



REMARKS BY CHAIRMAN BETSY MCCAUGHEY, PH.D.

AS PREPARED FOR DELIVERY

LAUNCHING RID'S BATTLE PLAN AGAINST CRE

MAY 31, 2017 - HARVARD CLUB OF NEW YORK

The Committee to Reduce Infection Deaths has only one goal: to save lives. I know that's why you're here too.

In the room here are some of the most important decision makers in New York and in the nation on infection prevention. Dr. John Jernigan from the CDC, Mary Fornek from Health and Hospitals Corporation and representatives from many hospitals in the area: Downstate, Interfaith, Woodhull, NYU-Winthrop, and Southampton Hospital..

Over the next two hours you'll hear speakers present the latest and best information on how to combat a lethal superbug that has invaded our hospitals and nursing homes, CRE.

Carbapenem –resistant gram negative bacteria.

Overall hospital infections kill more patients each year in the U.S. than AIDS and breast cancer combined. At least 75,000 a year. Add in the hundreds of thousands of deaths from infection in nursing homes and you're up to about half a million deaths a year.

Even worse than the current number of deaths is the trend toward drug resistance. Increasingly, hospital infections cannot be treated with commonly

used antibiotics. They are multi-drug resistant. Or superbugs. What Tom Frieden calls “nightmare bacteria.” Deadlier than ever before.

MRSA, VRE, and the culprit we are focusing on today, CRE, which is much smaller in number but more deadly.

Patients who get CRE in their bloodstream have only a 50% percent chance of surviving. That makes it as deadly as Ebola, and it’s right here in local hospitals. From day one, New York City has been the epicenter, ground zero for CRE, though now Chicago’s numbers rival what’s happening here. The latest data available show 3,618 patients in New York contracted CRE in a year.

Politicians bicker nonstop about health insurance and how to guarantee that seriously ill people have insurance. But the biggest risk to these patients isn’t lack of insurance. It’s infection.

The growing trend toward drug resistant infections is threatening their access to care. There may be a time, not too far in the future, warns the WHO, when patients needing a hip replacement or cancer surgery will decide that going into a hospital is too risky because of deadly, untreatable, drug resistant infections.

Rich or poor, your access to care will be more threatened by infection than by your insurance status.

Emery Stephens will be laying out the size of this threat in shocking terms later this morning.

So where did CRE start?

In 1999 researchers at Downstate Medical Center in Brooklyn revealed that CRE has become endemic in that borough’s hospitals. They urged immediate action, But public health officials for the most part did little and said even less.

By 2008 CRE had reached 22 states , often carried by patients initially treated in the New York area.

Even so, the CDC recommended against testing patients coming into the hospital for CRE saying its prevalence was way too low. How could they know that , without testing?

In 2011, a 42 year old woman with CRE was transferred from a New York hospital to the NIH medical facility in Bethesda. That set off an outbreak of CRE that killed 11 patients there, including a 16 year old boy.

In the winter of 2012 to 2013, 38 patients at a suburban Chicago hospital and 39 patients at a Seattle hospital were infected with CRE after undergoing a routine procedure with a scope called a duodenoscope. Many of them died.

In 2013, CDC director Tom Frieden issued a call for urgent and aggressive action. Cre had reached 38 states, up from one a decade earlier.

Well now it's in 48 states.

Compare this long saga with what Israel did as soon as CRE invaded its hospitals. Health authorities there mounted a screening and cleaning campaign that reduced CRE in hospitals by 70% in one year, followed by a campaign in nursing homes. Even now, hospitals routinely screen patients, even newborns, for CRE.

We can show the same passion and commitment. We did it when AIDS stuck in the 1980s. Hospitals and public health authorities here in New York and across the U.S. swiftly put into place new protocols on sharps, bodily fluids and patient screening to prevent AIDS from becoming a hospital borne infection.

Where is that passion and commitment today, I ask you?

That is why RID is launching this battle plan and urging you to join in.

FIRST we need adequate data. One thing we learned from our battle against AIDS. You cannot defeat a disease until you know how big it is and where it is.

Shockingly the CDC has no idea how big the CRE threat is or where it is?

Our guest speaker, author of a stunning investigative report for Reuters, will tell you the shocking details.

Research presented at the SHEA meeting in March suggests that CRE is at least 3 times, 300% as prevalent as the CDC guesstimates.

SECONDLY, public health authorities and hospitals must not continue to delay adopting automatic room disinfection methods. For many superbugs—the biggest risk factor is what room the patient is assigned to. If a previous occupant, even three weeks or more before had VRE or C. diff or (its logical to conclude CRE)

the risk goes way up. Yet public health authorities keep saying these new methods need more evaluation. That would be fine if tens of thousands of people weren't dying in the meantime.

New research shows that when a patient even silently carrying CRE occupies a room, the germ gets lodged in the plumbing, the sink and drain in the room. And nothing short of ripping out the plumbing removes it.

Finally, and this is key for this morning's presentations, Screening incoming patients, especially high risk patients from nursing homes or previous hospital stays, is essential.

You cannot control the spread of a germ if you don't know the source.

Until we know who the carriers are, and can use dedicated equipment when treating them, the medical equipment will continue to be contaminated with this deadly germ and passed on to patients. described by Lawrence Muscarella, the nation's expert on contaminated medical devices, will continue.

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In closing, let me say that technological innovation is our most important partner in combatting CRE and other hospital pathogens. Room disinfection technologies and new non-culture dependent screening methods are key to saving lives.

That is why, at the conclusion of today's presentations, I'll be presenting our Ignaz Semmelweis award to Evan Jones, for his pioneering role in making a rapid that will identify multidrug resistant infections. This innovation promises to be life saving.

And now it's my pleasure to introduce our first speaker, Dr. John Jernigan, the head of hospital infection prevention for the CDC. We are delighted you can join us.



AGENDA

COMMITTEE TO REDUCE INFECTION DEATHS

FORUM: CRE AND OTHER HIGH-MORTALITY SUPERBUGS

How to keep care in our hospitals and nursing homes safe

May 31, 2017

1. Betsy McCaughey, PhD

Founder and Chairman, Committee to Reduce Infection Deaths (RID)

“RID’s Battle Plan Against Superbugs”

2. John Jernigan, MD, MS

Director of the Office of HAI Prevention Research and Evaluation

Centers for Disease Control and Prevention

3. Jacqueline Reuben

Infectious Disease Epidemiologist, D.C. Hospital Association

“Healthcare Antibiotic Resistance Prevalence”

4. Lawrence Muscarella, PhD

Patient Safety Expert

“Risk of CRE Infections from Contaminated Endoscopes”

5. Ryan McNeill

Reuters journalist

“The Uncounted: What a team of reporters learned during a year investigating the public health system.”

6. Patricia Stone, PhD, RN

Columbia University School of Public Health

“State of the Art of Infection Prevention in Nursing Homes”

7. Emery Stephans

Founder and CEO, Enterprise Analysis Corporation

“A Retrospective Outcome Study on Multi Drug Resistant Organisms”

8. Presentation of RID's 2nd Ignaz Semmelweis Award

Recipient: Evan Jones, Chairman of OpGen, a diagnostics company, for its innovative superbug screening methods.