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Editorial

Setting the stage for the story that is yet to come

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As we celebrate APIC's 50th year and reflect on the achievements of the past, it's clear that we stand upon the shoulders of giants. In the 1960s, there were only a handful of infection control programs in hospitals across the country. There was practically no way for them to connect with each other and there was scant scientific literature on evidence-based infection prevention and control (IPC) practices.

An energetic CDC staff member named Claire Coppage, who taught the CDC's "Surveillance, Prevention, and Control of Hospital-Associated Infections" course in the late 1960s, believed passionately that an organization that brought together those who were committed to preventing infections in healthcare should be formed. She organized a steering committee who met in Raleigh, North Carolina in April of 1972, and in 3 days, the committee hammered out the framework for the Association for Practitioners in Infection Control (APIC).

APIC was conceived of as a multi-disciplinary organization. The purpose of APIC, as established by the steering committee, was to unite healthcare workers of all disciplines who shared the common goal of improving patient care through infection control activities. The primary goals for the new association were to enhance communication, develop educational programs, and standardize techniques and programs of infection control.

The founders of APIC had always envisioned creating a scientific journal. The first newsletter, hand-typed and mimeographed in 1973 stated, "We are ambitious enough to hope that in time it will be more than a newsletter, having some of the characteristics of a professional journal." Calling on members to step up and contribute to the body of literature, they added, "Much of the contents must come from you on the clinical scene!"

Since the *American Journal of Infection Control* (AJIC) was formally established in 1980, the scientific literature on infection prevention and control (IPC) has grown exponentially. In addition to 2022 being APIC's 50th anniversary, this year marks the publication of AJIC's 50th issue. As such, we've curated a special reprint collection highlighting some of the significant science published in AJIC from each decade. These works build off one another and form the foundation of current IPC practice.

This year, as we have learned more about why and how APIC was founded and reflect on how far we've come since those early years, we also have looked ahead to the future of infection prevention.

COVID-19 has been beyond difficult for us, but it has also presented us with amazing opportunities. In June 2021, the APIC Board of Directors updated the vision and mission to better reflect the post-COVID-19 reality and to reset APIC's strategic direction. When considering the vision statement, perhaps the largest illuminating factor was that due to COVID-19, APIC's influence now extends well beyond healthcare into other industries like transportation, entertainment, hospitality, and education. COVID-19 has thrust IPC into the forefront of the public's collective consciousness. Hence, our vision and mission evolved to ensure that APIC is not only relevant but is leading the way forward to what infection prevention will look like beyond COVID. APIC's new vision is now "A safer world through the prevention of infection." APIC's mission has been revised and now reads, "To advance the science and practice of infection prevention and control."

When considering modifications to our mission statement, we determined that APIC must advance both the practice of infection prevention and the science that will lead to new discoveries, innovations, and the methodologies that can aid us in our efforts. We believe our modified mission will help establish APIC as the leading source for both infection prevention science and practice. Going forward, APIC aims to prioritize infection preventionist-led research so that, as with our basic science colleagues who are at the forefront of vaccine research and development, we will one day become the leaders in implementation science in infection prevention and control.

In addition to updating the vision and mission, a new strategic plan centering on 3 core strategic priorities was created:

- Champion the scientific advancement and practice of IPC
- Elevate infection preventionists as essential advocates, leaders, and experts
- Foster development of the next generation, IPC workforce

In many ways the focus of APIC's revised strategic plan builds off the natural progression and strong foundation that has been established over the past 50 years. APIC has long produced invaluable guidance and practice resources that have facilitated the practice of IPC. Through AJIC, we have served as a key source of IPC science. However, our new focus takes us to the next level. For example, this year APIC established the *Center for IPC Research, Practice, and Innovation*. Through the new Center, we will create a team of infection preventionist scientists, researchers, and research fellows who will secure funding and produce original research to advance the IPC field.

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We expect that over time, APIC will play a leading role in building research networks to advance multientity scientific research.

Learning from COVID, and the ways in which IPs played key roles on COVID response teams (and the ways in which many IPs *were not* included on these teams) we will be developing initiatives to help drive the influence of IPs as leaders. One of our highest priorities is to provide IP staffing recommendations that consider current IP responsibilities and complexity of work in various work settings.

There has never been a clear path to enter the field of infection prevention, much less a clear career ladder. A critical strategy for the future of our profession is the development of an IP Academic Pathway. We are developing a framework for internships, undergraduate concentration programs of study, and stand-alone graduate-level degrees that focus on infection prevention. Developing an academic structure for the IP profession is critical to ensure a pipeline of well-trained IPs to meet the current and future demand for our expertise and meet the evolving needs of health care and non-health care settings.

In addition to modifying our strategic plan, the 2021 APIC Board of Directors also appointed two new task forces to address diversity and disparity issues in the field. The Diversity, Equity, and Inclusion (DEI) Task Force will make recommendations to ensure our association workforce and leadership reflects the values of inclusion and respect. In addition to racial, ethnic, and gender diversity, we know our field also benefits when IPC programs have a diverse mix of professional

expertise, including public health professionals, laboratory scientists, nurses, physicians, and epidemiologists. Our Health Inequities and Disparities Task Force will evaluate the landscape of health inequity and disparity in the context of IPC and epidemiology, make recommendations for research and education, examine interventions that can be deployed to address these issues, and propose action steps that APIC should consider in establishing leadership on this critical topic. Recognizing the need to sustain this effort, the APIC Board of Directors has established a permanent standing committee – the Health Equity Committee – to implement this work.

We have been born from those who are of tenacious and caring spirit. At our mid-century point, we are now clarifying who we are and who we will become. The fundamental ideals espoused by our founders for connection, communication, sharing of ideas, best practices, and education still permeate the very fabric of our organization. While APIC has expanded in so many ways since our humble beginnings, these core characteristics remain at the heart of the organization today and will continue to guide us into the future. We hope the articles in this 50th anniversary collection both add to your scientific understanding and provide an appreciation for the fundamental underpinnings of current practice. We hope they also inspire you to carry the torch forward, as “Much of the contents must come from you on the clinical scene!” You are the leaders who will shape the next 50 years. As our founders first lit the torch, it’s now our time to move onward and upward.