

APIC 50th Anniversary Timeline

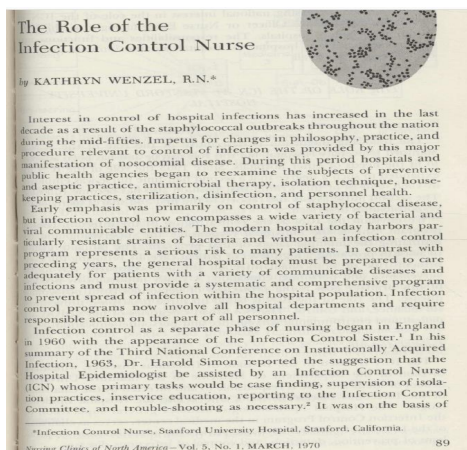
Healthcare-associated infections (HAIs) were becoming an increasing concern in the 1950s and 1960s with *staphylococcal* outbreaks reported frequently during this period. In 1960 in the U.K., infection control emerged as a separate discipline in nursing and soon afterwards, infection control nursing became a specialty in the U.S. By the late 1960s, Claire Coppage at the U.S. Centers for Disease Control and Prevention (CDC) began offering an infection control course where nurses from around the country began learning and networking. The seeds for APIC were sown at those courses, and in fact APIC was founded in 1972 by a pioneering group of infection control nurses who had attended Claire Coppage's classes and realized the need for a national association to promote an organized approach to the prevention of HAIs.

1969



Carole DeMille from Massachusetts General Hospital, along with Betsy Pantelick from Yale New Haven, Pat Lynch, and others, met at the CDC training program (1200G) for nurse epidemiologists. The course was organized by Claire Coppage of CDC who was the driving force behind the formation of APIC. Claire recruited 2 members of each 1200 G class to serve on a national steering committee to begin planning what would eventually become the Association for Practitioners in Infection Control.

1970



Kay Wenzel, an APIC founder and one of the first IPs in the U.S., publishes an article on the profession in *Nursing Clinics of North America*.



Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

National Healthcare Safety Network (NHSN)

The CDC establishes the National Nosocomial Infections Surveillance (NNIS) System; now named the National Healthcare Safety Network (NHSN) and used by nearly all infection Preventionist across the country to report and track nosocomial infections. Agencies, such as the Centers for Medicare and Medicaid Services (CMS) use the data to observe hospital performance and inform payment decisions, and agencies such as local health departments use the data to determine where to focus their prevention efforts.

1972



The Association for Practitioners in Infection Control (APIC) is established.

APIC in 1972

*Our First
President...*

Patricia Lynch
RN, MBA



Patricia Lynch is elected as APIC's first president.

Carole DeMille, along with Betsy Pantelick, Shirley Bradley, and other ICPs in New England became the architects of APIC-New England, APIC's first chapter.

1973



ASSOCIATION FOR PRACTITIONERS IN INFECTION CONTROL
NEWSLETTER, VOL. 1, NO. 1, MARCH 1973

WHAT IS APIC DOING FOR YOU?

...CHLOE R. CHAMBERLAIN

WHAT IS APIC AND HOW DID IT GET STARTED?

In January 1968 several nurses attending the CDC course SURVEILLANCE, PREVENTION, AND CONTROL OF HOSPITAL-ACQUIRED INFECTIONS came to me as Course Director and voiced the need for a national organization of nurses working in infectious control programs. The consensus for the group was Lucille Burke of the University of Kentucky, and she asked me to name a committee to investigate the possibility of organizing such a group.

This idea was then presented to the course participants from the podium for discussion. The results of the discussion were as follows:

- (1) There was a generally felt need for an organization which could encourage communication between infectious control programs and provide information on current recommendations in infectious control.
- (2) The organization should be multi-disciplinary.

PLEASE NOTE:

Because we are off to a slower-than-anticipated start, all APIC subscriptions have been extended through December 31, 1973. This means that members at this writing get an extra month for your money! Beginning January 1, 1974, membership will be based on the calendar year and dues will be due on January 1 of each year.

If you have paid your dues and have not received your membership card, please be assured that you will! If you do not receive your card in approximately 8 weeks after paying your dues, please notify our Treasurer. Your card, or even your application, could have been lost in the mail.

