A Written Submission for the 2022 Federal Budget from

Infection Prevention and Control Canada

August 2021

SUMMARY OF RECOMMENDATIONS

1. **Invest in a national, integrated surveillance system to respond quickly to all healthcare-associated infections and emerging pathogens.**

2. **Invest in resources for IPAC programs to better support Canada's systems of care, minimize future healthcare costs, and improve pandemic preparedness. This includes providing additional support for long-term care, education, training, wage top-ups, and staffing.**

INTRODUCTION

The COVID-19 pandemic has exposed significant flaws in Canada's system of care. For years, healthcare associations, patient advocacy groups, academics and professional associations have continuously advised that coordinated programs and investments were needed to close gaps in our nationwide system of care. As we have seen over the past year, nobody can predict when an outbreak, epidemic or pandemic will occur. However, we have also seen that in such a circumstance, a rapid response is critical. Governments at all levels showed that they are willing to take urgent action when needed but key components of our healthcare system, including long-term care facilities, were stretched beyond their capacity resulting in illnesses and death.

Infection Prevention and Control Canada's (IPAC Canada) goal is to prevent infections and improve outcomes for patients, residents, clients and staff in hospitals, healthcare facilities and communities. Our members liaise with all healthcare professionals working to provide care within and across all settings. We develop effective and rational infection prevention and control (IPAC) practices, including for novel viruses like SARS-CoV-2, based on the current science and standardized IPAC practices. We promote research in these areas and aim to educate both the public and personnel in hospitals, long-term care facilities, and other institutions on infection prevention and control practices.

For years, we have watched provincial and territorial governments curb funding for IPAC activities in the absence of dedicated funding for these crucial activities. These financial cuts meant that the COVID-19 pandemic caught Canada and all provincial health systems off guard and that despite the critical need for Infection Prevention and Control Professionals (ICPs) during the pandemic, the capacity of these programs has been limited. Infection prevention and control professionals were also left out of support measures throughout the pandemic such as pandemic pay. Our efforts are not to place blame but instead to draw attention to the need for dedicated and coordinated federal support. It is clear that effective, proven methods of infection prevention and control are a critical component of Canada's response to the pandemic and providing support for ICPs is needed now more than ever. It is also necessary that we recognize the importance of this support within the context of proactively preparing for future outbreaks and pandemics, so as to minimize the impacts they will have on society. This includes taking the necessary steps, like creating a national, integrated surveillance system to coordinate efforts between the provinces and the federal government to ensure that the healthcare response is rapid, strong and consistent. The recommendations that follow will allow all healthcare systems to prioritize patient safety and support healthcare professionals as we navigate our way out of this pandemic and establish our priorities for the future.

Invest in a national, integrated surveillance system to respond quickly to all healthcare associated infections.

Healthcare-associated infections (HAIs) are infections acquired in a healthcare setting and are the most frequently reported adverse events in healthcare delivery worldwide. To address significant rates of HAIs, it is vital that the government make a commitment to the health of Canadians by working with provincial and territorial partners in implementing a national, integrated surveillance system. This system will empower Canadian healthcare workers to respond quickly and appropriately to all HAIs.

Every year, it is estimated that 220,000 Canadian patients (approximately one in nine) will develop an infection during their stay in hospital.[1] Complicating the problem is the fact that many HAIs are caused by antimicrobial-resistant organisms (AROs), which make them difficult to treat. Despite the recommendations for a strengthened and integrated surveillance system in the *2017 federal Antimicrobial Resistance and Antimicrobial Use: A Pan-Canadian Framework for Action*, Canada continues to see gaps in its ability to gather and report national trends in HAIs. Specifically, local jurisdictions collect data using different HAI definitions, input data into different tracking systems, collect data primarily from acute care centers while often overlooking vulnerable long-term care centers, and do not share data outside their jurisdiction. These barriers diminish the effectiveness of Public Health and Infection Control Professionals to identify emerging pathogens, monitor trends in HAI, and establish benchmarks that inform activities to prevent the spread of HAIs.

This is not just a Canadian problem, but a global concern. In June of last year, the World Health Organization (WHO) revealed that across 64,000 surveillance sites globally, the world is "running out of effective ways to tackle" diseases that should be simple to treat such as forms of diarrhoea and urinary tract infections.[2] Canada should be a major contributor to initiatives that track the growth of AMR so that all countries can adequately respond.

The Public Health Agency of Canada (PHAC) is doing important work towards improving surveillance systems. However, as recently as 2016, PHAC reported that in regards to AMR, "Ongoing surveillance gaps present a challenge to developing a comprehensive picture in both the community and hospital settings." Canada's healthcare systems are co-operating but ICPs find it difficult to use the systems of surveillance that are available to them to monitor the spread of illness including Carbapenemase-producing Enterobacteriaceae (CPE) methicillin-resistant Staphylococcus aureus (MRSA), Candida auris and others. When these challenges persist in hospitals, it is common for them to spread to other care settings, like long-term care where we have tragically witnessed their effects to be especially harmful.

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[1] "About Healthcare-Associated Infections." Provincial Infection Control Network of British Columbia. Provincial Infection Control Network of British Columbia. Accessed February 10, 2021. https://www.picnet.ca/surveillance/about-hai/#:~:text=HAIs%20are%20a%20major%20patient,in%20at%20least%208%2C000%20deaths.

