

## CDC Should Stop Playing Politics With Disease Control

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On March 5, CDC Director Dr. Thomas Frieden warned that "nightmare bacteria" called CRE (carbapenem-resistant Enterobacteriaceae) are raging through healthcare facilities.

CRE is untreatable by most antibiotics and kills up to 50% of patients infected with it. It's five times as deadly as the notorious MRSA (methicillin-resistant Staphylococcus aureus) infections that have plagued U.S. hospitals for decades.

Unless CRE can be stopped, it will make chemotherapy and organ transplants less feasible because immune compromised hospital patients will be attacked by untreatable infections.

Common urinary tract infections will become deadly because the germ will thwart antibiotics and rush into the kidney and then the bloodstream.

Today's physicians haven't watched infected patients die without treatment options, but that could be ahead. People needing medical care might have to wonder: Is it safe to go to the hospital?

Frieden said the agency has watched these bacteria, which originated in North Carolina, spread for 12 years to an estimated 200 hospitals and 18% of nursing homes in at least 42 states.

New York and Los Angeles are believed to have the most cases. The figures, Frieden admits, are guesswork.

The agency has persuaded only six states to require hospitals to report cases. States need to act now.

Frieden's "call to action" warned that the "window of opportunity" to stop CRE is closing. It's shocking that the agency delayed so long and still has no national plan.

A decade ago, patients treated in New York hospitals picked up CRE and carried it to New Jersey, Florida and Arizona, launching the nationwide spread, and even brought it to Europe and Israel.

The agency's current infection guidelines are no match for CRE. The tragic outbreak at the National Institutes of Health Medical Center in Bethesda, Md. proves it.

The outbreak began in June 2011 when a 43-year-old woman was admitted to the medical center from a New York hospital. Her chart alerted the NIH that she was carrying CRE, so staff isolated

her and wore gowns, gloves and masks when treating her. All CDC contact and isolation precautions were followed, researchers later confirmed.

The woman recovered and left the hospital. But after three weeks, a male patient who had no contact with her came down with CRE. Then a woman patient became infected. Both died.

Week after week, patients succumbed, including a 16-year-old boy. Every infection was traced back to the 43-year-old New Yorker.

"The outbreak was finally contained by implementing tougher standards," said the NIH researchers — tougher than CDC's lax guidelines (Infection Control and Hospital Epidemiology, January 2013).

To halt the outbreak, the NIH screened all patients for CRE. Patients unknowingly pick up these germs and carry them in their gastrointestinal tract for weeks without symptoms.

Nurses who treat these unidentified carriers inadvertently transport the germ from bedside to bedside. The NIH used a relatively new rapid technology and then isolated every carrier.

In contrast, the CDC doesn't recommend screening unless hospitals begin to see CRE cases. That's too late.

The CDC made the same mistake, four decades ago, when MRSA first invaded hospitals. The Netherlands instituted universal screening of patients and eradicated the threat, while the CDC adopted half-hearted measures and watched MRSA spread.

Stopping the NIH outbreak also required far more than CDC cleaning protocols. Rooms were double cleaned with bleach and then misted with a hydrogen peroxide sprayer — another relatively new technology.

Months after Israel's first cases of CRE in 2006, the government launched a campaign with mandatory reporting of cases, screening and hospital inspections. Israel reduced CRE by nearly 80% in 14 months.

In the U.S., the CDC and the public should press state health departments to do the same.

On Feb. 22, Frieden said the sequester would cut his agency's budget by more than \$300 million, meaning "less money to solve outbreaks, fight hospital infections, and keep illnesses overseas from making their way here." But under both Republican and Democratic administrations, the CDC hands out hundreds of millions of dollars yearly in grants for what can kindly be called less essential projects.

Frieden should stop playing politics with a potential hospital plague and focus on the CDC's core mission.

And the public should issue its own call to action. There isn't much time.

- McCaughey is the author of "Beating Obamacare."