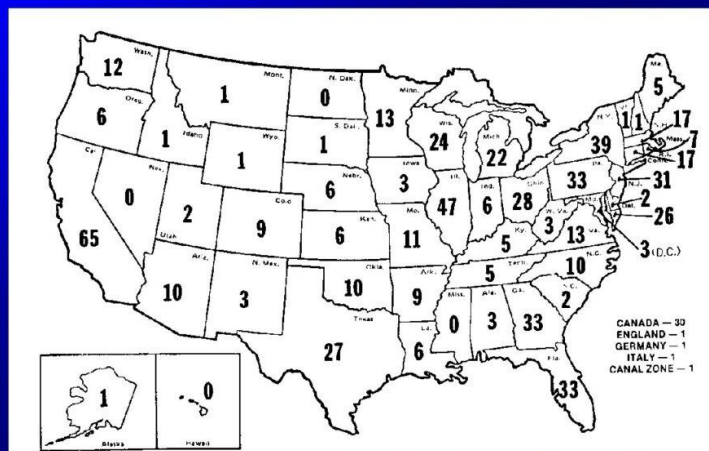
APIC publishes first issue of newsletter
First national conference of APIC is held in Toronto.

APIC Delaware Valley Philadelphia Chapter was formed in 1973



Marguerite Jackson joined APIC in 1973 and became one of the pioneers in the field, contributing immensely to the science and practice of IPC. She and Pat Lynch changed the direction of nursing practice with their development of the Body Substance Isolation System that is the precursor to Standard Precautions. She was an author of the Delphi project looking at staffing requirements for IPC programs and worked on the "Brown Book" project. To this day, Marguerite is instrumental in bringing California IPs to APIC conferences with her generous annual scholarship of \$500.00 to one IP.

APIC Membership in 1973



1974

CDC undertook a nationwide study known as the Study on the Efficacy of Nosocomial Infection Control, or the SENIC Project. This study was a very thorough assessment of infection control effectiveness in 338 hospitals with and without CDC-style infection control programs. Final study results determined that hospitals with infection control programs experienced significantly lower rates of HAIs than did their counterparts without these programs.

1976

First Infection Control Standards by Joint Commission on Accreditation of Healthcare Organizations.

APIC Southern New Jersey becomes the 11th local chapter to join APIC.

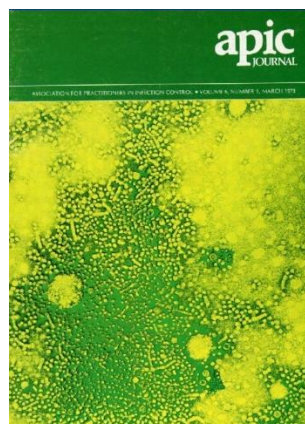
Ebola outbreak: Between September 1 and October 24, 1976, 318 cases of acute viral hemorrhagic fever occurred in northern Zaire.

Legionella was discovered after an outbreak in 1976 among people who went to a Philadelphia convention of the American Legion. Those who were affected suffered from a type of pneumonia that eventually became known as Legionnaires' disease.



1978

APIC releases first position statement entitled: “Statement on Infection Control Programs.”



APIC participated in the first international conference on the role of the “Infection Control Nurse” sponsored by the World Health Organization in Denmark

1980

The APIC Journal becomes the American Journal of Infection Control (AJIC) and the first issue of AJIC is published.



1981

First cases of an illness subsequently defined as acquired immunodeficiency syndrome (AIDS) is reported by healthcare providers in California and the CDC.

The APIC Certification Association (APICCA) is established, to eventually become the Certification Board of Infection Control and Epidemiology, Inc. (CBIC).



1983

CBIC administers first certification exam in 1983.



APIC's 1st president, Pat Lynch, and fellow IP M. Jeanne Cummings pictured in 1983.

US Assistant Secretary of Health and Human Services identifies AIDS as number 1 public health priority.

1985

TB has huge resurgence due to human immunodeficiency virus infection (HIV).

1986

“National Infection Control Week” is established by President Reagan, to eventually become “International Infection Prevention Week” or IIPW.

Infection control was upgraded by the Health Care Financing Administration (now Centers for Medicare & Medicaid Services) from a standard under sanitary environment to a separate Condition of Participation.



