

Oral Comments for the September 26, 2018 meeting of the Presidential Advisory Council on Combatting Antibiotic- Resistant Bacteria

Health Watch USA would like to reemphasize and refocus the committee on the prevention of spread of multi-drug resistant organisms.

Antibiotic Stewardship programs, alone, may not result in the needed drop in resistance. Even if antibiotic usage decreases by 50%, there will still be billions of bacteria exposed to antibiotics and resistance may still emerge.

Imagine, if there was only a 50% compliance with contact precautions with Ebola patients. Would that be an acceptable strategy to stop an epidemic?

So far, there has been little action on removing a last line of defense antibiotic, Polymyxin B, from over the counter products. Even though there are great theoretical risks to patient safety and its incorporation into these products has not been shown to increase their effectiveness.

In addition, there is no assurance that effective and safe antibiotics, which retain their therapeutic efficacy over the long term, can be developed.

Thus, controlling the spread of MDROs is of utmost importance.

On June 18 of this year, the CDC reaffirmed contact precautions for those infected with MRSA and MRSA carriers. Hand hygiene is a very important component in an infection control bundle. But in the context of MDROs it should be viewed as a backup measure, since these organisms should not be on a healthcare workers hands in the first place.

Therefore, I would have like to have seen the committee to substitute “Contact Precautions” for “Hand Hygiene” in Key Strategy 1 – 7.2

I would like to reemphasize again to the committee the importance of conflict-of-interest. A recent article published by Abbas, et al., in “Intensive Care Medicine” reviews over 100 articles and focuses on infectious disease research. The authors’ concluded that the effects of “(Conflicts of Interest’s) pervade all aspects of the research and publication processes.”

Finally, I would like to recommend consideration of the healthcare worker from the standpoint of monitoring for MDRO acquisition and risks of spread to patients and the environment.

Kevin T. Kavanagh, MD, MS
Health Watch USA