



A Written Submission for the 2021 Federal Budget from
Infection Prevention and Control Canada

Submitted August 7th, 2020

SUMMARY OF RECOMMENDATIONS

- 1. Increase federal health transfers to provinces and territories with a dedicated stream of funding set aside for infection prevention and control activities, including human resources and unified standards for all healthcare settings.**
- 2. Invest in a national, integrated surveillance system to respond quickly to all healthcare-associated infections and emerging pathogens.**
- 3. Further invest in a national stockpile of personal protective equipment that is adequately resourced and maintained, with collaborative management of assets including integration with provincial, territorial and regional health authorities.**
- 4. Invest in a national program to combat the rise of vaccine hesitancy and promote the importance of vaccination for the SARS-CoV-2 virus in a proactive manner.**

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. Nobody can predict when an outbreak, epidemic, or pandemic will occur and in such a circumstance, a rapid response is necessary. Governments at all levels showed themselves willing to take urgent action, 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, as a result, improve outcomes for patients/residents/clients and staff in hospitals, other 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 practices, including for novel viruses like SARS-CoV-2, based on the current science and standardized infection prevention and control practices. We promote research in these areas and aim to educate the public, and personnel in hospitals, long-term care facilities and other institutions on infection prevention and control principles.

For years, we have watched provincial and territorial governments claw back infection prevention and control activities in the absence of dedicated funding for these crucial activities. Our efforts are not to place blame, but instead to draw attention to the need for dedicated and coordinated federal support. The recommendations that follow will allow all healthcare systems to prioritize patient safety and support healthcare professionals far beyond the current health emergency.

Increase federal health transfers to provinces and territories with a dedicated stream of funding set aside for infection prevention and control activities, including human resources and recognized standards for all healthcare settings.

The federal government has demonstrated a willingness to invest in the response to COVID-19. The greatest costs by far have been in support for personal incomes and businesses once the pandemic forced shut downs of local economies with national and international businesses.

We often say in healthcare that treatment is more costly than prevention. That sentiment 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, but the numbers paint a picture potentially more damaging than COVID-19.

Each year, about 8,000 Canadians die from hospital-acquired infections, while 220,000 others get infected.¹ When patients are infected with antibiotic resistant organisms (AROs) they tend to be sick longer, and the risk of death increases.

Antimicrobial resistance (AMR), which also covers the limits of prevention and treatment for parasites, viruses and fungi, already costs Canada's healthcare system \$1.8 billion per year.² Right now, 26% of infections are resistant to drugs commonly used to treat them, but that rate is expected to grow to 40% over the coming decades. Every year, 5,400 Canadians die as a result of AMR, which could grow to 13,700 if the 40% threshold is reached.

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.

We are calling on the federal government to provide more resources to the provinces and territories to fund robust infection prevention and control activities to improve patient safety in Canada and support our efforts to curb the rise of antibiotic resistant organisms and antimicrobial resistance. We propose that this contribution be modeled on investments made to support mental health and home care. We believe this approach will provide resources to not only enhance national guidelines and best practices, but also ensure that Infection Prevention and Control Professionals and other healthcare providers have the resources to implement and support them.

¹ [https://www.patientsafetyinstitute.ca/en/Topic/Pages/Healthcare-Associated-Infections-\(HAI\).aspx](https://www.patientsafetyinstitute.ca/en/Topic/Pages/Healthcare-Associated-Infections-(HAI).aspx)

² Council of Canadian Academies. *When Antibiotics Fail: The Expert Panel on the Potential Socio-Economic Impacts of Antimicrobial Resistance in Canada*. 2019. <https://cca-reports.ca/wp-content/uploads/2018/10/When-Antibiotics-Fail-1.pdf>

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

Despite its wealth, Canada continues to have gaps in its ability to understand national trends in AMR. In 2018 there were 980,000 bacterial infections in Canada. Of these, 250,000 were resistant to antibiotics.³ In the case of carbapenemase-producing *Enterobacteriaceae* (CPE), most isolates are resistant to all commonly used, orally available antimicrobial drugs.⁴ Canada's healthcare systems are co-operating, but Infection Prevention and Control Professionals find it difficult to use the systems of surveillance that are available to them to monitor the spread of illness including 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 their affects can be very harmful.

This is not just a Canadian problem, but a global concern. Canada should be a major contributor to initiatives that track the growth of AMR, so that all countries can adequately respond. In early June, 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.⁵

The Public Health Agency of Canada (PHAC) is doing important work in this regard. 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."⁶

In the United States, the National Healthcare Safety Network provides over 17,000 healthcare facilities with data needed to treat and prevent healthcare-associated infections. Since its founding, there has been a drastic decrease in the number of infections. Notably, between 2008-2014 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 recommend 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.

