National Center for Emerging and Zoonotic Infectious Diseases

New HAI Coordinator Lunch & Orientation

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Centers for Disease Control and Prevention

2018 Epidemiology and Laboratory Capacity for Infectious Diseases (ELC) Healthcare-associated Infections (HAI) and Antimicrobial Resistance (AR) Grantees' Meeting

Monday, March 19th – New Coordinators Pre-Meeting Special Session

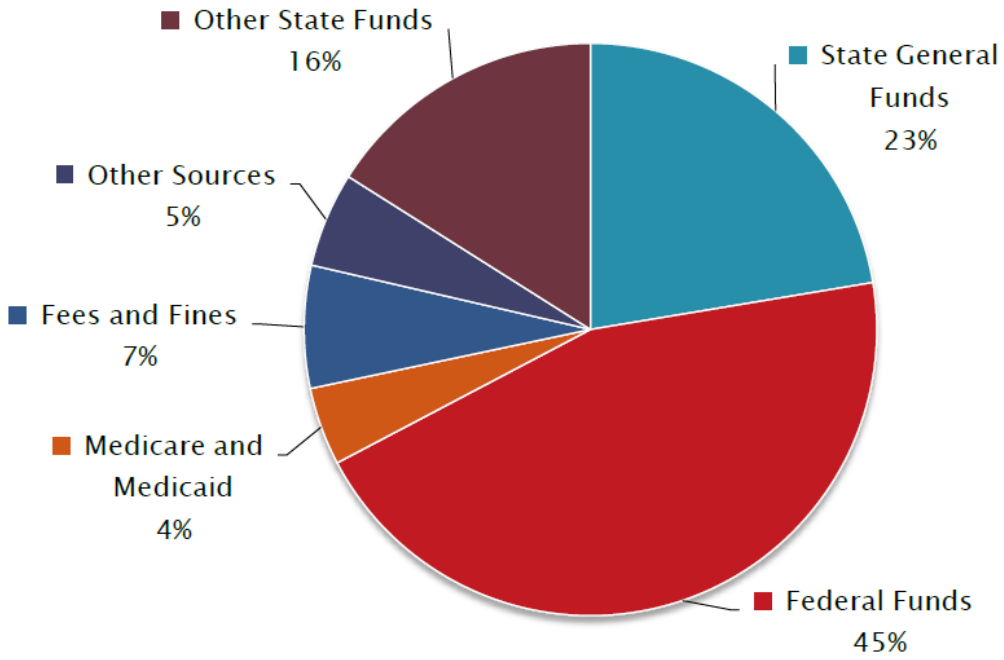
“Welcome to CDC”

Welcome to CDC

- Component of the Department of Health and Human Services
- Origin: 1946, Communicable Disease Center (CDC), Atlanta, Georgia
  - 400 employees
- Present: Centers for Disease Control and Prevention (CDC)
  - FY 2016 $7.2 billion (>70% grants/services), >12,000 employees

State Health Agency Funding, by Source

(n=48)