1987

APIC issues its first guideline, “Draft of guideline for use of topical antimicrobial agents” in AJIC.



1989



In the late 1980s, CDC started to hold their trainings in the field, away from Atlanta, and this was one of the courses, part two of “Management Skills for ICNs.” The photo includes students and facilitators of the CDC course, held in NYC during the fall of 1989. Standing: Marie Ciacco Tsivitis, Wes McKinley, Julie Jefferson, Lucille Plantimoli, Sherry Chisolm, George Allen, Joyce Manuel, Lillian Burns, Ursula Reyes, Nora Adachi, Audrey Adams, Kathleen Russo. Seated: Ellen Clark, Anne-Marie O’Brien, Irene Chorney, Eileen Englebracht, Elaine Atwood, Marlene Harrison, and Joanne Gavitt.

1990

APIC’s “Guideline for selection and use of disinfectants” is published in AJIC.

APIC GUIDELINES FOR INFECTION CONTROL PRACTICE

The Association for Professionals in Infection Control, Inc. (APIC) Board of Directors and Standing Committee are pleased to present this second in a series of guidelines for infection control practice: the “APIC Guideline for Selection and Use of Disinfectants.”

William A. Rutala, PhD, APIC, was selected in 1987 to chair the Standing Committee on Infection Control and to serve as the primary author of this guideline. The guideline was developed by the Standing Committee on Infection Control and to serve as the primary author of this guideline. The guideline was developed by the Standing Committee on Infection Control and to serve as the primary author of this guideline.

The guideline is intended to provide a framework for the selection and use of disinfectants. It is not intended to be a substitute for the judgment of the user. The guideline is intended to provide a framework for the selection and use of disinfectants. It is not intended to be a substitute for the judgment of the user.

The APIC Board of Directors and Standing Committee reserves the right to modify or delete any portion of this guideline at any time without notice.

APIC guideline for selection and use of disinfectants

William A. Rutala, PhD, APIC
Chairman, Infection Control

INTRODUCTION

The need for appropriate disinfection and sterilization has been emphasized for decades. The importance of infection control in the hospital setting is well known. The importance of infection control in the hospital setting is well known.

Disinfection is the process of killing or inactivating microorganisms on inanimate surfaces. It is a key component of infection control practice. Disinfection is the process of killing or inactivating microorganisms on inanimate surfaces. It is a key component of infection control practice.

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1991

AIDS will be the second leading cause of death among men 25–44 years of age and is likely to be one of the five leading causes of death among women aged 15–44 years in the United States.

CDC establishes its Healthcare Infection Control Practices Advisory Committee (HICPAC) to provide advice on the practice of infection control.

1993

APIC develops sections, focus groups, and the Research Foundation to sponsor research studies and collaborate with academic investigators on projects that align with the association's priorities.

1994

APIC changes the name from Association for Practitioners in Infection Control to Association for Professionals in Infection Control and Epidemiology.
APIC moves from Chicago to DC.

1995

APIC publishes its first hand hygiene guideline, authored by Dr. Elaine Larson.
Elaine Larson becomes Editor of AJIC, a position she holds for 25 years, until her retirement in 2019.

1996

APICList, now known as IP Talk, debuts.
APIC.org website is launched.
The APIC Infection Control and Applied Epidemiology: Principles and Practice is published; it is now known as the APIC Text.

1997

The International Infection Control Council (IICC) is established. The concept for its inception was to add to the expert resources available to members of three organizations—APIC, CHICA, and ICNA—through collaborative development of projects of mutual interest.



**ASSOCIATION FOR PROFESSIONALS IN
INFECTION CONTROL AND EPIDEMIOLOGY, INC.**



APIC turns 25. Pictured left to right: Gina Pugliese, Rita McCormick, Martin Favero, Jean Reed Vandermade, Carla Alvarado, Julia Garner, Kathy Lucente, Margarite Jackson, Patricia Lynch, Janice Belcher, and Betsy Pantelick.

1998

Publication of Requirements for infrastructure and essential activities of infection control and epidemiology in out-of-hospital settings: A Consensus Panel report, with SHEA.

1999

The emergence of West Nile virus (WNV), a flavivirus within the Japanese encephalitis antigenic complex, in New York City in the summer of 1999 marked the first time that this Old-World virus had been identified outside of the Eastern Hemisphere.

