



## **Governments urged to make killer bugs a priority**

By Robert Davis and Jennie Coughlin, USA TODAY

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A killer bacteria known as MRSA has been a growing problem for years, particularly in hospitals and nursing homes. But in a week's time, it has moved to the front burner of public attention, turning a spotlight — and increasing criticism — on the nation's public health system.

A landmark study indicating MRSA kills 18,000 Americans each year, along with reports of outbreaks in schools across the nation and the death of a high school student in Virginia, has renewed calls for more aggressive government action to help prevent the spread of the "super bug" — a bacteria named methicillin-resistant staphylococcus aureus.

Patient-safety advocates, government health specialists and local officials acknowledge that the nation has not done enough to halt the rapidly rising death rate from a germ that, despite its resistance to antibiotics, is easy to stop with soap and water before it burrows into the body.

"We have the knowledge to stop this problem," says Betsy McCaughey, chairman of the Committee to Reduce Infection Deaths. "What has been lacking is the will." McCaughey and other health specialists say that slowing the death rates will require action on several fronts, from public health facilities, hospitals, schools and individuals.

"The medical community has to do a lot more to prevent these infections in the first place," says Elizabeth Bancroft, an epidemiologist at the Los Angeles County Department of Public Health. "The public health community has to do a lot more education for patients."

The U.S. government has documented increases in MRSA deaths for 20 years, but McCaughey and other critics say it has not forced the simple changes that would prevent needless deaths.

McCaughey recounts horror stories from families who lost loved ones to the infection because hospitals did not follow cleanliness practices such as mandatory hand washing by doctors and nurses.

She faults the federal Centers for Disease Control and Prevention. "Their lax guidelines have given hospitals an excuse to do too little," she says. "They have consistently understated the problem and done too little to stop it. Every year of delay is costing thousands of lives and costing billions of dollars."

John Jernigan, an MRSA expert at the CDC, says the agency has "the best MRSA guidelines out there." They call for hospitals and health care facilities to fund prevention programs, track infection rates, teach staff members the best infection-control practices and ensure those are followed.

But Jernigan agrees health care facilities must focus on prevention. "We're saying hospitals should not rest until they are seeing a reduction in the rates," he says.

Research published this week in the *Journal of the American Medical Association (JAMA)* estimates that there are more than 94,000 MRSA infections in the USA each year. And while MRSA kills more people than HIV and AIDS, according to the report, deaths rarely are tracked.

Lisa McGiffert, who directs Consumers Union's Stop Hospital Infections project, says a national surveillance system is needed. Because hospitals don't track patients after discharge, it's not always clear who gets an MRSA infection from the medical setting and who gets the bug from a school or a gym.

"There needs to be some kind of system that tracks everybody," McGiffert says. "If you really had an outbreak at a hospital, you might want to shut it down."

McGiffert also wants patients and their families to turn up the pressure on hospitals. She wants hospitals to be required to tell the public how often their staffers are washing their hands so that consumers can take that into consideration when deciding where to go for health care.

"We've got to make hand washing something that if you don't do it, you are shunned in the hospital setting," she says. "It's not acceptable behavior to not clean your hands. Something has got to happen to change the culture."

### **Risk found in medical settings**

Roughly two decades after penicillin was introduced, germs began to morph to resist the antibiotic. By the 1960s, hospitals were reporting bugs that did not respond to penicillin. By the 1990s, MRSA had become common in hospitals and was spreading into communities.

MRSA is common and relatively harmless when in the nose or on the skin. The infection may look like a spider bite or a harmless boil, and such sores may not even require antibiotics to heal. But when it travels more than skin deep, it can be deadly and difficult to stop with current medicines.

Although there has been a recent rash of cases in communities across the country, with school athletes apparently catching the bug from teammates, the threat from MRSA is greatest — and often starts — in health care settings.

Medical settings are where 85% of the infections occur, according to the *JAMA* study.

It is in the hospital or the doctor's office where invasive procedures that penetrate the skin increase the chances of the hard-to-treat infection. Those places also have lots of spots for the bug to hide. MRSA can live for weeks on blood pressure cuffs, medical device cables or a doctor's white lab coat.

Because the vast majority of MRSA-related deaths stem from medical treatment situations, the death Monday of Staunton River High School student Ashton Bonds, 17, in rural Moneta, Va., resonated across the nation.

Bonds' death led local school officials to close the high school and 20 others so the schools — and the system's school buses — could be disinfected. The closures followed calls by grieving students who mounted a text-messaging and Internet campaign urging officials to take action.

It's still not totally clear whether Bonds got the bug that his family says led to his death while he was at school, and it may never be known. His death is not being investigated by Virginia officials because the state does not designate MRSA as a "reportable" disease. (Health care providers are bound by law to report certain diseases to help state and federal health officials make decisions about containment and prevention.)

"People need to understand that staph skin infections are common," says Katherine Nichols, director of the Central Virginia Health District. "We're not going to chase down every single one of them. We can't."

### **Personal action needed**

Halting the spread of MRSA in the community, in places such as schools and public gyms, requires individual effort, specialists say.

The bug can be spread by sharing a bar of soap or a towel, sitting on a changing bench or by using gym equipment with newly shaved legs. Public health officials are particularly concerned about people 65 and older because they have the highest rates of MRSA infection, and they are a fast-growing group. African-Americans have twice the infection rate of whites, perhaps because of higher rates of chronic disease, which the CDC says weakens immune systems.

Paul Pepe, who heads the emergency room at the University of Texas Southwestern Medical Center in Dallas, says he takes MRSA prevention tactics home. "Even in our house we try not to cross-contaminate," he says. "My wife works with kids. My daughter is on the crew team. I may bring home something from the hospital."

His house rules: Use your own towel; wash your hands before and after you make contact with someone or their personal possessions; and beware of the presence of bacteria on computer keyboards and games, and wash accordingly.

"We do pass germs," Pepe says. "Staph is not the only one we should worry about."

Bancroft agrees. MRSA is getting a lot of attention, she says, but 36,000 people are projected to die from the flu this year in the USA.

"We're very worried about this, but we're coming up on the flu season and you are twice as likely to die of the flu," she says.

Public health specialists welcome the focus on MRSA, but many worry about the "hysteria" that may come with every new case.

At Staunton River High School, Principal Michael Kelly had just welcomed students back to a cleaner school Thursday when he met with reporters to discuss the death of his popular student. Facing a dozen reporters and TV cameras from every major news outlet, he tried to explain what was happening inside the hallways that had just been disinfected.

"We're doing the same things that we've always been doing," Kelly said.

About 15 miles away in Bedford City, the closest thing this area has to a business district, pharmacist Guy Dirom said he doesn't think the school is to blame. He's more concerned that staph infections are spreading from hospitals to the community.

"That's something you don't want to see," he said. "That's kind of unnerving."

*Davis reported from McLean, Va.; Coughlin, of The Daily News Leader in Staunton, Va., reported from Moneta, Va.*