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Centers for Disease Control and Prevention (CDC)

July 13, 2017

Dear Dr. Denise Cardo:

We are writing you concerning the formulation of a healthcare policy regarding MRSA and Healthcare Staff. Specifically, we would like to express our support for periodic screening of healthcare workers based upon the following research and concerns.

We do not feel that using MRSA “outbreaks” as an indicator of when to screen is a valid approach which will limit MRSA transmission or infections. We have the following concerns.

- The absence of an outbreak does not mean absence of transmission.
- The definition of an outbreak is up to the facility and all too often a persistent rate of infections is accepted as a baseline and then the definition of an “outbreak” is not met.
- In the case of resistant bacteria, we feel one infection should be an outbreak, negating the need for use of this term in the formulation of MDRO control policy.

We also feel that MRSA is endemic in the community. The CDC’s own website estimates the rate of carriage of MRSA in the general population to equal 2% (“Two in 100 people carry MRSA”).¹ Healthcare workers are at higher risk of exposure and contracting MRSA.² Thus, their rate of carriage would be expected to be higher. Multiple studies from the United States and Europe have found the rate of MRSA carriage in healthcare workers to be approximately 5%.

“We did a search of the literature from January, 1980, to March, 2006, to determine the likelihood of MRSA colonisation and infection in health-care workers and to assess their role in MRSA transmission. In 127 investigations, the average MRSA carriage rate among 33 318 screened health-care workers was 4.6%”³

Other recent studies have also reported high rates of healthcare worker MRSA carriage (4.3% to 15%).^{4,5} Albrich and Harbarth³ also observed that MRSA was able to be eradicated in 88% of 510 healthcare workers.

Unlike the general population, healthcare workers are in frequent contact with patients with fresh surgical wounds and in immunocompromised states. This make control of MRSA carriage in this population of greater concern. At least one study has found a significant decrease in MRSA associated with screening and decolonization of healthcare workers.

“Identifying and treating colonized HCWs was followed by a significant reduction in the incidence of MRSA. Unrecognized MRSA-colonized HCWs may be an important reservoir in endemic institutions that could impair other control measures.”⁶

The cost of screening healthcare workers for MRSA is minimal since cultures can be performed and not requiring rapid testing. The cost is comparable to Flu Vaccines and Tb Tests which are also performed on a yearly basis. And the testing is much less expensive than drug testing.

Other countries such as Germany mandate this testing.⁷ The United States needs to take a leadership role in the control of MDROs and we feel this policy will support this goal by promoting the safety of both hospital staff and patients.

Thank you for this consideration,



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CC: L. Clifford McDonald, MD. Senior Advisor for Science and Integrity, Division of Healthcare Quality Promotion. Centers For Disease Control and Prevention; HICPAC Committee Management.

References

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