The Institute of Medicine's report, "To Err is Human," revealed that thousands of patients were injured or died in hospitals each year due to medical error. HAIs were recognized as the leading cause of preventable harm.

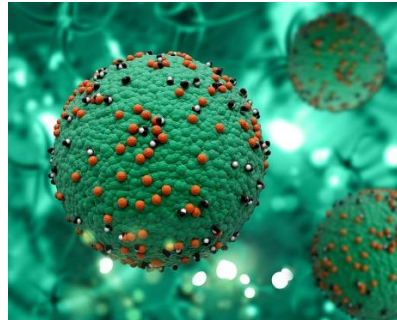


The first project of the International Infection Control Council was a consensus conference on infection control issues and antimicrobial resistance, held in Toronto.

2000

APIC Guideline for endoscopy is published.

The U.S. declared that endemic measles cases were eliminated in U.S. However, during 2011–2014 there was a resurgence of measles outbreaks in the U.S.



2001

Post-9/11, anthrax is mailed to several businesses throughout the U.S.; five people died as a result, bioterrorism fears grew.

2002

APIC celebrates 30 years. Read 2002 APIC President Gigi Dash's presidential address and view her PowerPoint presentation.

Four states (Illinois, Florida, Missouri, and Pennsylvania) began to mandate that healthcare facilities report HAIs to the public.

The first APIC/CDC/SHEA safety symposium/new e-learning modules were published.

2003

SARS–CoV (Severe Acute Respiratory Syndrome) pandemic begins, with 8,098 cases worldwide (8 in U.S.) resulting in 774 deaths. Canada requests U.S. IPs to assist, which several did. Ann Marie Pettis, Linda Greene, Janet Franck, and others arrived at Scarborough Grace (ground zero hospital).

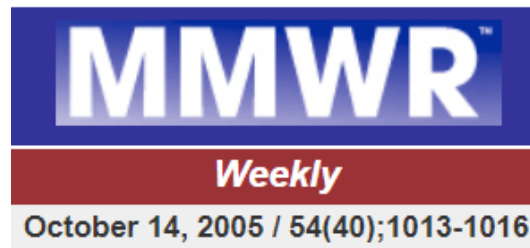


2005

“Guidance on public reporting of healthcare-associated infections: recommendations of the Healthcare Infection Control Practices Committee,” published in AJIC. This guidance paved the way for individual states and eventually the federal government to require hospitals to report their HAIs to the CDC’s central database, the National Healthcare Safety Network (NHSN).

Two research projects seeking to reduce central line-associated infections (CLABSI) were published. One study joined the CDC and the Pittsburgh Regional Healthcare Initiative (Reduction in Central Line–Associated Bloodstream Infections Among Patients in Intensive Care Units — Pennsylvania, April 2001–March 2005.) The other study brought together researchers from Johns Hopkins University Hospital and the Michigan Hospital Association (An Intervention to Decrease Catheter-Related Bloodstream Infections in the ICU). Both studies found a 65% reduction in CLABIs by implementing relatively simple interventions.

APIC publishes a State of the Science Report on the Economic Impact of Infection Control. Denise Murphy, 2007 APIC President, was a lead author on the report.



2006

Mumps outbreaks across multiple states results in 6,500 cases, many on Midwestern college campuses. The largest outbreak would take place in 2009-2010, when 3,000 cases in religious communities in NYC were reported.

2007

APIC publishes its first major research study showing a much higher rate of MRSA than previously reported. “National prevalence of methicillin-resistant *Staphylococcus aureus* in inpatients at US health care facilities, 2006,” compiles data from Infection Preventionist at more than 1,200 U.S. hospitals.

APIC holds its first national conference on MRSA.

The Joint Public Policy Committee (APIC, SHEA, CDC, CSTE) create “Essentials of Public Reporting of Healthcare-Associated Infections: A Tool Kit.”



Media Attention Over MRSA Prevalence Study—Talking Points for Members

With the landmark results of the APIC MRSA Prevalence Study in hand and plans for its release to take place this Thursday in a session led by Dr. Bill Jarvis, APIC has taken the media into consideration.

After two months of careful planning, anticipating who might be interested in publishing an article and what questions reporters might ask, APIC launched a targeted media campaign.

