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Hospital Infections Become Increasingly Resistant

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By Amanda Trust

(Medill News Service) CHICAGO Hospitals have long been identified as breeding grounds for infectious bacteria, but as strains become increasingly resistant to antibiotics, more and more lives are being put on the line.

One out of every 20 patients contracts an infection in a hospital and it's the fourth largest cause of death in the U.S., said Betsy McCaughey, founder and chair of the Committee to Reduce Infection Deaths and former lieutenant governor of New York.

"That's more than breast cancer plus auto accidents plus AIDS all together," she said.

McCaughey, who is scheduled to speak at a medical leadership conference organized by the Illinois Hospital Association next week at the Hilton Hotel in Lisle, said almost all hospital infections are avoidable.

"We have the knowledge to prevent hospital infection, what is lacking is will," she said. "Secrecy has allowed this problem to fester for too long."

A concern that will be discussed at the conference is the spread of methicillin-resistant staphylococcus aureus, an antibiotic-resistant staph bacteria that puts patients at risk for skin and blood infections, pneumonia and urinary tract infections.

Northwestern University Healthcare tested all admitted patients for one month in 2004 through a nasal swab test and found that 8.5 percent of them carried strains of MRSA.

In August of last year, Northwestern's hospitals began testing all patients and putting those who tested positive in single rooms or rooms with other people who also carry the bacteria. A notice is put on the door and the hospital staff wash their hands and change gloves after coming in contact with these patients, said Dr. Lance Peterson, an epidemiologist and MRSA researcher for Evanston Northwestern Healthcare.

"It's really spread on the hands of people, so hand washing and gowning and gloving reinforce that because you don't want to lean over [the patient] and get the bacterium on your hands or clothes and pass it to the next patient," he said.

Peterson said about two-thirds of the people who carry MRSA have no symptoms but are at a heightened risk for infection.

Originally, MRSA was only found in hospitals among the elderly and surgical patients. But over time strains developed and spread outside of hospitals. These non-hospital strains are called community MRSA.

"The spread of community MRSA into all age groups makes it impossible to have a defined risk factor," Peterson said.

The community strains are now spread in hospitals.

Dr. Susan Gerber, medical director for communicable diseases at the Chicago Department of Public Health, said the first reported outbreak of community MRSA in a newborn nursery in Chicago was reported in 2004.

Eleven newborns developed skin lesions, she said. They were treated with antimicrobial drugs and all recovered.

In the same year, a 17-month-old died from MRSA at the University of Chicago Hospital, according to a report in the New England Journal of Medicine.

McCaughey said one of the main ways patients can cut their risk of contracting these dangerous and deadly bacterial infections in the hospital is by asking doctors to wash their hands and wipe their stethoscopes prior to examination.

"If you are worried about being too aggressive, just remember your life is at stake," she said, adding that she recommends patients say to their doctors "Excuse me, but there is an alcohol dispenser right here, would you mind using it before you touch me?"

Peterson said bloodstream infections decreased by 70 percent and pneumonia decreased by 50 percent after Northwestern University Healthcare began testing patients for MRSA.

He said the cost of the MRSA program is about \$800,000 per year, an expense he said gets offset by reduced rates of infection and complications among patients.

Danny Chun, spokesman for the Illinois Hospital Association, said one of the key ways to control the spread of MRSA and other bacteria is to monitor infection rates.

He said under new legislation in Illinois, hospitals will be required to report wound infections after surgeries, catheter-related bloodstream infections, ventilator-associated pneumonia and central-line infections caused by IVs to the Illinois Department of Public Health by August 2007.