SHEA

Introduction

The Sixth Decennial International Conference on Healthcare-Associated Infections Abstracts, March 2020

Global Solutions to Antibiotic Resistance in Healthcare

Held once every 10 years, the Decennial International Conference on Healthcare-Associated Infections reviews the advances of the previous decade as well as the opportunities and trends for the fields of healthcare epidemiology, infectious diseases, and infection prevention and control in the future. Due to the coronavirus disease 2019 (COVID-19) global pandemic, the SHEA Board and the Decennial 2020 Steering and Program Committee made the difficult decision to cancel the Sixth Decennial International Conference on Healthcare-Associated Infections (Decennial 2020), which was slated to take place in March 2020.

Given the ongoing global situation with COVID-19, it is essential that healthcare and public health professionals remain in their workplaces and continue to direct and implement the national and international response activities related to COVID-19. Both the SHEA and the Centers for Disease Control and Prevention are aware of the challenges our country is facing at this moment as leaders in public health and infection prevention and control. We understand the vital need to direct time and energy to the critical situation we are facing in this rapidly changing environment.

Although the conference has been canceled, we are pleased to present to you this supplemental issue of *Infection Control and Hospital Epidemiology* featuring select Scientific Abstracts from the Decennial 2020. The program for the Decennial 2020 intended to highlight 3 narrative themes that encapsulate many of the imperatives for driving progress forward in the field:

- (1) *Innovation*: The development of novel prevention tools, strategies, diagnostics, and therapeutics has been critical in the progress of infection prevention and in addressing the threat of antibiotic resistance. Further innovation related to healthcare technology, practices, policies, and programs are needed to continue to move toward the goal of eliminating healthcare-associated infections (HAIs) and slowing antibiotic resistance.
- (2) Data for action: Facilities, states, clinicians, and other stakeholders need data to drive detection and prevention strategies to eliminate HAIs and to combat antibiotic resistance.

Improvements in use of surveillance, epidemiologic, clinical, and laboratory data are critical to closing knowledge gaps and allowing the implementation of effective strategies to provide safe care.

(3) Addressing AMR without borders: Many factors impact the local and global burden and transmission of antibiotic resistance. To prevent resistant pathogens from spreading within and between healthcare facilities and the environment, constant vigilance and action are needed. The spread of antibiotic resistance does not respect borders. The antibiotic resistance experience of any given facility, region, or country is directly influenced by the movement of colonized or infected patients with its neighboring facilities, regions, and countries. Global success in containing the spread of HAIs and antibiotic resistance will require coordinated responses at the local, regional, and international levels. Public health and healthcare systems must work together to share information to detect and to implement effective practices to prevent infections from occurring and spreading.

The abstracts presented in this supplement highlight these themes, and we are excited to share with you all of the exciting research taking place to advance efforts to prevent infections, combat antibiotic resistance, and provide safe healthcare at every encounter.

We thank the Abstract Subcommittee for reviewing and selecting the abstracts presented in this supplement. We received a record number of abstracts, and we appreciate the effort each author contributed. The hours of work that our volunteer reviewers contributed was invaluable in selecting high-quality research for the Decennial 2020.

Disclaimer: The large number of submitted abstracts and the deadlines associated with publication do not permit full author communication, abstract revisions, or ICHE editorial review. The abstracts are presented, as they were submitted to the Decennial 2020 Program Committee. Although efforts were made to ensure accuracy, some information related to disclosures and funding may be omitted.

The Society for Healthcare Epidemiology of America and The Centers for Disease Control and Prevention