Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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Letter to the Editor

Will the status of infection prevention and control (IPC) professionals be improved in the context of COVID-19?

To the Editor,

As of 11th March 2020, globally, the outbreak of novel coronavirus disease 2019 (COVID-19) has been declared as a pandemic by World Health Organization.[1] In the past few months, we observed how Mainland China succeeded to flatten the new confirmed cases and decreased the epidemiological curve with the aggressive and bold infection prevention and control (IPC) and nonpharmaceutical measures.[2,3] Besides the frontline healthcare workers, IPC professionals also played a significant role in emergency preparedness and responses (ie, fever-triage strategies, screening measures, and quarantine practices for infected or suspected patients) to contain the spreading of the virus, especially transmission of infection from patients to healthcare workers. Compared with the fact that 21% of healthcare workers were infected during SARS outbreak in 2003, there was a significant decrease of healthcare workers becoming infected during outbreak of COVID-19.[4] Even though we have recognized the importance of multimodal IPC strategies against COVID-19; compared with the efforts providing cares and services by the frontline healthcare workers, the contributions of IPC professionals have not yet been praised and identified.

The problems that IPC professionals are facing with have deep causes to be addressed, which are lasting for a long time. Before the emergency outbreak of COVID-19, most IPC professionals faced structural/hierarchical challenges, including but not limited to power struggles in influencing the IPC practices in the clinical departments.[5] Also, in the hospital management level, IPC services (ie, routine IPC measures, emergency preparedness, and responses) have not been considered as important as clinical and nursing services. Therefore, IPC professionals had to undertake greater accountability of risks and pressures for implementing IPC outbreak management strategies. Second, at the beginning of outbreak of COVID-19, the insufficiency of IPC professionals is obviously becoming more significant, especially for hospitals not dedicated for COVID-19 patients. IPC professionals not only had to conduct their routine IPC surveillance activities, but also had to take charge in formulating new in-house COVID-19 IPC guidelines, triage strategies, hospital-wide training, outbreak drills, and so forth. In terms of financial support, IPC services were not subsidized nor given any form of reimbursements or remuneration for fighting against COVID-19[6] as IPC professionals were measured as not providing direct care and services to confirmed or suspected COVID-19 patients. Third, whether before or after the outbreak of epidemic, the composition of IPC professional team should consist of an interdisciplinary team/speciality (ie, infectious diseases/infection control physicians, IPC nurses, clinical microbiologist, pharmacist, and other technicians). In fact, IPC nurses are traditionally still the key players, and this makes other professionals reluctant to be assigned to an IPC position by hospital management.[5] Also, in the national level, few medical sources were invested for cultivating interdisciplinary talents in the field of IPC. Therefore, expert panel of Steering Committee for fighting against COVID-19 in Mainland China highly recommended that IPC education and training (especially emergency preparedness and responses) should be initiated and made compulsory in all medical undergraduate courses.[7] This approach would not only cultivate qualified IPC professionals, but also orchestrate a paradigm shift where peers would respect and recognize the importance of IPC services in the hospitals.

During the outbreak of COVID-19 in Mainland China, we have witnessed that IPC professionals have done numerous and significant efforts to contain the transmission of infections between patient-to-patient and patient-to-healthcare workers. However, for an improved and sustainable IPC measures in the hospital levels, we recommend that a qualitative research should be conducted in order to explore/identify: (1) what are the facilitators and challenges of IPC implementation strategies during the outbreak, and what should be improved; (2) perceived effectiveness for successful containments of the spreading of the virus; (3) influence of organizational culture in outbreak management. This approach will convince the hospital management levels to not only improve the position/status of IPC professionals but also achieve the scientific recognitions by the peers in the hospital level.

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