



ELSEVIER

Contents lists available at ScienceDirect

American Journal of Infection Control

journal homepage: www.ajicjournal.org

Editorial

American Journal of Infection Control becomes a reality & is launched! Reflections on the journal & fields of infection prevention & control in the 1980s

Russell N. Olmsted MPH, CIC, FAPIC

Infection Prevention Management Trinity Health, Livonia, MI, USA

"You are now witnessing another milestone in Association for Professionals in Infection Control and Epidemiology (APIC) history with this first issue of the *American Journal of Infection Control* (AJIC) published by The C. V. Mosby Company. Another step forward has been taken to give APIC a more authoritative voice in the health care field and to gain more recognition in academia..."¹ This was part of the President's Message feature by APIC's seventh President Katherine Holl and AJIC's first Editor and Associate Editor, Mary Castle White and Dr Joseph Klimek respectively, who added, "...The need for a professional journal of infection control that is indexed and available in medical libraries is clear to us; the changes evident in this first issue of 1980 are evidence of our attempts to make APIC's publication that journal..."² The launch of AJIC was indeed *the beginning of a beautiful friendship* [quote from Rick Blaine, played by Humphrey Bogart, in the film *Casablanca* (1942)] not only for infection preventionists around the world but all who envision a safer world through the prevention of infection.

I am delighted to offer a *Back to the Future* lens on AJIC throughout the decade of the 1980s. On a personal note, it coincided with my entry into a career as an infection preventionist – with significant gratitude and thanks to Ms Dorothy Campbell who decided the program she was directing at an acute care hospital in a suburb of Detroit MI would benefit from addition of an epidemiologist. Interestingly the 1980s also coincided with emergence of a novel pathogen, human immunodeficiency virus that led to a global outbreak of AIDS.³ Not too surprisingly to infection preventionists the world continues to experience the unexpected involving emergence infectious diseases, for example, COVID-19 and most recently monkeypox in countries where this has not been endemic.^{4,5} As you review studies published in AJIC in the 1980s – especially those selected for republication in this Supplement – it is clear that infection preventionists and the field of infection prevention and control is critical to keeping people safe from infection and preventing infection in healthcare settings and the community.

The selection of the 4 studies published in AJIC in the 1980s for this supplement began with collation of this evidence by frequency with which they were cited by other scientists and professionals in their publications. On a logarithmic scale Centers for Disease Control

and Prevention's updated definitions for nosocomial infections was cited 3.70 log₁₀ times which outscored any of the other studies in the Journal in this decade.⁶ So you ask why was this not reprinted in this Supplement? Our 50th APIC Anniversary workgroup for this supplement chose to filter studies with high frequency of citation, as much as possible, that were also original research by infection preventionists or other researchers.

Dr Elaine Larson, who subsequently became Editor for AJIC in 1997, published her and her co-contributor's study of behavioral factors among healthcare personnel that influence their use of handwashing.⁷ They identified that barriers to adherence with handwashing, for example, how busy healthcare workers were while providing care and irritation to their skin from frequent use of soap and water, should be a major focus on how to improve use of hand hygiene. Two other landmark investigations, an update on the Study on the Efficacy of Nosocomial Infection Control) project led by Haley et al and funded by the Centers for Disease Control and Prevention and an analysis of the work of infection preventionists (IPs) were published in AJIC. The former studied efficacy of infection prevention and control programs and identified critical infrastructure, that is, level of IP staffing and beneficial role of a physician trained in Infection Prevention and Control, for an effective program.⁸ Importantly Haley stated that findings from Study on the Efficacy of Nosocomial Infection Control investigation highlight, "...The proven efficacy and the strong financial advantages of infection control now present a compelling reason for the owners and managers of hospitals to handle infection control with the same degree of planning and accountability as they have the direct revenue-producing activities in the past..." Shannon et al. examined the work and knowledge of IPs in a nationwide survey (part of 3 elements of this investigation) of IPs.⁹ This task analysis laid the foundation for assuring there is not only sufficient support for IP staffing but that the IPs working in a program are competent. The establishment of board certification for IPs that used the task analysis continues to be administered by the Certification Board of Infection Control & Epidemiology, Inc.

Original research is essential to advancing our collective understanding, how to improve prevention of infection and is center stage in APIC's updated 2022 Strategic Plan. However, viewpoints and perspective by IPs are also important throughout our collective careers. Marguerite Jackson, during her Carole DeMille Lecture, asked IPs to question rituals that emerged over the trajectory of Infection Prevention and Control

Address correspondence to Russell N. Olmsted, MPH, CIC, FAPIC, Infection Prevention Management Trinity Health, 20555 Victor Parkway, Livonia, MI 48152, USA.
E-mail address: olmstedr@trinity-health.org (R.N. Olmsted).

programs; for example, disproportionate time on counting healthcare associated infections, use of disposable food trays for patients under isolation precautions, extreme caution with blood/body fluids when caring for those under isolation.¹⁰ Jackson instead advocates for use of critical thinking, epidemiologic methods and information from published studies, to identify risk factors for infection that providers can influence and work to improve safety of care and promote health in not only hospitals but the community where those we serve live. This is superb advice for all and as applicable in 2022 and beyond as it was in 1984. Enjoy the reprints in this entire issue as I know you'll find them enlightening and appreciate the incredible value of research published in the jewel we all hold dear, the AJIC.

References

1. Holl K. President's message. *Am J Infect Control*. 1980;8:28A.
2. Castle M, Klimek J. The evolution of a multidisciplinary journal. *Am J Infect Control*. 1980;8:1.
3. Masur H, Michelis M, Greene JB, et al. An outbreak of community-acquired *Pneumocystis carinii* pneumonia: initial manifestations of cellular immune dysfunction. *N Engl J Med*. 1981;305:1431–1438.
4. Patel A, Jernigan DB. Initial public health response and interim clinical guidance for the 2019 novel coronavirus outbreak — United States, December 31, 2019–February 4, 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69:140–146.
5. Centers for Disease Control & Prevention (CDC). Monkeypox Virus Infection in the United States and Other Non-endemic Countries—2022. Distributed via the CDC Health Alert Network (HAN), May 20, 2022, HAN No. 00466. Accessed May 20, 2022. <https://emergency.cdc.gov/han/2022/han00466.asp>.
6. Garner JS, Jarvis WR, Emori TG, Horan TC, Hughes JM. CDC definitions for nosocomial infections, 1988. *Am J Infect Control*. 1988;16:128–140.
7. Larson E, Killien M. Factors influencing handwashing behavior of patient care personnel. *Am J Infect Control*. 1982;10:93–99.
8. Haley RW, Morgan WM, Culver DH, et al. Update from the SENIC Project Hospital infection control: recent progress and opportunities under prospective payment. *Am J Infect Control*. 1985;13:97–108.
9. Shannon R, McArthur BJ, Weinstein S, et al. A national task analysis of infection control practitioners, 1982. Part two: tasks, knowledge, and abilities for practice. *Am J Infect Control*. 1984;12:187–196.
10. Jackson MM. From ritual to reason—with a rational approach for the future: an epidemiologic perspective. Fifth Annual Carole DeMille lecture. *Am J Infect Control*. 1984;12:213–220.