K.; McGeer, A; Mulvey, M.; Paton, S.; and the Canadian Nosocomial Infection Surveillance Program, Health Canada. *The evolution of methicillin-resistant Staphylococcus aureus in Canadian hospitals: 5 years of national surveillance*. CMAJ 2001; 165(1):21-6.
<http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.522.2106&rep=rep1&type=pdf>. July 10, 2001.

² Semenza, J.C.; Tsoлова, S.; Lim, T-A. *Economic crisis and infectious disease control : a public health predicament*. The European Journal of Public Health. <http://dx.doi.org/10.1093/eurpub/ckr212>. January 24, 2012.

³ Ibid.

settings of concern, including but not limited to northern and Indigenous communities and long-term care and home care settings, as well as focusing on Canada's response to the global concern of antibiotic resistant organisms..

Supporting business and community success by increasing support to combat and prevent pandemics

Pandemics are disease outbreaks that present a risk not only to the health of populations in Canada and around the world, but also to the overall economic potential of our businesses, communities, and nation. The World Bank has identified that pathogens with pandemic potential are continuously emerging.⁴ Beyond virulent strains of influenza, we have witnessed the damaging effects of coronavirus strains like Middle East Respiratory Syndrome (MERS) and, in Canada, Severe Acute Respiratory Syndrome (SARS). As well, there is a need for rapid responses and preparedness to frightening diseases such as Ebola Virus Disease. The World Bank estimates that a severe pandemic could result in a global economic loss of \$3 trillion, or 4.8% of GDP.⁵ This projection attributes most of the loss to changes in consumer behaviour and labour shortages alongside a general shock to markets and the economic system as a whole.

These macro level expenses are startling, but they are the product of immediate human health costs that produce challenges for businesses operating in that environment. Reduced labour supply, cancelled customer orders, supply chain interruptions, reduced attendance at public gathering places like restaurants and sporting venues, restrictions on travel, and greater pressures on available health resources are all possible effects on businesses in the event of a pandemic or widespread outbreak of disease.⁶ In such events, having a preparedness plan in place is vital, but the importance of frontline workers like ICPs cannot be overstated in preparing, combatting and preventing the spread of disease.

Recently in Nova Scotia, the Department of Health and Wellness dissolved the office of Infection Prevention and Control Nova Scotia, opting instead to have these vital services absorbed by the Nova Scotia Health Authority. This will limit Nova Scotia's ability to prevent, prepare for, and mitigate outbreaks of infectious diseases across the province, while taking away consultative supports from long-term care facilities and the home care setting, as well as from medical first responders and other primary/prehospital healthcare providers.

By resourcing the professionals who support our health system, Canada can provide businesses and communities with a greater assurance that they will be able to depend on a healthy workforce and population. The World Health Organization has acknowledged that health systems like ours can only operate with a health workforce that is responsive to population needs where supply and demand are aligned.⁷ To be responsive to the needs of our population the federal government must **provide**

⁴ The World Bank. *Pandemic Risk and One Health*. <http://www.worldbank.org/en/topic/health/brief/pandemic-risk-one-health>. October 23, 2013.

⁵ Ibid.

⁶ Canadian Centre for Occupational Health and Safety. *Business Continuity Plan: Infectious Diseases*. http://www.ccohs.ca/pandemic/pdf/Business_continuity.pdf. Accessed July 25, 2016.

⁷ World Health Organization, Global Health Workforce Alliance. *A Universal Truth: No Health Without a Workforce*. http://www.who.int/workforcealliance/knowledge/resources/GHWA-a_universal_truth_report.pdf?ua=1. 2014.

targeted funding support for provincial and territorial governments to fulfill infection prevention and control duties across the entire spectrum of care.

Supporting a nationwide immunization action plan that promotes vaccination access and uptake

Vaccination is the best defence against infectious diseases at the individual and population-wide level. It is no surprise that vaccination programs have been one of the most profoundly beneficial initiatives supporting public health since the practice has become mainstream. When people are vaccinated, a high level of immunization occurs, not just in individuals, but entire populations via herd immunity. In developed countries like Canada, immunization is a cornerstone of overall wellness and supports the healthy workforce that allows us to prosper.

Reducing the spread of communicable diseases is the best way to keep Canadians from infecting others, avoiding morbidity and mortality outcomes that can occur in diseased persons, and limiting the strain placed on our healthcare system. For the few people who cannot be immunized for medical reasons, herd immunity is their best means of protection. Infants and seniors are particularly vulnerable in this regard. For these reasons, IPAC Canada actively promotes vaccination and is the a major supporter of Canada's National Immunization Awareness Week. Our organization is proud of the tremendous progress that has been made in combatting many of the most serious illnesses that affected Canadians in the living memory of many people in this country. Polio, smallpox and diphtheria have been eradicated and other highly communicable diseases that can lead to death or serious illness like measles, mumps, and chickenpox are well on their way to being wiped out. However, some of these diseases have seen a re-emergence in developed countries which is very troubling. Since the introduction of vaccines, there has never been more misinformation and outright opposition to immunization as there is today. In order to maintain the progress that has been made and to take further steps toward eradication of vaccine-preventable diseases, governments must facilitate leading advocates to take a firm stance on immunization and support the programs and projects that promote vaccination.

Following its launch in 2003, The National Immunization Strategy (NIS) partnered with provincial and territorial governments and provided funding of nearly \$9 million annually to increase access to vaccines recommended by the National Advisory Committee on Immunization (NACI). Vaccine safety, surveillance and research were also supported by the NIS. In the NIS's last interim evaluation, which took place in 2007, one of the findings identified the continued importance to develop and focus on a long-term vision for immunization.⁸ However, since the initial success of that project and the establishment of clear terms of reference, the NIS lost federal support. One crucial component that was never achieved was the establishment of a national immunization registry which would support the overall surveillance of all immunization programs across the country. We are calling on this government ***to re-establish and resource the NIS and to provide funding support for a national immunization registry.***

⁸ <http://www.phac-aspc.gc.ca/im/pdf/nis07-eng.pdf>