

Public Comment: Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria. January 30th to 31st, 2019.

Prevention of spread of MDROs has been dealt with only superficially and mostly in the context of detection and control of poorly defined outbreaks. Some drug resistant bacteria, such as MRSA, have become endemic in our general population. MRSA also has become more virulent with the emergence of ST8:USA300. Knowing rates and identifying carriage is of utmost importance. Containment will be expensive and what I'm afraid has happened is that the safety of patients is being relegated to the facility's bottom line.

The strategy of destroying microbiomes with chlorhexidine makes little sense. Chlorhexidine is a complex 22 carbon atom compound that is classified as an antiseptic as opposed to an antibiotic because it has such a wide spectrum. It is a contradictory policy to advocate for antibiotic stewardship and the use of narrow spectrum antibiotics, but at the same time advocate for daily use of total body bathing with chlorhexidine.

Hand washing should be viewed as a very important component of an infection prevention bundle, but in the context of multi-resistant organisms it is a backup measure since these organisms should not be on a healthcare worker's hands in the first place. And if they are, there is a problem with containment and control, and the identification of carriers.

All but ignored are the over 18 million healthcare workers in the United States.(1) Multiple studies have reported an MRSA carriage rate of approximately 5% in healthcare workers. A recent study by Chen LF, et al., confirms previous research regarding the rapid environmental spread of MDROs.(1) The lack of firm standards and policies is placing healthcare workers along with their patients and families at risk for acquisition of these dangerous pathogens. At a minimum we need routine testing to identify carriers and a standardized national reporting system for healthcare worker acquisitions, along with an economic safety net for those workers who acquire these dangerous pathogens.

Actionable steps for the council would be:

- 1) To further consider the importance of identification and decolonization of MDRO carriers in stopping this epidemic.
- 2) Consideration of having a section at a future meeting devoted to healthcare worker safety with presentations from a variety of stakeholders.
- 3) The possibility of having the CDC add a field to their EIP surveillance program to designate healthcare worker MDRO infections and acquisitions.
- 4) To recommend the removal of over-the-counter analogues of colistin from the household medicine cabinet.

These organisms do not respect standards, academic degrees, or notoriety. They are evolving, getting stronger and are out to win.

The epidemic of drug resistant organisms represents an important turning point in medical history, similar to the discovery of the cell theory and invention of antibiotics; and is a

disastrous threat to our ability to treat patients. 200 years from now your decisions will be studied and dissected by others, and your legacy will then be cemented for eternity. I encourage you to make bold and specific recommendations to stop this epidemic.



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- 1) Healthcare Workers, CDC: <https://www.cdc.gov/niosh/topics/healthcare/default.html>
- 2) Luke F. Chen, Lauren P. Knelson, Maria F. Gergen, Olga M. Better. A prospective study of transmission of Multidrug-Resistant Organisms (MDROs) between environmental sites and hospitalized patients—the TransFER study patients—the TransFER study. *Infection Control & Hospital Epidemiology*. Published online: 14 November 2018 <https://doi.org/10.1017/ice.2018.275>