³ Ibid.

⁴ https://wwwnc.cdc.gov/eid/article/24/9/18-0164_article

⁵ 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>

⁶ Public Health Agency of Canada. *Canadian Antimicrobial Resistance Surveillance System Report 2016*. September 12, 2016. <https://www.canada.ca/en/public-health/services/publications/drugs-health-products/canadian-antimicrobial-resistance-surveillance-system-report-2016.html>.

Further invest in a national stockpile of personal protective equipment that is adequately resourced and maintained, with collaborative management of assets including integration with provincial and regional health authorities.

The federal government has had to quickly react to the COVID-19 pandemic increased demand for personal protective equipment (PPE). Reports in the media paint the picture of a dramatic scramble to manage an under-resourced stockpile. These reports also featured expired products, faulty respirators and diplomatic disputes that threatened to limit access to PPE in Canada's health care system. The effort to ramp up domestic production, repurpose facilities to produce surgical masks, hand sanitizers, and face shields should be commended. However, ensuring an adequate and appropriately managed stockpile of PPE should be a priority of the federal government for the years ahead.

IPAC Canada and its membership was glad to see the federal and provincial governments collaborate so closely to find solutions to common problems. IPAC Canada believes this level of collaboration should continue over the years ahead.

We understand that stocks are continuing to be replenished and that new approvals for suppliers are being delivered regularly. We also remain vulnerable to COVID-19, and to other potentially lethal illnesses that have no vaccine. Well-managed stocks of personal protective equipment should be priority to protect healthcare workers at all times, not just during major outbreaks..

We are calling on the federal government to commit to working with provinces and territories to ensure stockpiles of PPE are maintained. We are concerned that PPE in Canada's strategic stockpile was allowed to expire and recommend strongly that governments develop a strong policy of life-cycle oversight. Distributing quality PPE in across Canada from the stockpile before it expires should be a focus. These supplies should be regularly monitored and replaced if they are non-viable.

Invest in a national program to combat the rise of vaccine hesitancy and promote the importance of vaccination for the SARS-CoV-2 virus in a proactive manner.

Vaccines are proven safe and effective before being approved for use in Canada.

Vaccines are the most effective means by which we can prevent some of the most debilitating and deadly illnesses. They are a triumph of public health efforts of the past century and will be critical to addressing the current pandemic, and impacting pandemics of the future.

Vaccines save lives, but they depend on the willingness of populations to accept them. A high rate of herd immunity is the best way to ensure populations are not vulnerable to illnesses. There are only two ways to achieve herd immunity—widespread illness or widespread vaccination.

In recent years, a troubling trend of vaccine hesitancy has been on the rise. No credible, science-based evidence exists to demonstrate that vaccines pose any danger to children or adults, yet misinformation is rampant and online communities continue to perpetuate falsehoods. To cause maximum harm, anti-vaccination campaigns do not need to prove that vaccines are unsafe, they only need to instill doubt that causes people to forgo vaccination for themselves or their family.

The WHO has pointed out that all countries should take steps to understand the extent and nature of hesitancy at a local level.⁷ In the current emergency situation, there is a lot at stake, but over the decades ahead Canada could see the re-emergence of many illnesses that vaccinations have prevented for decades. Measles, Mumps and Rubella cases have decreased by 99% compared with pre-vaccination rates from 1954.⁸ If allowed to gain a foothold again, Canadians of all ages could be at significant risk.

Some provincial governments have taken proactive steps, like requiring school-aged children to produce vaccination reports upon enrolment each year. While conscience and choice are important, it is also vital for governments to actively promote one of the most effective public health measures in human history. If we achieve the 2025 Federal Vaccination Coverage goal of 95% Canada will have better resilience against the spread of illness and better social and economic outcomes as a result. .

IPAC Canada is calling on the Government of Canada to aggressively promote the value of vaccination, with a strong emphasis on the safety of vaccines approved for a wide variety of illnesses. The approach should consist of:

- A national advertising strategy
- An active campaign to combat disinformation spread online
- Government partnerships with experts and educators to reach more Canadians

⁷ https://www.who.int/immunization/programmes_systems/vaccine_hesitancy/en/

⁸ <https://www.canada.ca/en/public-health/services/publications/healthy-living/vaccines-work-infographic.html>

The promotion of a potential vaccine for SARS-CoV-2, when one is available, will be a valuable jumping off point to underscore the importance of vaccination more generally.