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We appreciate Senator Durbin's leadership in raising awareness and helping us to prevent and control healthcare associated infections, including those caused by MRSA. Over the past decade, the members of the Society for Healthcare Epidemiology of America (SHEA) have been challenged by not only the continued rise of MRSA in healthcare facilities, but the stunning and unprecedented emergence of MRSA as a serious epidemic in the community, affecting children and adults without contact with the healthcare system (and previously thought to be at low risk for this sometimes devastating infection).

While MRSA represents just one of a multitude of aggressive microbial pathogens that our members combat every day in hospitals and other healthcare facilities across the country, we enthusiastically welcome your efforts to draw attention to this pathogen in particular. MRSA represents a unique challenge, and the fact that it affects so many vulnerable individuals both in healthcare facilities and the community demonstrates that it will only be controlled through close collaboration between clinical and administrative leaders in healthcare facilities, public health authorities, patient and consumer advocates, and dedicated public officials.

The proposed resolution laudably includes much of the most recent evidence concerning the scope and consequences of the MRSA epidemic. We respectfully submit the following comments and proposed changes:

- We are concerned that the resolution as written unintentionally underemphasizes the potential threat of MRSA to even individuals without contact with the healthcare system.
- We suggest modifying the first clause to state "...Whereas MRSA causes infections that are resistant to many antibiotics and is a cause of serious illness and death from both community and healthcare-associated infections in the US and around the world:" This modification would remove an inaccurate statement that MRSA is the most common pathogen that causes healthcare-associated infections (HAIs) in the U.S.; it is roughly tied for the 5<sup>th</sup> most common pathogen associated with HAI.
- We are concerned about the 3<sup>rd</sup> clause presenting inaccurate interpretation of published results. This clause can be modified to reflect published data more accurately with a minor change:
  - Should be, "...percentage of *S. aureus* infections in the U.S. that are MRSA has grown from 2% in 1974 to 63 percent in 2004"
- Although the 4<sup>th</sup> clause accurately reflects published data, more recent publication using data from HHS (AHRQ) estimates for 2005 to be 368,600 hospitalizations (<http://www.hcup->

us.ahrq.gov/reports/statbriefs/sb35.pdf). Regardless of which estimate is used, language should be added to emphasize that these estimates of hospitalizations include all types of MRSA infection, most of which are skin and soft tissue infections and likely represent community-based infections. As currently stated, it is implied that these estimates and the reported increase are for MRSA HAIs which is not supported by the published data

- Modify current statement to “...hospitalizations associated with MRSA infections, including both HAI and Community-based infections, have more than doubled...”
- Because of the changing epidemiology of MRSA infection and evolving definitions of healthcare vs community associated, we are concerned by the statement in the 5th clause that notes that "85% of all invasive cases" are "associated with healthcare."
  - Modify current statement to: "Whereas, although historically the majority of invasive cases of MRSA infection have been associated with healthcare, since 1998, a sharp increase has been documented in the frequency of MRSA infections among children and adults without contact with healthcare settings."
- After the 6<sup>th</sup> clause, we suggest adding the following clause: "Whereas since 1998 a sharp increase has been documented in the frequency of MRSA infections among children and adults without contact with healthcare settings."
- In the 8<sup>th</sup> clause, we question the accuracy of the cost estimates associated with MRSA v.v. Medicare charges. AHRQ's recent estimates for hospital stays with MRSA infection=\$14K and for all other stays=\$7600. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb35.pdf>. This translates to roughly \$6400 in excess costs per MRSA infection, including both HAI and community-based infections. Although this may approach 3 billion dollars, only a small fraction of these hospitalizations are from HAI.
  - It may be reasonable to assume that 20% of the MRSA hospitalizations estimate by AHRQ are healthcare-associated, so:  $\$6400 * 368,600 * 0.2 = \$472$  million (rounding to \$500 million still gives a more accurate number)
- Regarding the 10<sup>th</sup> clause, the first MRSA cluster in sports was in 1994 Vermont wrestlers not 2000. We would encourage not limiting this paragraph to only sports but focus on community or at least listing other settings such as correctional facilities, schools, workplaces, military, and other community settings.
  - Modify clause to state “..since late 1990s among competitive sports teams, correctional facilities, schools, workplaces, military, and other community settings.”
- In the 12<sup>th</sup> clause, MRSA is not a “preventable disease” (it is an organism) – this clause should read: “Whereas many instances of MRSA transmission can be prevented through the use of appropriate hygienic practices, such as hand washing and covering of infected wounds:”
- Line 4 of the resolution should replace “rationalizing antibiotic prescribing practices” with “assuring proper antibiotic stewardship practices.”
- Line 15 of the resolution should add professional societies to ensure that practitioners and science-based experts are clearly identified as leaders and partners in the effort to educate the public and eliminate infections.

It is unfortunate that it has taken an epidemic to alert the public to the ever increasing threat posed by microbial pathogens that are resistant to antibiotics. However, if the awareness encouraged by this resolution is paired with commitment to prevention strategies and research, we are confident that the challenge posed by MRSA as well as other known and even as yet unrecognized pathogens can be met. SHEA welcomes the increased attention on the threat of MRSA infections as an opportunity to establish the kind of collaboration that can soon be applied to all of the infections that our members have dedicated themselves to control and eliminate.