



1400 Crystal Drive, Suite 900  
Arlington, VA 22202  
Phone: 202/789-1890  
Fax: 202/789-1899  
[apicinfo@apic.org](mailto:apicinfo@apic.org)  
[apic.org](http://apic.org)

February 20, 2025

The Honorable Robert F. Kennedy, Jr.  
Secretary  
U.S. Department of Health and Human Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Secretary Kennedy:

On behalf of the Association for Professionals in Infection Control and Epidemiology (APIC), please accept our congratulations on your appointment. As you begin your work to promote and protect the health of the American people, we want to introduce ourselves and offer our assistance to you in advancing infection prevention and control priorities - an area that impacts every patient, every healthcare worker, and every healthcare facility across the country.

Healthcare-associated infections (HAIs) remain one of the most persistent and preventable threats to patient safety. On any given day in the U.S., one in 31 patients will contract an HAI, leading to approximately 687,000 infections and 72,000 deaths annually. These infections - caused by drug-resistant bacteria, surgical complications, bloodstream infections, and device-associated pathogens - not only place patients at serious risk of harm but also burden the healthcare system with an estimated \$28 billion annually in direct medical costs and an additional \$12 billion in lost productivity and indirect expenses, all of which are largely preventable. (APIC) and our 15,000 infection preventionist (IP) members are dedicated to protecting patients, visitors, and healthcare workers from HAIs, enhancing preparedness for emerging infectious disease threats, and driving cost-saving measures for hospitals, nursing homes, and ambulatory centers nationwide.

We stand ready to assist in advancing national and global infection prevention and control (IPC) initiatives and would welcome the opportunity to partner with you and your team to strengthen the following priorities:

**Support the National Healthcare Safety Network (NHSN):** The Centers for Disease Control and Prevention's NHSN is the gold standard for the collection of HAI data, having been developed with input from infection prevention experts over decades. In addition to allowing healthcare facilities to evaluate their progress toward national goals for the reduction of HAIs based on a common set of definitions, NHSN reporting allows for seamless data sharing from healthcare facilities to both CDC and the Centers for Medicare & Medicaid Services (CMS). This means the data can be utilized for CMS quality improvement programs while providing clinicians and state/local public health officials with critical answers regarding the prevalence of deadly infections at the national, state, and local levels. This system is used by an estimated 38,000 healthcare facilities annually -- including almost all hospitals, nursing homes, dialysis facilities, and ambulatory surgery centers -- and is highly adaptable for use during public health emergencies. NHSN saves lives by preventing tens of thousands of infections through reliable, actionable data.

**Support a Robust Infection Prevention Workforce:** A strong and well-supported IPC workforce is essential for patient safety and public health resilience. An APIC survey in 2020 showed that 40% of the IPC workforce will enter retirement age in the next decade, exacerbating an already strained pipeline of experts.

Spreading knowledge. Preventing infection.™



Even prior to the COVID-19 pandemic, which dramatically increased demand for infection prevention and control services, there were already concerns about the capacity of the IP workforce. Twenty-five percent of hospitals listed at least one IP vacancy, and more than half of long-term care facilities experienced an IP leaving their position within the previous 24 months, highlighting serious workforce retention challenges. Without immediate investment in recruitment, training, and retention, the IPC workforce will struggle to meet CMS-mandated infection prevention requirements and protect patients from preventable harm.

Additionally, in order to support and grow the IP workforce, we must also address a glaring challenge for the profession. To date, the U.S. Department of Labor (DOL) does not currently recognize IPs as an occupation under DOL's Bureau of Labor Statistics' (BLS) O\*Net Codes. Although there is significant workforce demand, as well as CMS requirements that Medicare-participating facilities employ IPs, O\*NET does not include a code for IPs. This lack of official recognition hinders recruitment efforts and workforce development among career advisors and counselors, who do not know they should include this profession as a viable career. We urge HHS to work with DOL to rectify this oversight and formally recognize IPs as an essential healthcare profession.

**Support Funding for the BIO Preparedness Workforce Pilot Program:** The BIO Preparedness Workforce Pilot Program is included in the PREVENT Pandemics Act as part of the Public Health Loan Repayment Program. This program has enjoyed bipartisan support in both the House and Senate, underscoring the importance of a strong infectious disease and emergency preparedness workforce. Once funded, this program would offer loan repayment assistance to healthcare professionals who work in areas with critical workforce shortages, medically underserved communities, and federal health facilities. Investing in this program is a vital step in ensuring our nation has a robust, well-trained workforce that is capable of preventing HAIs and responding to future pandemics and emerging disease threats.

**Expand IPC Reporting and Staffing in Nursing Homes:** The COVID-19 pandemic had devastating consequences in nursing homes, demonstrating the critical importance of robust infection prevention and control practices to protect residents from COVID-19 and other infectious diseases. As the Government Accountability Office (GAO) pointed out in March 2023, "A growing body of work shows that COVID-19 exposed and worsened long-standing infection prevention and control problems in nursing homes and indicates there are opportunities for HHS to evaluate and prioritize efforts to bolster infection prevention and control."

**Under President George W. Bush,** HHS introduced mandatory reporting of HAIs and infection reduction targets for hospitals, resulting in significant declines in preventable infections and cost savings. Similar efforts must be implemented in nursing homes to help target evidence-based infection reduction strategies in these settings, where residents are among the most vulnerable to HAIs. We welcome the opportunity to work with you these efforts.

**Improve Medical Device Cleaning Instructions to Protect Patients While Reducing Administrative Burden:** The advancement in medical device development has greatly transformed medical care, but complex and unclear cleaning, disinfection, and sterilization instructions create unnecessary burdens and increase infection risks. While the FDA requires manufacturers to include instructions for use (IFUs), there are no standards ensuring they are clear, accessible, or realistically implementable. As a result, hospitals are often cited for failure to follow confusing or impractical IFUs, despite their best efforts.

Currently, nearly half of the healthcare facilities report having been cited for failing to properly follow poorly written IFUs. Furthermore, 84% of IPs have had to contact manufacturers for clarification because of unclear or inconsistent instructions.



We ask that you support the Food and Drug Administration (FDA) reforms that require IFUs to be evidence-based, easily understood and practical for implementation. Standardizing clear, implementable instructions will improve patient safety and reduce administrative burden.

**Strengthen U.S. Preparedness through Global Health Collaboration:** We understand President Trump's concerns about the World Health Organization (WHO) and respect each Administration's right to set and renegotiate global agreements. However, we believe infectious disease prevention and pandemic preparedness should transcend political ideologies and global divisions. Because of the ease of international travel, disease outbreaks anywhere can quickly impact populations everywhere. U.S. withdrawal from the WHO risks weakening long-standing international collaborations that are essential for effective infection prevention and pandemic response. We urge HHS to consider the implications and importance of global partnerships in safeguarding America's health security.

We understand that you have a herculean effort ahead of you and appreciate your commitment to improving our healthcare system. We look forward to partnering with you to prevent infections, protect patients and enhance healthcare efficiencies – helping to ensure that the United States continues to lead the world in delivering safe, high-quality care.

Sincerely,

A handwritten signature in black ink, appearing to read "C McLay". The signature is fluid and cursive, with a long, sweeping underline.

Dr. Carol McLay, DrPH, MPH, RN, CIC FAPIC, FSHEA  
APIC 2025 President