PUBLIC SUBMISSION

Comment from (name)

Posted by the **Centers for Disease Control and Prevention** on Sep 19, 2019

View More Comments 5 (/document/CDC-2019-0077-0001/comment)

View Related Comments 5 (/docket/CDC-2019-0077/comments)

Share

Comment

Health Watch USA would like to make a number of specific recommendations to the proposed CDC recommendations.
We recommend that it is clearly stated that surveillance includes both neonates and healthcare workers. It has been observed that health care workers can transmit infections to patients(1) and many studies have found the carriage rate in healthcare workers approximating 5%.(2)

Guidance 2.1.A.1: Outbreak needs to be defined. Otherwise it is defined by the facility which greatly weakens the recommendation and call for action. The requirement for contact precautions with MRSA has been weakened with insertion of may. It is not consistent policy to allow institutions to decide to enact or not. The CDC needs to be consistent if contact precautions are needed to control dangerous pathogens. The patho-gen behavior is not affected by the location or type of facility. Health Watch USA strongly rec-ommends changing may result in to requires contact precautions.

Identification of some infants with methicillin-resistant S. aureus (MRSA) colonization may result in the implementation of Contact Precautions, which has inconsistently been associated with unintended consequences, such as decreased healthcare personnel-patient contact, in other populations

Guidance 2.1.A.2: It should be stated that this guidance to perform active surveillance in neo-natal units should be enacted if the pathogen is endemic to the community or institution. It has been observed that MRSA carriers are more likely to transmit MRSA than those infected.(3) Thus, in a setting where the pathogen is endemic then there is evidence and concern for trans-mission. If unknown colonized patients are on a unit, then transmission is highly likely to occur and recommendation 2.1.A.2 should be followed Perform active surveillance testing for methi-cillin-resistant S. aureus (MRSA) colonization in neonatal intensive care unit patients when there is evidence of ongoing healthcare-associated transmission within

the unit.
A pathogen can be assumed to be endemic in any institution where an outbreak is defined as greater than a single case, because there has been acceptance that a baseline of infection exists in the institution which does not need to be reported. In this case, unit-wide active surveil-lance testing of both patients and hospital staff should be performed on a periodic basis.

Guidance 2.1.A.5: The minor discomfort from a nasal swab in the newborn is negligible. Compared to a fingerstick, cold stethoscope and the plethora of other interventions this should not be a consideration. The cost of MRSA testing pales in comparison to that of an average NICU patient bill and should be also considered negligible.

Kevin T. Kavanagh, MD, MS
Health Watch USA

References:
(1) Nubel U, Nachtnebel M, Falkenhorst G, et al. MRSA transmission on a neonatal intensive care unit: epidemiological and genome-based phylogenetic 310 analyses. PLoS One. 2013;8(1):e54898
(2) Albrich,W.C.,and Harbarth,S.(2008).Health-careworkers:source,vector, or victim of MRSA? Lancet Infect. Dis. 8,289301.doi:10.1016/S1473- 3099(08)70097-5
(3) Knelson LP, Williams DA, Gergen MF, Rutala WA, Weber DJ, Sexton DJ, Anderson DJ; Centers for Disease Control and Prevention Epicenters Program. A comparison of environmental contamination by patients infected or colonized with methicillin-resistant Staphylococcus aureus or vancomycin-resistant enterococci: a multicenter study. Infect Control Hosp Epidemiol. 2014 Jul;35(7):872-5. doi: 10.1086/676861. Epub 2014 May 7.

Attachments 1

20191103-MRSA-NICU-CDC-Letter

Download (https://downloads.regulations.gov/CDC-2019-0077-0004/attachment_1.pdf)

Comment ID
CDC-2019-0077-0004

Tracking Number
1k3-9c9t-txzd

Comment Details | **Submitter Info**

Received Date

Sep 19, 2019

Page Count

1