As of Sept 2011

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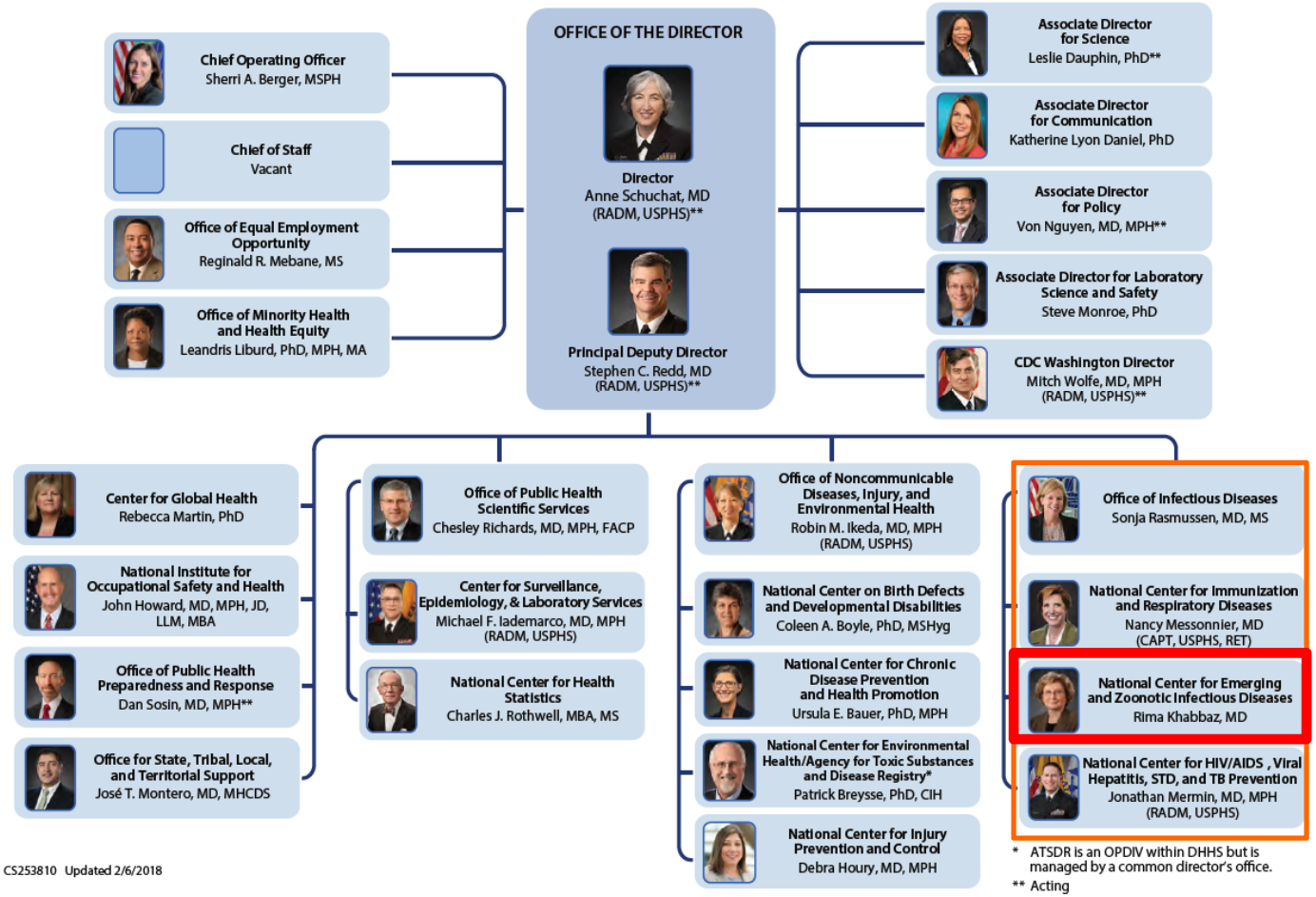
ORGANIZATIONAL CHART



* ATSDR is an OPDIV within DHHS but is managed by a common director's office.

