



Health Watch USAsm

Member of the National Quality Forum and a designated
"Community Leader" for Value-Driven Healthcare
by the U.S. Dept. of Health and Human Services

www.healthwatchusa.org, www.healthconference.org

RE: Public Comment: Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria, Feb. 11, 2021

To Whom it May Concern:

The United States' response to COVID-19 was far from optimal. Our response to this dangerous pathogen exposed major flaws in our healthcare system.

Without a vaccine, the United States has not effectively eliminated the risk of infection from any other dangerous pathogen, including SARS-CoV-2, MRSA, CRE, and C. Difficile. SARS-CoV-2 has presented us with the harsh reality of the transformations required to prevent the next pandemic, regardless of the type of pathogen.

- We need a robust public health system for surveillance, case tracking and universal mandatory reporting of all dangerous pathogens. Public Health has not been a high priority in the United States. But public health strategies controlled the COVID-19 pandemic in New Zealand, Australia and South Korea.
- We need a massive expansion of our laboratory testing system, that includes genomic surveillance. If you do not detect carriers, you cannot control spread.

Our approach has been to not look for the data and publicly deny the problem, hoping it will "miraculously" go away. Exemplified by the lack of mandatory reporting of healthcare worker acquisitions of resistant bacteria. And by a flawed metric being used to report COVID-19 HAIs. To be reportable, a patient must develop COVID-19 in the hospital and 14 days after admission.¹

"Total current inpatients with onset of suspected or laboratory-confirmed COVID-19 fourteen or more days after admission for a condition other than COVID-19".

In the United States, an average hospital stay of 4.6 days² and a median SARS-CoV-2 incubation period of 5.1 days³ makes this metric next to useless. In contrast, Public Health of England estimated that almost 25% of hospital COVID-19 cases caught the disease in the hospital.⁴

This committee needs to develop a transformative plan which does not perpetuate ineffective strategies. We need to not only perform comprehensive surveillance for all dangerous pathogens but also determine a patient's microbiome, to not only tailor patient specific interventions but to collect data for public health community strategies. Only then will we be ready to detect and confront our next pandemic.

Thank you for this consideration,

A handwritten signature in black ink that reads 'Kevin T. Kavanagh'.

Kevin T. Kavanagh, MD, MS
Health Watch USA



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2. Freeman WJ, Weiss AJ, Heslin KC. Overview of U.S. Hospital Stays in 2016: Variation by Geographic Region. H-CUP Statistical Brief #246. AHRQ. Dec. 2018. <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb246-Geographic-Variation-Hospital-Stays.jsp>
3. Discombe M. Covid infections caught in hospital rise by a third in one week. Health Service Journal. Dec. 18, 2021. <https://www.hsj.co.uk/patient-safety/covid-infections-caught-in-hospital-rise-by-a-third-in-one-week/7029211.article>
4. Lauer SA, Grantz KH, Bi Q, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. Annals of Internal Medicine. May 5, 2020. <https://www.acpjournals.org/doi/10.7326/M20-0504>