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NEWLY RELEASED DATA CONFIRM CDC FAILURES AND THE URGENT NEED FOR CLEANLINESS STANDARDS AND MRSA SCREENING IN U.S. HOSPITALS

Data released today on the large number of patients who contract methicillin-resistant *Staphylococcus aureus* in the hospital show “the dangerous flaws in the policies of the Centers for Disease Control and Prevention,” charges Betsy McCaughey, Chairman of the Committee to Reduce Infection Deaths (www.hospitalinfection.org), a national not-for-profit. “For thirty years, the CDC have collected data monthly tracking the rapid rise of drug-resistant infections, but have done almost nothing to stop it.” CDC reports consistently understated the problem and its cost, and failed to call for changes in hospital procedure needed to stop the lethal trend. The CDC have delayed calling on hospitals to screen incoming patients for the MRSA bacterium despite numerous studies demonstrating that hospital infections cannot be prevented without knowing which patients are carrying the germ. In addition, the CDC have adhered to lax standards for cleaning medical equipment despite compelling evidence that blood pressure cuffs, EKG wires, stethoscopes, and other equipment transmit the deadly bacteria from patient to patient. Finally, the CDC have repeatedly recommended that hospitals *not* test surfaces for bacteria levels despite compelling evidence that shoddy cleaning in hospitals and the persistence of live bacteria on surfaces for many days or even weeks contribute to the high infection toll in hospitals.

1. CDC consistently fails to recommend screening:

Research shows that the only way to prevent MRSA infections is to identify which patients bring the bacteria into the hospital. Some people carry MRSA germs in their noses or on their skin without knowing it. The bacteria do not cause infections unless they get inside the body – usually via a catheter, a ventilator, or an incision or other open wound. Once admitted to the hospital, these MRSA positive patients shed the germs on bedrails, stethoscopes, blood pressure cuffs, EKG wires, and other surfaces, where MRSA can live for many hours and be carried to other patients on caregivers’ hands or on equipment. The MRSA test is a simple nasal or skin swab.

Ironically, the CDC has called for voluntary blood testing of all patients to stem the spread of AIDS, but has failed to recommend universal testing for MRSA. The test doesn’t cost more than the AIDS test, is far less invasive, and more urgently needed. Hospital infections in total killed at least five times as many people in the U.S. last year as AIDS.

2. CDC’s lax standards for cleaning equipment cost patients their lives: In most U.S. hospitals, stethoscopes, blood pressure cuffs, EKG wires, and pulse oximeters are used on one patient after another without being cleaned. Numerous studies show that these devices are heavily contaminated with live bacteria and cause infection. Yet the CDC continue to insist that these devices do not have to be cleaned in between each patient as long as they only touch “intact skin.” Because most U.S. hospitals fail to identify which patients are carrying MRSA on their skin, these devices become conveyor belts for infection, carrying the germ from one patient to another.

3. For over thirty years, the CDC have recommended that hospitals *not* test for bacteria levels despite copious evidence that cleaning is inadequate and many surfaces in patients’ rooms and even in operating rooms are consistently overlooked by cleaning staff. In addition, the Joint Commission, which accredits hospitals, fails to focus on cleanliness or systematically measure cleanliness as a criterion for accreditation. “It’s astounding that hospitals in the U.S. are not inspected for cleanliness and held to a high standard of cleanliness,” says McCaughey. “Restaurants are inspected for cleanliness but not hospitals, not even operating rooms. Many European countries inspect hospitals for cleanliness and publicize the results. Americans deserve the same information.”