** Acting

CS253810 Updated 2/6/2018

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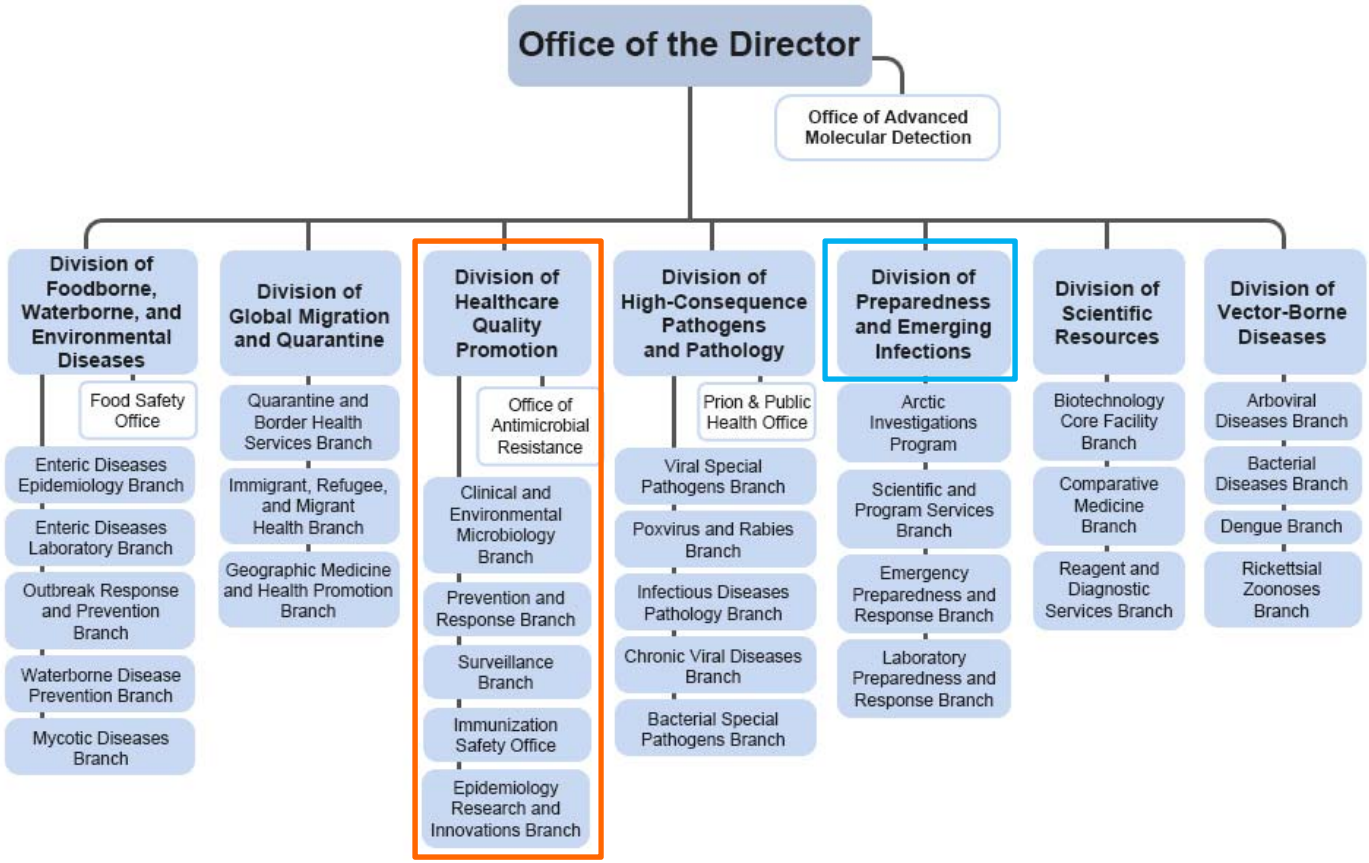


HAI/AR Programs: Origin Stories

- CDC Hospital Infection Program (ca. 1970) evolved into DHQP (est. 2001)
- HIP helped launch fields of infection control and healthcare epidemiology
- HAI surveillance
  - National Nosocomial Infections Surveillance – 1970s, ~400 hospitals
  - National Healthcare Safety Network – over 17,000 medical facilities
- Healthcare Infection Control Practices Advisory Committee (HICPAC)
- 1999 IOM Report, "To Err is Human: Building A Safer Health System"
- 2005-06: Bloodstream infection (BSI) prevention proof-of-concept studies
- 2000s: Dozens of states adopt reporting HAI mandates
- 2008: GAO Report → HHS HAI Steering Committee, Action Plan (2009)
- 2009: ICAR prototype – Ambulatory Surgical Facilities – CMS Surveys
- 2011: CMS mandates NHSN central line BSI reporting nationally

