

March 11, 2008
New York, New York

JAMA Article Provides False Support for CDC's Do-Nothing Position on MRSA

A new study in the Journal of the American Medical Association (JAMA) purports to show that screening for MRSA (*methicillin-resistant Staphylococcus aureus*), a simple skin or nasal swab, is not effective in reducing MRSA hospital infections ("Universal Screening for Methicillin-Resistant Staphylococcus aureus at Hospital Admission and Nosocomial Infection in Surgical Patients," *JAMA* vol. 299, no. 10, March 12, 2008).

The findings of the authors will be seized upon by the Centers for Disease Control and Prevention (CDC) and advocates of the do-nothing status quo. But the study is seriously flawed – rendering its findings meaningless.

1. Researchers used a 'rapid test,' but many patients were not tested until they had already been in the hospital for twelve hours. Furthermore, the results of the MRSA tests were not acted upon for another 22½ hours *on average*. Most patients had completed more than half of their hospital stay before their results were known. Therefore, the precautions they needed – isolation, proper antibiotics, chlorhexidine baths – were taken late or not at all.
2. Unbelievably, almost a third of surgical patients (31%) who tested positive didn't get their test results until after their surgery. Therefore they too didn't receive the precautions they needed – the appropriate prophylactic antibiotics, chlorhexidine baths, and mupirocin for the nose. Also amazing, of the patients who tested positive before surgery, fewer than half (43%) received these follow up precautions. Some people carry MRSA germs in their noses or on their skin without realizing it. The bacteria do not cause infection unless they get inside the body – usually via a catheter, a ventilator, or an incision or other open wound. Patients identified as MRSA positive before or immediately upon hospitalization can take precautions to reduce their risk of infection and can be isolated to prevent spreading the germ to others.
3. No weekly MRSA testing was conducted, which is *de rigour* when conducting universal screening to prevent patients colonized with MRSA from passing it on to other patients in the hospital.
4. A previous study by the same lead author at the same location, The University of Geneva Hospital, found that universal screening on admission with preemptive contact precautions (the way it's supposed to be done) decreased MRSA infections in the medical intensive care unit.

The study released today, says Betsy McCaughey, Chairman of the Committee to Reduce Infection Deaths, "doesn't prove that MRSA screening is ineffective. The study omits the precautions that are supposed to follow a MRSA positive test result. It's like testing a recipe, but omitting half the ingredients or test-driving a car without the tires." For a list of studies proving that screening is essential, contact the Committee to Reduce Infection Deaths.

Today's JAMA article provides false support for the CDC's persistent do-nothing position on the dire problem of MRSA. The CDC's lax guidelines continue to give hospitals an excuse to do too little.

*Chairman and founder of the Committee to Reduce Infection Deaths and former Lieutenant Governor of New York State, Betsy McCaughey is available for interview immediately at:
917-748-0227 or 212-534-3047
www.hospitalinfection.org*