



## A Bird in the Hand

Published October 21, 2005

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Is there anything practical we can do to protect ourselves from bird flu? Most of the precautions being taken by the Bush administration - such as stockpiling antiviral drugs and using troops to quarantine infected people - will probably never be used. But one safeguard - improving infection control in hospitals - could save lives every day, whether the flu wings its way to America or not.

Avian bird flu has reached the edges of Europe and Africa, with recent reports of thousands of dead birds in Turkey and Romania. Does this threaten human life? Since the outbreak began in December 2003, the World Health Organization has confirmed only 117 human cases of avian flu (all in Asia), with 60 resulting in death. That's a small number, but an astounding death rate of almost 50%.

The important fact is this: The disease is rarely transmitted from one person to another. (The New England Journal of Medicine has documented a few cases of human-to-human transmission - in 2004, two Thai women with no known exposure to dying birds contracted the virus in a hospital while caring for a relative who had picked up the deadly virus from chickens. One of the two women died.)

It's unlikely that bird flu will change genetically into a disease that spreads rapidly from person to person. But if it happened, our country's death toll would depend largely on what American hospitals did when the first avian flu patients were admitted.

If hospitals have effective infection control measures in place, they can prevent bird flu victims from infecting other patients who did not come in with it. If not, bird flu could sweep through hospitals. How many American hospitals are able to stop infections from spreading? Very, very few. In that sense, the nation is woefully under-prepared.

Ordinary bacterial infections - such as Staph - are easier to control than flu. Yet these bugs are raging through our hospitals. One out of every 20 patients in America contracts an infection in the hospital. The major cause is poor hygiene: unclean hands, inadequately cleaned equipment, contaminated clothing worn by caregivers, and lax hospital procedures. A committee of the Society for Healthcare Epidemiologists of America, which urged improved infection control in hospitals, has warned that there is "little evidence of control in most facilities." Even healthy patients who go into the hospital for knee replacements, to give birth, or for cosmetic surgery are at risk. Hospital infections kill an estimated 103,000 patients in America every year.

Most of these infections are spread from patient to patient by touch. The spread can be stopped if doctors and other caregivers clean their hands in between treating patients, put on gowns or disposable aprons before leaning over a patient's bed, and clean equipment before using it on each patient.

Unfortunately, most American hospitals are careless about these precautions. They have failed to stop the spread of ordinary infections, which indicates that they are totally unprepared for the more difficult job of controlling avian flu. Flu viruses are spread when an infected patient coughs or sneezes, emitting tiny droplets that can infect anyone nearby. Controlling flu viruses requires not only meticulous hand hygiene and clean equipment, but also the use of surgical masks, isolation procedures, and vaccination of hospital workers. In 2003, only 40% of healthcare workers complied with requests to be vaccinated for flu, according to a new Society for Healthcare Epidemiologists of America report.

Bioterrorism weapons - such as smallpox and plague - are even more contagious than flu, because they are airborne. A patient admitted to a hospital with one of these diseases would have to be isolated in a room with negative pressure, and even more complicated safeguards would have to be followed meticulously to stop these germs from spreading through the air. How can hospitals that lack the discipline to stop infections spread by touch cope with deadly diseases that can travel invisibly through the air?

The best way for hospitals to prepare for unlikely crises, like avian flu and bioterrorism, is to become rigorous about infection prevention. Even if these perils never happen, good infection control will save the lives of thousands of hospital patients each year. On the other hand, shoddy infection control is poor preparation for a flu epidemic and poor homeland security as well.

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