HHS HAI Action Plan, ARRA Funding for State HAI Programs (2009)

CDC to Distribute $40 Million in Recovery Act Funding to Help States Fight Healthcare-Associated Infections

Money marks first time Congress appropriates HAI prevention funds specifically to states

The Centers for Disease Control and Prevention today announced plans to distribute $40 million to state health departments to help prevent healthcare-associated infections (HAIs). Funded by the American Recovery and Reinvestment Act, the money will be distributed through cooperative agreements to 49 states, Washington, D.C., and Puerto Rico to maximize prevention efforts such as:

- Implement HHS Action Plan
  - State-based Prevention Collaboratives (e.g., CLABSI)
- Enhance states abilities to assess where HAIs are occurring (via NHSN expansion)
- Build a Public Health HAI Workforce

"Americans expect to get better when they go to the hospital, not worse" said HHS Secretary Kathleen Sebelius. "Unfortunately, every year, thousands of Americans die from illness they contract after they enter the hospital. Thanks to Chairman David Obey's leadership, the Recovery Act includes critical resources that will help fight these infections and keep patients safe."

Efforts will focus on HHS priority targets such as bloodstream infections, surgical site infections and catheter-associated urinary tract infections, and will address pathogens such as methicillin-resistant

The investment represents the first time Congress has appropriated HAI prevention funds specifically to states.

