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We Are Not Waiting for a Cure for Sepsis— We Are Waiting for Leadership*

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We welcome the report, published in the recent issue of *Critical Care Medicine*, by Born et al (1) from Universitätsklinikum Jena. Although confined to Germany, their research fills a gap in our knowledge of pediatric sepsis and reveals it to be a plight not just of the developing world as is often assumed, but of the richest countries on earth. The extent of this public health crisis, which afflicts 50 million people globally each year, including 25 million children, should shock and dismay us all—and it should prompt immediate action. It is our fervent hope that the report’s findings will galvanize public health experts worldwide to develop much-needed national policies to prevent sepsis from occurring and to improve outcomes for pediatric sepsis patients.

Our perspective on the rate of child mortality from sepsis and the need for more robust and effective interventions no doubt differs from that of many readers of this journal. We lost our own precious son, Rory, to undiagnosed and untreated sepsis in 2012 when he was just 12 years old. From that moment on, we have dedicated our lives to preventing more senseless, preventable deaths from sepsis. While all readers will agree that the numbers outlined in this report are appalling—11.5% of pediatric hospital deaths were associated with sepsis and 16.6% of pediatric sepsis cases were fatal—we view them through the lens of our personal tragedy—every statistic a child’s face, a family broken beyond repair. And we feel anger at the numbers presented here.

*See also p. 1049.

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We have always believed accurate national reporting of sepsis data to be critical to the development of policies and interventions capable of effectively addressing the sepsis crisis. In 2013, in the aftermath of our son's death, we worked with the New York State Department of Health and state-based hospital associations and health systems to develop a mandate for sepsis protocols. The New York State Department of Health allowed each hospital to work with its own experts to develop evidence-based protocols that would be viable in its institution, for both practitioners and patients. The state then evaluated the protocols to ensure they fulfilled the requirement that they be evidence-based. As part of the mandate—called Rory's Regulations in honor of our son—hospitals are required to report their sepsis data to the state for review. As the article outlines, when the protocols were properly implemented, sepsis fatalities in children dropped to 7.5%—half the rate of pediatric death found in German hospitals. We are thus passionate supporters of mandatory, evidence-based sepsis protocols. They have proven to be remarkably effective in preventing sepsis deaths in both children and adults. That they have not as yet been widely adopted amounts to an incomprehensible failure on the part of government officials and health policymakers.

The study by Born et al (1) also places much-needed emphasis on the need for a more robust approach to infection prevention strategies. These include early childhood immunizations, which must be a universally accessible part of routine care, and improved screening for group B *Streptococci* (GBS)

during pregnancy. The study (1) identifies neonates as a particularly high risk group—nearly half of sepsis cases occurred in the neonatal age group—and GBS transmission as a prime culprit in the development of sepsis in term neonates. At END SEPSIS, we are currently engaged in developing a maternal sepsis campaign that will highlight the risk of GBS and point to GBS screening as a highly successful method of preventing transmission from mother to baby.

Pediatric sepsis has profoundly affected our family. It has robbed us, and the world, of the brightest star, a compassionate, gifted human being: our Rory. Our son is dead and our lives have been torn apart—but other families can be spared our pain. That proven solutions to this crisis exist and are not being implemented is unconscionable. We call on the medical and public health community to step up and change their behavior to meet this challenge.

We are not waiting for a cure for sepsis—we are waiting for leadership.

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