

SHEA/APIC

Talking Points on Legislative Mandates for Active Surveillance for MRSA and VRE in the United States

- ❖ APIC and SHEA are dedicated to developing, validating and promoting a wide array of methods to combat antimicrobial resistance and all healthcare-associated infections, including the use of active surveillance cultures in appropriate circumstances, as recommended in previously published guidelines.
- ❖ APIC and SHEA recognize that antimicrobial-resistant pathogens pose a threat to the population, which is no longer limited to persons who have had a recent encounter with the healthcare system or who have other apparent risk factors. For individual patients, the suffering associated with infections caused by antimicrobial-resistant pathogens cannot be overstated, with survivors experiencing sequelae that for many persist long after the infection is treated.
- ❖ Bills submitted thus far to state legislatures have mandated active surveillance for MRSA and/or VRE in all patients or patients considered to be high risk on admission, isolation of colonized or infected patients, and reporting of positive cultures to the state health department.
- ❖ While reducing the burden of antimicrobial-resistant pathogens including MRSA and VRE is of preeminent importance, APIC and SHEA do not support legislation to mandate active surveillance cultures for MRSA, VRE or other antimicrobial-resistant pathogens.
- ❖ To conclude that this strategy is the single most critical infection prevention and control intervention to be applied in all settings would preclude local risk assessment and the implementation of a broad range of interventions needed to control infections caused by antimicrobial-resistant and susceptible pathogens. Moreover, legislation in general is not sufficiently flexible to permit rapid response to local epidemiological trends or changes in the understanding of the spread and consequences of antimicrobial resistance.
- ❖ There are many complexities surrounding a "one-size fits all" approach to antimicrobial resistance and infection prevention and control in healthcare facilities. Below are several issues that must be considered carefully when considering such legislation:
 - Currently ideal standards are lacking for the reporting of cases of colonization and/or infection to state departments of health. Simultaneously, to allow meaningful benchmarking and comparisons across institutions, an active surveillance culturing program must conform to standards recognized by accreditation bodies, professional societies, and public health authorities. Rational and evidence-based

standards must be developed with input from experts in healthcare epidemiology and infection prevention and control to ensure that the design, conduct, analysis and interpretation of surveillance programs are appropriate.

- The majority of the experience with active surveillance for the prevention of antimicrobial-resistant infections comes from reports of outbreaks, which have generally been observed in high-risk patient care settings. Nearly all studies in non-outbreak settings have been directed at high risk patients or hospital units. The few studies performing whole-hospital surveillance recommended selected screening of high risk patients.
- The appropriateness of generalizing the findings of studies of targeted active surveillance during outbreaks or in high risk patient populations, to the management of endemic disease through the use of universal active surveillance screening is unproven.
- Cost effectiveness of active surveillance cultures has been demonstrated for some high risk settings/patient populations or in units experiencing outbreaks. The extension of this to other settings such as the healthcare facility at large or long term care facilities is less clear and it is therefore premature to conclude this is cost effective for all hospitals in the U.S.
- Whether hospitals, third party payors (including Medicare and Medicaid) or patients will incur the cost of active surveillance cultures must be determined.
- The dilemmas posed by legislation mandating active surveillance cultures will be especially problematic if no additional resources are made available for implementation. Without additional support, healthcare epidemiologists and infection prevention and control professionals will be necessarily compelled to dedicate themselves to active surveillance culturing at the expense of established and effective strategies that may be more appropriate to the local situation. In this manner mandating active surveillance cultures could lead to worsening rates of other potentially devastating healthcare-associated infections - including *Clostridium difficile*-associated disease, healthcare-associated infections caused by susceptible and other resistant bacteria, and even pandemic influenza or as yet unrecognized emerging pathogens.
- Further, because resources have a defined limit, energies diverted to respond to legislative requirements related to MRSA/VRE might constrain or decrease significant gains made by regional and national collaboratives such as the Michigan Keystone ICU Project, IHI's Save 100,000 Lives Campaign, and the Surgical Care Improvement Project.
- Unresolved issues and additional unintended consequences of mandating active surveillance, isolation, and reporting MRSA and VRE must be addressed, such as: inadequate infection prevention and control resources, laboratory capacity, additional demands on a

strained public health infrastructure, lack of private rooms in many hospitals, constraints on patient transfers between facilities, (e.g. refusal of patients with MRSA by receiving facilities), and the potential negative aspects of patient isolation.

- ❖ SHEA and APIC support the continued development, validation and application of efficacious and cost-effective strategies for the prevention of infections caused by MRSA, VRE, and other antimicrobial-resistant and susceptible pathogens.
- ❖ APIC and SHEA welcome efforts by healthcare consumers together with private, local, state, and federal policy makers to focus attention on and formulate solutions for the growing problem of antimicrobial resistance and healthcare-associated infections. To best serve our patients, it is incumbent on members of SHEA and APIC to provide timely, informed, knowledgeable and practical guidance to policymakers as well as the public and the media so that the issues surrounding antimicrobial resistance can be framed and addressed in the most appropriate and scientifically-sound manner possible.
- ❖ SHEA and APIC support ongoing additional research to determine and optimize the appropriateness, utility, feasibility, and cost effectiveness of active surveillance cultures in both lower and high-risk populations.
- ❖ SHEA and APIC support stronger collaboration between state and local public health authorities and institutional infection prevention and control experts.
- ❖ A more detailed explanation of this complex issue is summarized in the Position Statement from the Joint SHEA and APIC Task Force on Legislative Mandates for Active Surveillance Cultures of MRSA and VRE in the United States.