



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

Comment on Draft Guideline for Prevention and Control of Infections in Neonatal Intensive Care Unit Patients: Draft Recommendations for the Prevention and Control of *Staphylococcus aureus* in Neonatal Intensive Care Unit Patients

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 pathogen behavior is not affected by the location or type of facility. Health Watch USA strongly recommends 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 neonatal 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 transmission. 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 methicillin-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 surveillance 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-care workers: source, vector, or victim of MRSA? *Lancet Infect. Dis.* 8, 289–301. 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.