

January 2007 Press Release: Legislative Mandates for Use of Active Surveillance Cultures

Two of the nation's largest Infection Prevention and Epidemiology Associations, the Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC), convened a working group to review the potential impact of legislative action on infection prevention and control practices that may limit the spread of MRSA and VRE in the healthcare setting. While actively supporting the importance of accepted infection prevention and control activities including the use of active surveillance when appropriate, the group concluded that the use of legislation to mandate specific infection control activities is inappropriate because it would not allow infection control professionals and healthcare epidemiologists flexibility to respond to changing local epidemiology of communicable diseases whether endemic or epidemic.

Today both organizations' journals, the American Journal of Infection Control and Infection Control and Hospital Epidemiology, will electronically release their joint position statement, "Legislative Mandates for Use of Active Surveillance Cultures to Screen for Methicillin-Resistant *Staphylococcus aureus* (MRSA) and Vancomycin-Resistant Enterococci (VRE)." This statement, written in response to the introduction of legislation in at least two US states mandating the use of active surveillance cultures to screen hospitalized patients for MRSA, will appear in print in the March issues of both journals.

The societies are driven by their goal to reduce and eliminate healthcare associated infections. This document warns that "active surveillance alone" will not rid hospitals of MRSA infections. "The potentially harmful, unintended consequences as well as the cost and benefit of active MRSA surveillance should be further explored before legislators mandate this approach. Even if consensus existed regarding the clinical efficacy of universal MRSA active surveillance, a number of issues remain, including the potential for active surveillance to divert critical resources from other important infection prevention activities," according to SHEA President Victoria Fraser, MD.

The position statement emphasizes that SHEA and APIC support the development of viable and cost-effective strategies to prevent MRSA, VRE, and other antimicrobial-resistant and susceptible infections. SHEA, APIC, and the Centers for Disease Control

and Prevention's (CDC) Healthcare Infection Control Practices Advisory Committee (HICPAC) continue to recommend the use of active surveillance cultures in combination with other infection control practices in appropriate circumstances including during outbreak situations.

"I'm exceptionally proud of this joint document," said APIC Board President Denise Murphy. "This collaboration demonstrates that infection prevention experts do not need legislative oversight to ensure that we will examine the evidence and recommend the best practices to promote patient safety."

The position statement reviews the proposed legislation and provides five consensus points intended to guide healthcare epidemiologists and infection prevention and control professionals participating in the process:

1) The reduction of MRSA, VRE, and other resistant and susceptible pathogens is of paramount importance; however, legislation is not needed to mandate use of active surveillance cultures.

2) The associations support efficacious and cost-effective strategies for the prevention of these infections. The ideal surveillance program at any institution should be determined according to local risk assessment and collaboration between clinicians, laboratory staff, and healthcare administrators.

3) Both associations welcome efforts by healthcare consumers, and private, local, state, and federal policy makers to focus on and create better prevention strategies for antimicrobial resistance and healthcare-associated infections.

4) APIC and SHEA support ongoing research to determine and enhance the appropriateness, utility, feasibility, and cost-effectiveness of active surveillance cultures in low and high risk populations.

5) SHEA and APIC support stronger collaboration between state and local public health authorities and institutional infection prevention and control experts.