Comments: Kevin T. Kavanagh, MD, MS, Health Watch USA.

Controlling the epidemic of resistant bacteria will take a substantial investment by facilities in the prevention of person to person transmission, both in the augmentation of nursing staff and in patient testing resources. An investment that all too many facilities are reluctant to make. This means, more nurses, better cleaning of rooms and surveillance for carriers. And before you summarily discount carrier surveillance, it is hard to argue that we should be striving to know the characteristics of a patient's microbiome and at the same time we should not at least know who is carrying the major pathogens. UK's National Health Service has demonstrated an over 50% reduction in MRSA bacteremia with the implementation of well-defined standardized national protocols.[1,2] In this regards the United States, with its fragmented healthcare system, is no longer a leader in control of these dangerous infections.

This is both a patient safety and an occupational safety issue. Recently, facilities in the DC area reported a 5% carrier rate of CRE in hospitalized patients.[3] In addition, our healthcare workers also need to be screened for common pathogens, similar to the screening they now undergo for Tuberculosis.

The Council appears to have diverted attention away from human healthcare and focused on animal health, an important component, but in itself will not solve our problems. In a recent news release regarding the polymixin resistant bacteria found in a Pennsylvania pig, the response was the funding of the USDA and looking at animal production in China, rather than also looking in the farmer's medicine cabinet for polymixin-b contained in common over the counter topical antibiotics, such as polysporin and triple antibiotic ointment.

I encourage the committee to refocus their efforts. For example should the FDA, the agency which sets regulations for antibiotic usage, have a seat at the table?

Finally, asking the pharmaceutical industry to invest ½ of 1% of a company's market capitalization for antibiotic development is not too much, especially when it will protect against a huge impending financial loss in their cancer therapeutic and immunosuppressive drug sectors from the emergence of antibiotic resistance. In addition, many lives would be saved.

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[1] Dancer SJ. Response To: Evaluation of the national Cleanyourhands campaign to reduce *Staphylococcus aureus* bacteraemia and *Clostridium difficile* infection in hospitals in England and Wales by improved hand hygiene: four year, prospective, ecological, interrupted time series study. BMJ. 2012 May 3;344:e3005. doi: 10.1136/bmj.e3005 PMID: 22556101 Accessed from http://www.bmj.com/content/344/bmj.e3005/rr/588527

[2] Agha M Epidemiology and Pathogenesis of C. difficile and MRSA in the Light of Current NHS Control Policies: A Policy review. Ann Med Surg (Lond). 2012 Oct 6;1:39-43. doi: 10.1016/S2049-0801(12)70012-2. eCollection 2012. Accessed From http://www.annalsjournal.com/article/S2049-0801%2812%2970012-2/fulltext

[3] Reed T. Exclusive: First-ever study of superbugs in D.C. hospitals shows how prevalent they are. Washington Business Journal. May 3, 2016. http://www.bizjournals.com/washington/news/2016/05/03/exclusive-first-ever-study-of-superbugs-in-d-c.html Download Study: http://www.hwusa-newsletter.org/Newsletter-Pages/Images-2016/DC-CRE-Study-Handout.pdf