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RE: Written Comment for Presidential Advisory Council on Combating Antibiotic-Resistant Bacteria (PACCARB), February 26 to 27, 2020.

When one observes the intense infection control effort regarding the coronavirus, one needs to ask why more emphasis on screening and isolation strategies has not been implemented for control of other contagions within the United States.

I feel overdependence on hand washing alone and the almost complete ignoring of the patient's microbiome has set the United States on a dangerous path. We need comprehensive guidelines for control. In some settings such as nursing homes these guidelines are all but absent.

The CDC has recently recommended "enhanced precautions" for nursing homes. These guidelines allow resident carriers to roam freely within a facility and the use of contact precautions is reserved for patient encounters with a "High Risk" of transmission.(1) However, these precautions also have been recommended for two of the CDC's most urgent threats (CRE and *C. auris*) and the serious threat of MRSA.(2)

We need to also consider that low risk encounters, such as passing meds, occur frequently in nursing homes and hand hygiene and gloves alone may only prevent 2/3 of MRSA carrier transmissions. When considering the high rate of carriage for these pathogens in nursing homes, we calculate that while following "enhanced precautions", a healthcare worker

whose job is passing meds will contaminate their clothes 11 times per week with MRSA.(3) A similar calculation for gram negative bacilli would predict contamination of clothes once a week.(4)

In nursing homes, we need to develop and implement a strategy based upon the existing microbiome of the facility and the compatibility with the resident's microbiome. If the resident carries dangerous contagions, then decolonization should be attempted. Some organisms such as carbapenem-resistant *Enterobacteriaceae* may have very long durations of colonization (over a year) and how to best decolonize is not known.(5) In such cases, admission into a compatible facility or zone isolation should be implemented.

Those who argue that these strategies do not preserve the dignity of the nursing home resident need to realize that no resident wants to contaminate their grandchildren with dangerous pathogens. What dignity is there in that?

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The Government of China has received world-wide criticism over the almost one-month delay in their public notification regarding the coronavirus. But we must ask, is the United States any better on notifying the public regarding dangerous outbreaks of resistant bacteria in their healthcare facilities?

1. In 2013, I only found out about a highly dangerous outbreak of MRSA in a nearby Appalachian hospital, from a USA Today reporter who by chance Googled and found a government slide presentation which was mistakenly posted in a public folder.(5)
2. In 2016 and 2018, I found out about CRE outbreaks in Kentucky from the CDC's MMWRs, that had occurred months to over a year prior to publication. The hospital

was never identified, but compared to the CDC's rapid and urgent reporting of a resistant pseudomonas outbreak in a Mexican Hospital, one begins to understand how politics not science is shaping our infectious disease policy.(6,7)

3. Of the four CDC's 2019 Urgent Threats which are emerging hospital acquired infections, only one, *C. difficile*, is publicly reported on a national basis and those reports are delayed greater than nine months, limiting their usefulness to the public.(2)

All too often the excuse is given that transparency will cause the public to panic or that these organisms only affect the frail and elderly and we should not have heightened concern. There is little evidence of the former with notification of pathogen outbreaks in the food sector, and being over 65, I fall into this high-risk category and for me life is no less precious. We need instead to take decisive action regarding transparency.

Before we criticize other countries, we need to get our own house in order. Public reporting and citizen notification of dangerous outbreaks should be a right. We need more comprehensive data for action and complete public transparency.

Sincerely,

Kevin T. Kavanagh, MD, MS

Board Chairman

Health Watch USA

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