



# Health Watch USA<sup>sm</sup>

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

RE: Comment on: Docket No. CDC-2018-0099,  
Sandra Cashman,  
Executive Secretary, Centers for Disease Control and Prevention.

Oct. 31, 2018

Ms. Cashman,

We would like to recommend strengthening a number of recommendations which are proposed in, "Infection Control in Healthcare Personnel: Infrastructure and Routine Practices for Occupational Infection Prevention and Control Services."

We feel that the healthcare worker is frequently exposed to dangerous pathogens and that there is significant concern that healthcare workers can become carriers of these pathogens (1,2) placing both themselves, their families and the communities at risk. For example, there is substantial evidence that the carrier rate of MRSA in healthcare workers is approximately 5%.(1,2)

**Section 3.2.2.e2:** We feel that for this to be effective a definition of an outbreak needs to be included in the recommendations. Currently, an outbreak is facility defined and the required number of infections can vary extensively between facilities.

In addition, some of the resistant organisms such as MRSA have become endemic and different methodologies for prevention of spread need to be instituted, such as routine periodic screening for carriers.

**Section 5.1.2:** An unstructured facility level log of healthcare workers' acquisition of or infection with dangerous pathogens is not optimal. There must be a standardized national reporting system of healthcare workers who become carriers or develop infections from dangerous pathogens. Similar to data on Hospital Compare, this data needs to be publicly reported.

**Sections 6.1.2 and 6.2.2:** We agree that healthcare personnel should be screened for dangerous pathogens. However, we would recommend that the details of this screening be included in this document. At a minimum, healthcare workers should be routinely screened for MRSA, C. Difficile and CRE. As stated above, acquisitions of these dangerous pathogens should be publicly reported on a national register.

**Sections 9.2.1:** We would strongly recommend the removal of “whenever possible” since workers who become infected with or carriers of dangerous pathogens need to be assured of having an economic safety net. In addition, if a chronic carrier state develops, the worker should be able to receive long-term disability benefits.

Thank you for this consideration,



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Health Watch USA

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CC: Denise Cardo, MD., Director of the Division of Healthcare Quality Promotion (DHQP), National Center for Emerging and Zoonotic Infectious Diseases, Centers for Disease Control and Prevention (CDC)

#### **References:**

- (1) Albrich WC, Harbarth S. Health-careworkers: source, vector, or victim of MRSA. *Lancet infect. Dis.* 2008;8:289–301.
- (2) Kavanagh KT, Abusalem S, Calderon LE. Antimicrobial Resistance & Infection Control. 20187:112 <https://doi.org/10.1186/s13756-018-0407-0>