[2] World Health Organization. *Record number of countries contribute data revealing disturbing rates of antimicrobial resistance*. June 1, 2020. https://www.who.int/news-room/detail/01-06-2020-record-number-of-countries-contribute-data-revealing-disturbing-rates-of-antimicrobial-resistance

In the United States, the National Healthcare Safety Network provides over 17,000 healthcare facilities with data needed to treat and prevent HAIs. Since its founding, there has been a measurable decrease in the number of HAIs including central line-associated bloodstream infections, catheter-associated urinary tract infections, and AROs. Notably, between 2008 and 2014 the country saw a 50% decrease in central line-associated bloodstream infections.

IPAC Canada is calling for Canada-wide surveillance that ensures all Canadians, regardless of jurisdiction, are protected against the spread of infectious diseases. We are currently working in partnership with Healthcare Excellence Canada, Public Health Agency of Canada, Canadian Institute for Health Information, and Association of Medical Microbiology and Infectious Disease Canada to strengthen HAI surveillance in Canada, but more action is needed from the federal government. IPAC Canada recommends that Health Canada collaborate with provincial and territorial health ministries to develop a national surveillance system with consistent case definitions from coast to coast to coast. This system should be accessible to all health professionals and should include data input by Infection Prevention and Control Professionals to ensure the people keeping Canadians healthy have the most up-to-date and accurate information at their fingertips.

Invest in resources for IPAC programs to better support Canada's systems of care, minimize future healthcare costs, and improve pandemic preparedness. This includes providing additional support for long-term care, education, training, wage top-ups, and staffing.

IPAC Canada commends the federal government's willingness to invest certain areas of healthcare urgently in response to the COVID-19 pandemic. The greatest government supports by far have been for personal incomes and businesses to help individual Canadians and the economy bridge the gap to better times. While the pandemic has led to investments in PPE, vaccines, and long-term care, more needs to be done to adequately resource and support IPAC programs across Canada.

We often say in healthcare that treatment is more costly than prevention. This notion extends beyond the direct costs of healthcare and into the economic toll that the spread of infections takes on society at large. The pandemic has continued to offer glaring evidence of this sentiment and demonstrates that we cannot afford to repeat the same mistakes. The urgency applied in responding to COVID-19 needs to be matched by the urgency needed in adequately preparing for future pandemics.

IPAC Canada is concerned that provinces, territories and health authorities are being constantly asked to do more with less. Fiscal discipline is different than fiscal austerity and it is critical that we do the right things now to prevent the worst-case scenarios in the future. Previous funding cuts to IPAC programs exposed significant gaps in Canada's systems of care during the pandemic, catching governments at all levels off guard. In addition, many of these gaps persisted throughout the pandemic despite the concentration on emergency funding to address COVID-19.

Across the country, ICPs are in short-supply, under-resourced and the education and training for healthcare settings is not available to the degree needed in meeting the moment. Further, ICPs working on the front lines were left out of Canada's pandemic wage top-ups. Federal, provincial and territorial governments should recognize the critical role that ICPs play and provide them with the funding and tools needed to relieve strains, both physical and financial, on the healthcare system. Investing in our capacities will create a marked reduction in these concerning outcomes. We are calling on the federal government to provide more resources to the provinces and territories to fund robust infection prevention and control activities, improve patient safety in Canada, and support our efforts to curb the rise of antibiotic resistant organisms and antimicrobial resistance.

Vital in the funding needed to support IPAC professionals and programming is a strong effort to strengthen ICP training, presence and resources in long-term care settings. As Canada has lived with COVID-19 for over a year now, outbreaks of the virus in long-term care facilities have placed a focal point on where enhanced IPAC support and capacity is especially needed to protect the most vulnerable Canadians. Although the severity of impacts has varied across the provinces and territories, those in long-term care are far more likely to die due to COVID-19 than the rest of the population.[3] In June 2020, the *Canadian Institute for Health Information* reported that Canada had a higher proportion of COVID-19 deaths within long-term care (LTC) settings than other OECD countries. At that time, deaths in Canadian LTCs from COVID-19 were at 81% of the total, while OECD countries reported LTC COVID-19 deaths between 10-66%, with the average sitting at 38% of the totals.[4]

Budget 2021 included an investment of $3 billion over the next five years to help provinces implement new adequate standards for long-term care. IPAC Canada commends this investment and recognizes that it will have a significant impact on improving LTC settings in mitigating infectious disease outbreaks and preparing for the next pandemic. In addition to establishing these standards, the federal government should also work with IPAC Canada to invest in specific programming, staffing, and resources for ICPs in long-term care settings. Improving IPAC practices in long-term care and addressing long-standing issues regarding capacity constraints and low wages is critical to protecting our most vulnerable from COVID-19 and other infections.

Canada's recovery from COVID-19 offers this opportunity to address long-standing gaps in our systems of care and to maximize the potential of IPAC programs across the country with improved resources, investment and support. After SARS, many of us said that "never again" would Canada be ill-prepared for a large-scale public health crisis. This time we have the opportunity again to do better and investing in Infection Prevention and Control programs is a critical step to ensure that Canada comes back from this pandemic stronger and better prepared.

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[3] Comas-Herrera A, Zalakaín J, Litwin C, et al. Mortality associated with COVID-19 outbreaks in care homes: early international evidence. International Long-Term Care Policy Network; updated 2020 June 26. Available: https://ltccovid.org/2020/04/12/mortality-associated-with-covid-19-outbreaks-in-care-homes-early-international-evidence/.

[4] Library of Parliament. "Long-Term Care Homes in Canada – the Impact of Covid-19," January 5, 2021. https://hillnotes.ca/2020/10/30/long-term-care-homes-in-canada-the-impact-of-covid-19/.