New York is Ground Zero for the deadliest super-bug yet

By Betsy McCaughey
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The deadliest superbug yet — Candida auris — is invading hospitals and nursing homes, killing a staggering 60 percent of patients it infects. New York City is Ground Zero, with three-quarters of the cases.

Some exposed patients don’t succumb to infection but silently carry the germ and infect others. A patient treated first in New York City unknowingly carried it upstate to Rochester General Hospital, where he died weeks ago. The lethal germ has also reached New Jersey, Michigan, Illinois and Massachusetts, with 122 cases reported so far this year, up from only six last year.

The germ — a fungus — lingers on bedrails and on the uniforms and hands of doctors and nurses. Once it gets inside a catheter or breathing device and invades a patient’s body, it kills.

Candida auris is already in 20 hospitals in New York, including prestigious medical centers. Acting CDC Director Anne Schuchat calls it a “catastrophic threat.” Strong words, but don’t expect health authorities to do much. They’re saying what they always say — patients dying from these infections were already seriously ill. Well, duh. Who else goes to a hospital?

Health-care infections kill at least 75,000 hospital patients a year and five times that number in nursing homes — nearly half a million deaths a year. Politicians talk nonstop about insurance to guarantee seriously ill people access to care. But the biggest risk to these patients isn’t lack of insurance. It’s infection.
Infections jeopardize vulnerable patients’ access to organ transplants, cancer therapy and HIV/AIDS treatments, even if they have insurance. New York Health Commissioner Howard Zucker claims Candida auris “poses no risk to the general public” because it “impacts patients who are already ill for other reasons.” Why write these patients off?

Watching officials downplay Candida auris is déjà vu all over again. In 1999, researchers revealed the existence of killer germ CRE (short for Carbapenem-resistant bacteria) at Downstate Medical Center in Brooklyn. But state health officials and the CDC failed to act.

By 2008, the germ had reached 22 states, often carried by patients from New York. In 2011, a woman with CRE transferred from a New York hospital to the National Institutes of Health in Maryland set off an outbreak that killed 11 patients there, including a 16-year-old boy.

Not until 2013 did health officials label Carbapenem-resistant germs “nightmare bacteria” and call for “urgent and aggressive action.” Tough words but no follow-up. Now it’s in hospitals and nursing homes nationwide.

Yet the feds are dithering instead of insisting all hospitals screen patients likely to have the germ, so precautions can be taken to stop its spread. And Medicare doesn’t reimburse for screening, though it’s a necessary tool.

CRE lodges in sink drains of infected patients’ rooms, and nothing short of ripping out the plumbing gets rid of it. It adheres to medical devices, turning them deadly. In Seattle, Pittsburgh, Chicago and Los Angeles, patients with digestive problems died after being treated with scopes previously used on patients with CRE.

Compare this needless dying to Israel’s resolve when CRE reached its borders in 2007. Health authorities launched a screen-and-clean campaign, reducing CRE by 70 percent in one year, and followed up with a four-year campaign to slash CRE’s presence in nursing homes. In Israel, patients — even newborns — are routinely screened to prevent the germ from spreading.

Meanwhile, here health officials cater to the hospital and nursing-home industries, and excuse shoddy infection control. Despite protests from members of
Congress, the CDC sticks with outdated guidelines for how to clean patients’ rooms, ignoring the potential of automatic room disinfection to save lives.

Similarly, Medicare officials turn a blind eye to hospitals filing false infection-rate reports, a new Inspector General report says.

Until public-health officials start fighting for patients, the superbugs will keep winning.

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