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CDC's Deadly Mistakes

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By Betsy McCaughey - Sometimes connecting the dots reveals a grim picture. Several new reports about hospital infections show that the danger is increasing rapidly, and that the federal Centers for Disease Control and Prevention isn't leveling with the public about it.

Tomorrow Congress will hold hearings on whether the federal government is doing enough to prevent deadly hospital infection. The answer is "no." The biggest culprit is the CDC. The CDC claims 1.7 million people contract infections in U.S. hospitals each year. The truth is several times that number. The proof is in the data.

One of the fastest growing infections is "Mersa" or MRSA, which stands for methicillin-resistant *Staphylococcus aureus*, a superbug that doesn't respond to most antibiotics. In 1993, there were fewer than 2,000 MRSA infections in U.S. hospitals. By 2005, the figure had shot up to 368,000 according to the Agency for Healthcare Research and Quality. By June, 2007, 2.4 percent of all patients had MRSA hospital infections, according to the largest-ever study, published in the *American Journal of Infection Control*. That would mean 880,000 victims a year.

That's from one superbug. Imagine the number of infections from bacteria of all kinds, including such killers as VRE (vancomycin-resistant *Enterococcus*) and *C. diff* (*Clostridium difficile*). Dr. Julie Gerberding, director of the Centers for Disease Control and Prevention, recently told Congress that MRSA accounts for only 8 percent of hospital infections.

These new facts discredit the CDC's official 1.7 million estimate. CDC spokeswoman Nicole Coffin admits "the number isn't perfect." In fact, it is an irresponsible guesstimate based on a sliver of 6-year-old (2002) data. The CDC researchers who came up with it complained that not having actual data "complicated the problem."

Numbers matter. Health conditions that affect the largest number of people generally command more research dollars and public attention.

The problem doesn't end there. The CDC has resisted calling on hospitals to make the key change needed to stop infections: MRSA screening. A study in the March issue of the *Annals of Internal Medicine* shows MRSA infections can be prevented by testing incoming patients and taking precautions on those who test positive.

The test is a noninvasive skin or nasal swab. Researchers at Evanston Northwestern Healthcare System, a group of three hospitals near Chicago, reduced MRSA infections 70 percent over two years. "If it works in these three different hospitals, it will work anywhere," said the study's lead author, Dr. Lance Peterson, an epidemiologist.

That's fortunate, because the problem is everywhere. The June 2007 survey found MRSA is "endemic in virtually all U. S. health-care facilities." Screening is necessary because patients who unknowingly carry MRSA bacteria on their body shed it in particles on wheel chairs, blood pressure cuffs, and virtually every surface. These patients don't realize they have

the germ, because it doesn't make them sick until it gets inside their body, usually via a surgical incision, a catheter, or a ventilator for breathing. With screening, hospitals can identify the MRSA positive patients, isolate them, use separate equipment, and insist on gowns and gloves when treating them.

Screening is common in several European countries that have almost eradicated MRSA, and some 50 studies show it works in the U.S. too.

Congress and seven state legislatures are considering making screening mandatory. Illinois, New Jersey and Pennsylvania acted in 2007. Why is legislation needed? Because the CDC, which is responsible for providing guidelines for hospitals on how to prevent infections, has failed to recommend that all hospitals screen patients. The CDC's lax guidelines give hospitals an excuse to do too little.

It is common for government regulators to become soft on the industry they are supposed to regulate. A coziness develops. Federal Aviation Administration inspectors failed to insist on timely electrical systems inspections, say news reports. The same may be true at the CDC, where government administrators spend too much time listening to hospital executives and not enough time with grieving families.

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