



Health Watch USAsm

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Comment for the Center for Disease Control and Prevention's August 23, 2022 Healthcare Infection Control Practices Advisory Committee (HICPAC)

To whom it may concern:

Unfortunately, the United States' public health system has fallen behind other developed nations in the ability to detect and stop the spread of infectious diseases. For the most part, our system is unorganized, non-uniform and "cost driven".

In a Nov. 2010 white paper from the CDC, SHEA, APIC, IDSA a plan of action was outlined to eliminate healthcare associated infections, many of which are antibiotic resistant. One of the outlined four pillars of HAI elimination was "Data for Action". Unfortunately, we have not yet been able to achieve this. When data is available, it is all-too-often highly adjusted, and its access is often delayed by over a year.

Risk adjustment must be done with caution. One needs to make sure that adjustments are applied to circumstances which cannot be mitigated, and not used to normalize deviance.

First. Risk adjustment for community levels of MRSA is problematic, especially when a facility does not implement universal MRSA screening and intervention upon admission. If community rates are too low to warrant implementing this strategy, then they are too low to be risk-adjusted.

Second. Risk-adjustments for COVID-19 patients with MRSA and other antibiotic resistant organisms are also problematic. One is only infected if exposed to the resistant organism. During the pandemic, MRSA infections in the private sector rose 17% above their 2015 baseline. In contradistinction, the Veterans Administration saw an 84% decrease in MRSA infections since 2010, a decrease which was maintained through fiscal year 2022.

Third. Requiring that only current inpatients who contract COVID-19 14 days or more after admission be counted as hospital onset will capture few patients. One needs to consider that

Omicron has an incubation period of approximately 3 days; and that the average length of hospital stay is 4.6 days. Not tracking patient acquisition of COVID-19 places both patients at risk and masks the need for mitigation strategies.

Finally. Strategies need to be based on the characteristics of the pathogen not on the political environment. Relaxing school guidance when the United States still has almost 500 deaths a day, along with one-in-eight patients developing Long COVID is problematic, especially when there is a teacher and bus driver shortage. It would make more sense to stay the course, especially with a new reformulated bivalent booster just weeks away.

Thank you for this consideration,

A handwritten signature in black ink, appearing to read "Kevin T. Kavanagh". The signature is fluid and cursive, with a long, sweeping tail on the final letter.

Kevin T. Kavanagh, MD, MS

Health Watch USA