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The CDC's Deadly Mistake

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

The CDC claims that 1.7 million people contract infections in U.S. hospitals each year. In fact, the truth is several times that number. The proof is in the data. One of the fastest growing infections is methicillin-resistant *Staphylococcus aureus* (MRSA), 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 (AHRQ). By June, 2007, 2.4 percent of all patients had MRSA infections, according to the largest study of its kind, which was 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 vancomycin-resistant *Enterococcus* (VRE) and *Clostridium difficile*. Julie Gerberding, MD, MPH, director of the CDC, recently told Congress that MRSA accounts for only 8 percent of HAIs. That 8 percent figure was confirmed in a study by Emory University researchers on April 6.

These new facts discredit the CDC's official 1.7 million estimate. CDC spokesperson Nicole Coffin admits "the number isn't perfect." In fact, it is an irresponsible guesstimate based on 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 should command more research dollars and public attention.

The problem doesn't end there. The CDC has resisted calling on hospitals to implement the key change needed to stop some infections: MRSA screening. A study in the March issue of the *Annals of Internal Medicine* shows that MRSA infections

can be prevented by testing incoming patients for the germ and taking precautions on patients 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 that MRSA is “endemic in virtually all U.S. healthcare facilities.” Screening is necessary because patients who unknowingly carry MRSA bacteria on their body shed it in particles on wheelchairs, blood pressure cuffs, 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 that it works in the U.S. too.

Delay can defeat the purposes of screening. A study released in March in the Journal of the American Medical Association grabbed headlines when it purported to prove that screening is ineffective. But the study, conducted at a hospital in Geneva, Switzerland, was flawed. Many patients did not receive their test results until their hospital results were half over, and 41 percent of MRSA positive patients had already had their surgeries. The excessive delays allowed the germ to spread.

Because the evidence is compelling that screening works, 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, according to 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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