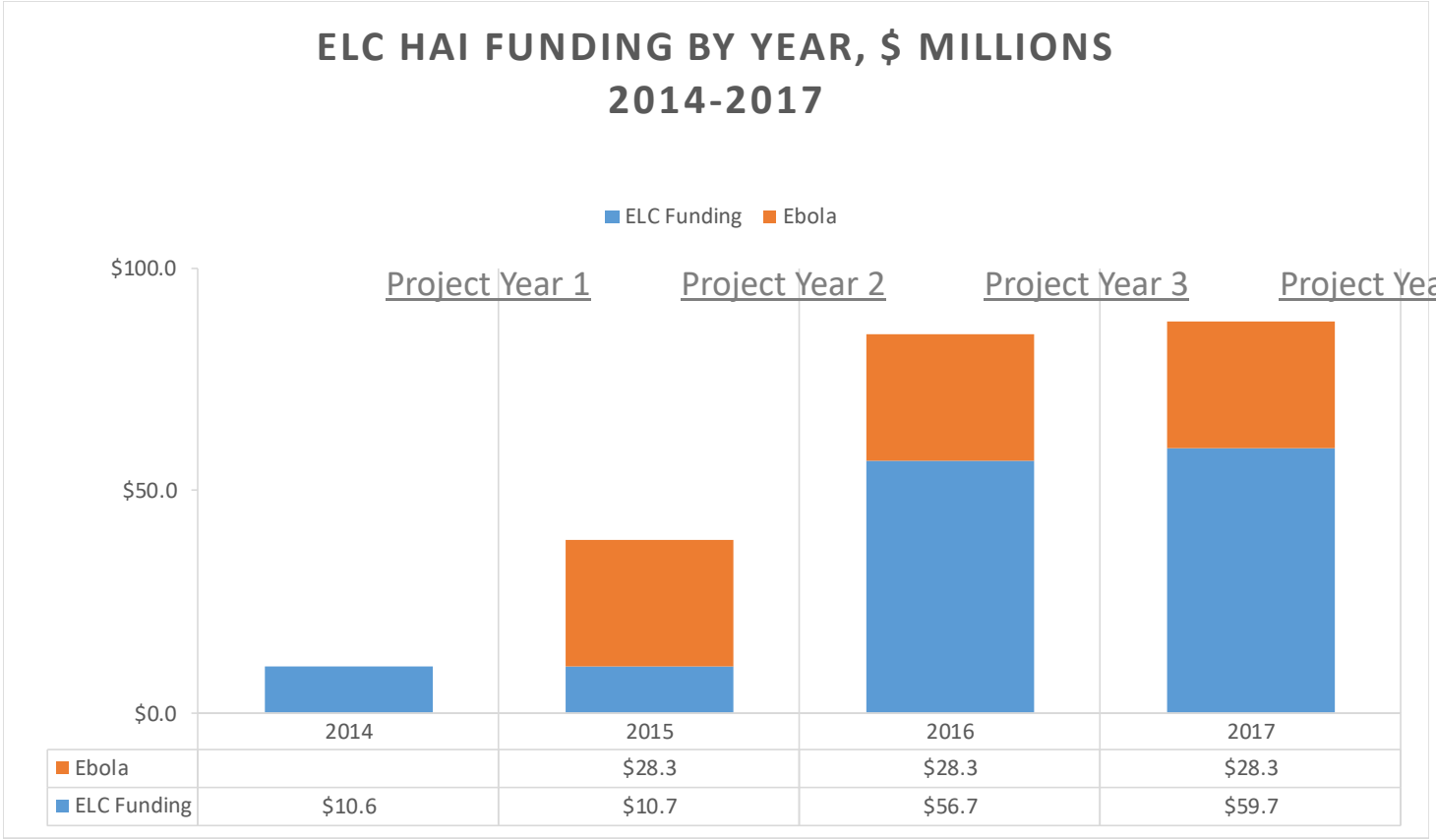
State HAI/AR Programs: Funding History

- 2009 Recovery Act funding ($40M) established HAI programs and required HAI advisory groups
  - Establish statewide HAI prevention leadership through formation of multidisciplinary group or state HAI advisory council
- 2009 Omnibus bill required states to submit a plan to reduce HAIs to remain eligible for HHS Block Grant Funds
  - CDC provided HAI Plan template
  - Plans submitted by Jan 2010
  - Revised plans were required as part of the Ebola ELC supplement

State HAI/AR Programs: Funding History

- 2009 Recovery Act funding established state HAI programs and required state HAI advisory groups and state plans
- 2011 Affordable Care Act funding continued level support
- 2015 Ebola ELC supplement ("ICAR" w/ 2-3+ year funding) provided first significant increase in support to state programs
- 2016 AR ("CARB") funding
  - Part of CDC core funding, sustained HAI Program support
  - 2 additional funded positions: AR/AS expert, AR Lab SME

ELC = Epidemiology and Laboratory Capacity for Infectious Diseases
CARB = National Action Plan for Combating Antibiotic-Resistant Bacteria
ICAR = Infection Control Assessment and Response = DHQP Portion of Ebola ELC



	2014	2015	2016	2017
Ebola		$28.3	$28.3	$28.3
ELC Funding	$10.6	$10.7	$56.7	$59.7

ELC = Epidemiology and Laboratory Capacity (ELC) for Infectious Diseases (5 year cycle)
Ebola ELC Funds ($85M) were disbursed in Spring 2015 w/ ~36 month project period

Current ELC Text: Coordination & Advisory Functions

- HAI Coordinator assures HAI prevention coordination throughout the jurisdiction, coordination with AR Lab Network, and use of the Targeted Assessment for Prevention (TAP) Strategy

- The Steering & Advisory Committee defines activities and priorities for the HAI/AR prevention program; includes local stakeholders and representatives from the state and/or regional public health laboratories, state survey agency, and patients^

^ The Ebola ELC supplement also required addition of representatives from hospital/healthcare coalitions funded through the ASPR Hospital Preparedness Program

Looking Forward

- CDC-funded HAI/AR programs in 50 state, DC, 6 cities, PR/territories
- Over 500 fully/partially funded staff positions
- HAI/AR prevention and control are increasingly recognized as national public health priorities
- Expansion of activities
- Vision: Safe Care, Everywhere
- Partnership and commitment are the keys to success
- Thank you for being a part of this journey

For more information, contact CDC
1-800-CDC-INFO (232-4636)
TTY: 1-888-232-6348 www.cdc.gov