

Joint Statement

The next phase of the APIC/SHEA partnership

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“Infection prevention” and “epidemiology” were not words commonly heard in dinner table conversations, but the past 3 years have changed that. As professional societies working in these fields, we see the world’s collective focus on ways to prevent transmission of respiratory viruses as an opportunity to advance agendas related to infection prevention and control in our communities, the nation, and the world.

The public has been returning slowly to pre-pandemic ways of life despite the persistence of COVID-19 cases and emerging variants. For healthcare epidemiologists, infection prevention professionals and antimicrobial stewards, the work to sustain the coronavirus disease 2019 (COVID-19) healthcare response remains. Data show that healthcare-associated infections increased during early surges and unnecessary antibiotic use increased. As infection prevention and antimicrobial stewardship leaders, we continue to lead the work in reversing these trends while simultaneously responding to the ongoing crisis.

Through it all, the APIC and SHEA partnership has been critical. We have worked together on many issues to ensure that our members were well informed and that their concerns were being heard at the national level, where they had an impact on published recommendations. Our volunteers and staff continue to collaborate to raise topics that are critical for infection prevention and control across every aspect of our organizations.

We like to use this yearly check-in to report on the state of our partnership. At national and international levels, we work to help members transition their facilities from being COVID ready to becoming COVID capable. This means building COVID-19 prevention into usual workflows and considering prevention of all infectious risks—particularly related to respiratory viruses—rather than maintaining a narrow focus on COVID-19. SHEA and APIC leaders participate in calls with national agencies to advocate with a united voice on behalf of the shared goals of our memberships. Together, we create educational materials,

develop practice and policy recommendations, and honor the careers of our members with the APIC-SHEA Award for Lifetime Contribution to the Field of Infection Prevention and Epidemiology, which is jointly selected and presented at both societies’ national meetings.

This year, we have decided to use this column also as a call to action. Members of our organizations have sustained their passion for keeping patients safe, despite being burnt out and stretched thin, with few breaks in sight. However, we continue to do this work in the same way and to ignore the lessons of the pandemic at our peril. We should take this opportunity to shine the light on the contributions of our fields and the need to continue our work to protect all who enter healthcare facilities from infectious risks moving forward. We are looking for ideas from our members on how to incorporate novel tools created during the pandemic to improve infection prevention and stewardship education for front-line staff, ways to creatively expand the staffing of our teams that can flex up and down as needed, and novel technological solutions related to prevention efforts that do not rely solely on human factors.

Together, we have efforts planned for the coming year to develop expert guidance related to staffing and resources necessary for infection prevention and antimicrobial stewardship programs to assist you in advocating for support from institutional leadership. For now, you can help to recruit the next generation of professionals who will enter this field as physicians, nurses, pharmacists, and public health professionals by introducing students to infection prevention and epidemiology roles, by inspiring them with stories of your own career path, and by involving them in this work. This mentorship is essential as we look out beyond the pandemic to what comes next for our fields.

We are excited for the future and look forward to meeting it together in our shared partnership.

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