



Health Watch USAsm

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RE: Written Comment January 24-25, 2023 PACCARB Meeting

January 24, 2023

As the committee is aware, the CDC has reported¹ an increase in antibiotic resistant infections during the COVID-19 pandemic, including *Candida Auris*, Group A and B *Streptococcus*, *Salmonella* and ESBL resistant Enterobacterales. There is even a more concerning increase in resistance in hospital onset infections, including *Candida auris*, Carbapenem-resistant Enterobacterales (CRE), ESBL resistant Enterobacterales, Vancomycin Resistant Enterococcus, drug resistant *Pseudomonas aeruginosa* and Methicillin-resistant *Staphylococcus aureus*.

There is concerning evidence that the rise in resistance will be compounded by a lasting immune dysfunction produced by COVID-19.² The recent surge in hospitalizations from the respiratory syncytial virus (RSV) in the United States exemplified this problem. Not widely reported by the lay press, the United States, Germany and Sweden had large RSV surges last year, shedding significant doubt on the "immune debt" hypothesis. Sweden also had very little masking and few closures during the pandemic. Immune dysfunction from COVID-19 is also supported by clinical studies and abundant laboratory evidence.

A non-peer reviewed study observed a 100% increased risk of RSV infections in COVID-19 patients. 9.7% of children who did not develop an RSV infection had a documented COVID-19 infection, this contrasts with 19.2% of children who developed an RSV infection that had a documented COVID-19 infection.³ Another study found a 34% increased risk of Streptococcal tonsillitis in COVID-19 patients compared to controls.⁴

The best policy is to prevent patient exposure to the drug resistant pathogen. Screening and surveillance must become the leading strategy upon which others are added. In the case of hospital onset MRSA infections, private sector healthcare in the United States experienced approximately a 17% increase above their 2010-2011 baseline, as the Veterans Health Administration, with a uniform strategy of surveillance and contact precautions, experienced a 83.6% decrease.⁵

We need to remember that no matter how high risk a patient is, one will only become infected to a drug resistant pathogen if one is exposed to it.

Thank you for this consideration,

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