We anticipate national media coverage, including *The Wall Street Journal*, *USA Today*, and the *Associated Press*, as well as a host of local interest throughout the United States.

To prepare you, in the event that your hospital is contacted by the media, APIC has outlined the key results and prepared talking points for members. Your facility could be contacted as early as today. Get information at the Stay Connected with APIC booth and online at www.apic.org.

Learn more by attending the "Results of the APIC MRSA Prevalence Study" session on Thursday at 9 a.m.

Essentials of Public Reporting of Healthcare-Associated Infections: A Tool Kit

Prepared by the Healthcare-Associated Infection Working Group of the Joint Public Policy Committee

Purpose:

The tool kit was created to assist states and healthcare facilities facing legislative mandates of publicly report healthcare-associated infections (HAI) by providing guidance on appropriate measures for a meaningful reporting system. These components include the creation of an agency with the necessary personnel and resources to oversee the system, use of standardized format and required data elements, use standard case finding methodology, collection and information technology of data, outcome and process measures, and strategies to ensure consistent interpretation of public reporting. The tool kit also includes recommendations for what outcome measures should be used for public reporting of HAI.

The tool kit outlines the principles outlined in the Centers for Disease Control and Prevention document, "Guidance on Public Reporting of Healthcare-Associated Infections: Recommendations of the Healthcare Infection Control Practices Advisory Committee (HICPAC)." (www.cdc.gov/nceizd/hicpac/2008_hai_public_reporting_guidance.pdf) and provides the critical role of the CDC's National Healthcare Safety Network (NHSN), a web-based surveillance system for capturing data on adverse events (both infection and healthcare-associated with healthcare delivery, NHIHSN) provides protocols, data collection forms, and data upload sampling the user's data with relevant aggregate.

The working group did not address process measures and the reader is directed to organizations such as the CDC (www.cdc.gov/nceizd/hicpac/2008_hai_public_reporting_guidance.pdf), the Institute for Healthcare Improvement (IHI) (www.ihp.org), and the National Quality Forum (www.qualityforum.org) for additional information. The member is also directed to process measures that pertain to healthcare (HICPAC) accreditation.

Members of the working group considered strategies for public reporting of healthcare facility-associated conditions (HACs) since several states have or are implementing reporting to state health departments. However, the final recommendations for HACs have not yet been published and consequently the topic has not been discussed in the final document.

The tool kit for public reporting of HAI is a dynamic document and as the science evolves and experience is gained, the tool kit will be updated as needed. For example, updating may be needed after the National Quality Forum releases recommendations from its project on National Healthcare System Standards for the Reporting of Healthcare-associated Infection Data.

Background:

HAIs are a major public health problem in the United States affecting 1.6 to 2 percent of hospitalized patients annually, resulting in 2 million infections, 90,000 deaths and costing \$4.5 to \$9.7 billion in healthcare costs.

An increasing number of states have enacted legislation to mandate public reporting of HAI and additional states continue to propose similar legislation. (www.hicpac.org/2008_hai_public_reporting_guidance.pdf) The legislative process proposed to mandate public reporting of HAI is a complex process and the tool kit is intended to assist states in the process. The tool kit is intended to assist states in the process of public reporting of HAI and the tool kit is intended to assist states in the process of public reporting of HAI.

The Tool Kit

It is the consensus of the working group that in order to influence the informed public of public reporting of HAI, which are, the tool kit is intended to assist states in the process of public reporting of HAI and the tool kit is intended to assist states in the process of public reporting of HAI.

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2008

APIC introduces the term “infection Preventionist” to describe the work of infection control professionals and better articulate the expanding roles of APIC members.

Congress mandates CMS to stop providing increased payments to hospitals for the care of patients with HAIs. CMS worked with CDC to determine which HAIs were “reasonably prevented.”

APIC/SHEA Guideline: Infection prevention and control in the long-term care facility is published.

APIC Consulting Services is founded

APIC News becomes *Prevention Strategist*

APIC publicizes threat of *C. diff* and holds its first national conference on *C. difficile*.

2009

APIC’s second major research study is published: National U.S. Inpatient Healthcare Facility *Clostridium difficile* Survey. This was the largest, most comprehensive prevalence survey of *C. difficile*, which revealed that colonization and infection rates among hospitalized adults were much higher than previously estimated.

