

Written Comments: January 25, 2016 PACCARB Meeting.

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Recently, the Veterans Administration published their MRSA bundle results over the last 10 years which included active detection and isolation. They have observed an 87 percent reduction in infections in the ICU and an 80 percent reduction in non-ICU settings.(1)

But, this good news comes at the same time as the National Academy of Science report regarding CRE which found evidence of multiple chains of transmission and resistance mechanisms, indicating a high rate of CRE carriage. They suggested an aggressive approach of carrier surveillance and isolation.(2) This supports last year's report of a 5% CRE carrier rate found in D.C. medical centers.(3) The urgency of these reports is underscored by the recent patient death in Nevada from totally resistant CRE.(4)

However, not only are we not adequately tracking carriers, but we do not even have a comprehensive system to track Multi-Drug Resistant infections. For example: There are at least 5 different initiatives which have published data regarding MRSA epidemiology,(5-11) including ones from military institutions,(5) university hospitals,(6) the EIP surveillance system and the NHSN. As a whole, these systems have given conflicting results. The EIP program (7-10) has been highly quoted, but the reduction shown in adult patients by Dantes, et al.(8) was not found by Iwamoto, et al. (10) in pediatric patients.

The NHSN data is the most comprehensive but only captures a small portion of MRSA infections. NHSN Data has shown little if any improvement from a 2010 to 2011 baseline through 2015. The 2013 goal of a 25% reduction was missed and we are not anywhere near on track for meeting the 50% reduction goal in 2020. Overall the U.S. has missed 4 out of the 5 goals for infection control.

Thus, I strongly encourage the committee to recommend a comprehensive mandatory publicly reported surveillance system designed to detect carriers and infections resulting from these dangerous pathogens. As stated by Dr. Deborah Hung from Massachusetts General Hospital "It's hard to get a problem under control when you don't know the extent..."(12)

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