

Public Comment From Health Watch USA

Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB)

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The CDC estimates that 20% of resistant bacterial infections in humans come from food and animals, with the vast majority of the rest associated with the healthcare industry.

In the 1980's we closed entire wards if there was a single infection of MRSA. In the early 2000's, the public was reassured that MRSA outbreaks were under control and legislative mandates were not needed. The latter assertion was bolstered with poorly designed research which shed doubt on the effectiveness of surveillance and isolation.

Next, the industry advocated to treat all patients the same and for the use of universal daily bathing with chlorhexidine. However, a recent study in the Lancet found this to have limited effectiveness on general hospital wards and an accompanying editorial recommended that chlorhexidine use should be limited to situations with a clear patient benefit.

"Chlorhexidine use should consequently be limited to situations presenting a clear patient benefit."(1)

Now that MRSA is endemic, some hospitals view these infections as "no big deal" and nothing for the public to worry about. Some facilities are not even performing isolation of MRSA patients, arguing that healthy individuals have little to be concerned. Advocates have heard similar narratives regarding Candida auris and CRE.

However, pathogens are most efficient when they only affect the sick and the frail AND this equates to the shortening of our life span, because we will almost all age and develop chronic illnesses with a drop in our defenses.

We need to stress the promotion of a healthy patient's microbiome, initially focusing on the identification and elimination of dangerous pathogens.

But of utmost importance, we need to protect our healthcare workers who may well be acting as reservoirs to spread these pathogens to patients and their families. An economic safety net needs to be established and medical screening needs to take place. Until these reforms are enacted, I have grave reservations that this epidemic will be brought under control.

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(1) Mimos O, Guenezan J. No benefit of chlorhexidine bathing in non-critical care units. Lancet. 4 Mar. 2019. pii: S0140-6736(18)33130-1. doi: 10.1016/S0140-6736(18)33130-1.