

Public Comment -- CDC
Healthcare Infection Control Practices Advisory Committee (HICPAC)
Nov. 15, 16, 2018

Comment Nov. 15, 2018: Regarding the Products & Practices Workgroup report— It would be interesting to use this tool to evaluate the implementation of daily bathing with chlorhexidine wipes for the prevention of MRSA. I believe there are significant research integrity problems with some of the underlying research for this intervention. In addition, a Reuter’s investigation reported that the FDA has a warning regarding chlorhexidine wipes used as a “general skin cleanser.” I would exercise extreme caution in using this intervention in the neonatal population. Much of the research surrounding chlorhexidine is riddled with integrity problems.

— Reviewing study designs on Clinical Trials.gov for the major research a recommendation is based upon maybe helpful in making medical device and practice recommendations. This review would include changes in objectives and metrics after the research has begun.

— A review of the FDA MAUDE’s database for newly reported device related adverse events may also add valuable information in making device recommendations.

Regarding the prevention of MRSA in the NICU. — I would like to reinforce the earlier comments from the State and Territorial Epidemiologists. MRSA is endemic and rates of MRSA infection rates have plateaued are not on track for a 50% reduction by 2020. I do not believe we will substantially decrease infection rates if interventions are only triggered if infection rates are above the current norm. We need to lower the endemic baseline infection rate. We need to practice prevention, not reaction.

In the context of multi drug resistant bacteria, hand hygiene is very important but 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.

Core practices for NICUs, 2.1.A.1. “Standard precautions” should be changed to “contact precautions.” To bring it in line with the recommendations on the CDC’s website.

Comment Nov. 16, 2018: Regarding the recent published DRAFT Healthcare Worker Safety Recommendations in the Federal Register.

1. Section 3.2.2: There needs to be a clear definition of outbreak.
2. MRSA is endemic, these levels need to be driven downward to meet 2020 goals.
3. Section 5.1.2: There needs to be a structured national reporting system for healthcare worker acquisition and infections of multi-drug resistant organisms. Such as the NHSN for reporting healthcare worker acquisitions and infections. Similar to the HAI patient initiatives, we need data for action or evidence will not be available, as exemplified by the absence of research studies relating to some of the key questions on healthcare worker safety which were presented at this meeting. For now, you may have to extrapolate from Patient Healthcare Acquired Infection (HAI) research.
4. Healthcare workers need to be screened during outbreaks and periodically for endemic drug resistant dangerous pathogens, such as— MRSA. I would suggest screening for endemic MDROs at least yearly, then recommendations can be modified depending upon data gathered. Section 6.1.2 and Sections 6.2.2 need to be as detailed as possible.
5. Finally, protection of our frontline healthcare workers is of paramount importance. Section 9.2.1 needs to be strengthened and the words “whenever possible” removed. In recommending resource intense recommendations, “whenever possible” too often leads to inaction.