H1N1 swine flu pandemic begins, resulting in 12,220 deaths worldwide.

2010

Congress incorporated HAI prevention into the Value Based Purchasing program of the Affordable Care Act. The first HAI for mandatory reporting was CLABSIs.



APIC member Susan Dolan discovers three patients with blood cultures positive for *Bacillus cereus*, an organism that can lead to life-threatening infections. Her team's exploration reveals non-sterile alcohol prep pads – one of the most widely used products in healthcare – as the source of contamination. Dolan's investigation led to a worldwide recall of tainted lots and FDA reminders about the safe use of these products.

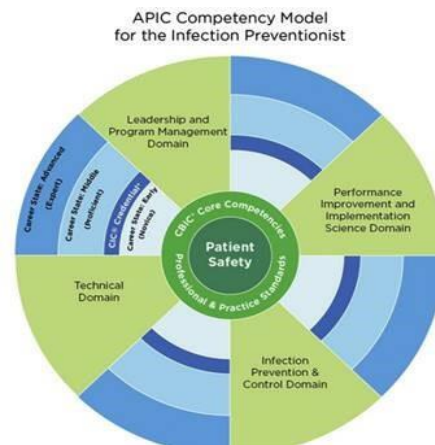
2012

Pertussis resurfaces with 48,777 cases in the U.S.
MERS CoV emerges in the Middle East,

APIC issues *Strategic Plan 2020*

Nationwide fungal meningitis outbreak is traced to a compounding pharmacy in New England. Infection Preventionist were key to solving the mystery of this outbreak.

Dr. Marion Kainer, who helped uncover the outbreak, speaks at APIC's 2014 Annual Conference.



APIC developed the first model for infection Preventionist (IP) competency. Learn more about the May 2012 white paper in the *American Journal of Infection Control* (AJIC).

2013

The Centers for Disease Control and Prevention (CDC) report, Antibiotic Resistance Threats in the United States, is published in 2013. Using conservative estimates, the CDC determined that antibiotic-resistant organisms are responsible for more than 2 million infections and 23,000 deaths per year in the United States, at a direct cost of \$20 billion.

Candida auris emerges in the U.S. in MD, NY, and IL.

APIC holds its second national conference on *C. difficile*.



2014

The 2014-2016 Ebola Outbreak in West Africa begins.

In September 2014, the CDC confirmed the case of Ebola in the U.S. in a man who traveled from West Africa to Dallas, Texas.

APIC members provide training to teams traveling abroad and serve on the ground in West Africa assisting with the response.

APIC makes national headlines and testifies before Congress with its “Ebola Readiness Survey” which found that only 6 percent of IPs at U.S. hospitals indicated they were well-prepared to receive a patient with Ebola and that one in two hospitals have only 1 or fewer than 1 full-time IPs on staff.

Chikungunya–US travel associated cases total 2,799 represented risk for pregnant women.

Measles outbreaks occur as a consequence of under-vaccination.

2015

The CRE strain of KPC (*Klebsiella pneumonia* carbapenemase) took the lives of seven patients at the National Institutes of Health Clinical Center near Washington, D.C. According to the CDC, the first reported CRE case occurred in a North Carolina Hospital in 2001, and since then, cases have been identified in 41 states.

CDC releases Ebola supplemental funds to support infection prevention efforts.

Non-tuberculosis *Mycobacterium* infections associated with heater-cooler devices used in cardiac surgery.

2018

APIC holds Consensus Conference on the Future Role of the Infection Preventionist



2019

December 31st: Wuhan Municipal Health Commission, China, reported a cluster of cases of pneumonia in Wuhan, Hubei Province. A novel coronavirus is eventually identified.

2020

January 20th: 1st U.S. case of SARS-CoV-2 identified in Snohomish County, WA.

February: 1st nursing home outbreak of SARS-CoV-2 identified in King County, WA.

March 11th: WHO declares COVID-19 a global pandemic.

December: The COVID-19 vaccine created by Pfizer-BioNTech is released under EUA to the U.S. public 16 years and older.

Devin Jopp joins APIC as CEO.



2021

APIC creates the IP Academic Pathway to accelerate careers of new IPs.

APIC deploys APIC consultants to help state health departments with COVID response.

APIC hosts its first virtual annual conference.

