

# PERSPECTIVE

## Promoting Health Care Transparency and Competition



### Mandatory Reporting is Needed for MRSA and HAIs

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A recent news article published in the Herald Leader may have given the impression that Multi-Drug Resistant Organism (MDRO) infections are not a major public health care problem which needs immediate and decisive action by the State of Kentucky. Nothing could be further from the truth.

The Centers for Disease Control estimated that 1.7 million patients develop healthcare-associated infections (HAI) and 99,000 patients die each year of HAIs. The number of patients who develop HAIs exceeds the number of patients who develop any other current notifiable disease, and the deaths from HAI is one of the top 10 causes of death in the United States. The cost approaches five billion dollars per year, far exceeding the cost of prevention. The State of Oregon estimated that the average cost per hospital stay is an average of \$32,000 higher for a patient that develops an HAI.

In 2004, the Infectious Diseases Society of America reported that more than 70% of HAIs were resistant to at least one drug which is commonly used to treat the organism. The most deadly of the HAIs are the multidrug resistant organisms (MDROs). MDRO infection rates in U.S. Hospitals have steadily increased over the last several decades. For example, methicillin-resistant Staphylococcus aureus (MRSA) was first isolated in 1968. By the 1990s, MRSA accounted for 20 to 25% of all staph infections and by 2003, MRSA accounted for over 59% of hospital acquired staph infections. Vancomycin-resistant enterococci (VRE) increased from less than one percent of enterococcus infections in 1990 to over 28% in 2003. Similar patterns have been found for other multidrug resistant organisms. The bacteria are becoming increasingly more resistant to anti-

biotics and at one time in the 1990's there were virtually no anti-infective agents to treat vancomycin-resistant enterococci. MRSA may behave differently from other MDROs (Multidrug-Resistant Organisms). According to the Centers for Disease Control, "Colonized patients more frequently develop symptomatic infections. Furthermore higher case fatality rates have been observed for certain MRSA infections." MRSA is spreading rapidly. MRSA has escaped from the healthcare setting is moving into the community. Community associated MRSA now accounts for approximately 14% of MRSA infections. MRSA is more common in the elderly, males and black populations.

The availability of antibiotics to treat these infections is becoming an increasing problem. A report whose title says it all "Bad Bugs, No Drugs" is posted on the FDA's website. In the paper, the Infectious Disease Society of America reported that from 1983 to 1987 there were sixteen antibacterial agents approved by the FDA. From 2003 to 2004 there were only three antibacterial agents approved. The pipeline for new antibiotics is drying up because bacterial resistance limits the market life of the drug and its profitability, and the development costs of a new drug is between 0.8 and 1.7 billion dollars.

Control is imperative. The CDC stated in 2007 that, "The estimates ( of the incidence of HAIs) are sobering and reinforce the need for improved prevention and surveillance efforts." However, apparently, Kentucky's reporting is presently not case centered; even though, the CDC emphasizes the need of finding single cases.

"Surveillance is an essential tool for case-finding of single patients or clusters of

*Summary  
(Total Word Count 734 )*

**MRSA & Hospital  
Acquired Infections  
are dangerous and  
spreading rapidly.**

**Increased  
Surveillance is  
needed**

**Health Watch  
USA**

**Promoting Healthcare  
Quality, Access &  
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## Promoting Healthcare Quality, Access & Affordability

**HAIs exceeds the number of patients who develop any other current notifiable disease, and the deaths from HAI is one of the top ten causes of death in the United States.**

patients who are infected or colonized with epidemiologically important organisms (e.g., ... MRSA, VRE, and other MDROs, ... ) for which transmission-based precautions may be required. Surveillance is defined as the ongoing, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health.”

It is clear that data is needed to be collected and single patient reports are

needed to determine outbreaks.

The calls for voluntary reporting have ceased and mandatory reporting is being adopted by states around the nation at an ever increasing rate. Twenty states require mandatory public reporting of HAIs, at least thirteen have passed these laws in just the last two years. Many other states are considering legislation and are rapidly addressing this problem.

Control of multidrug resistant or-

ganisms is of paramount importance.

Control can be obtained by a variety of combined interventions. These include hand washing, contact precautions, environmental cleaning, education and surveillance cultures. However, as a first step, we need accurate data to define the problem.

Mandatory reporting of HAI and MDRO is not just important for patient safety but it is important for the safety of all of the citizens in the Commonwealth.

References with Links to Source Documents for this Op-Ed can be found in a Policy Report Publication at

[Http://www.healthwatchusa.org](http://www.healthwatchusa.org)

### Policy Report

[Healthcare Acquired Infections: The necessity for Prevention & Mandatory Surveillance](#)

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