UNCONTROLLED INFECTIONS LEAVE U.S. HOSPITALS UNPREPARED FOR AVIAN FLU AND BIOTERRORISM

Washington, D.C. (December 8, 2005) – If avian flu wings its way to the United States and changes genetically into a disease that spreads rapidly from person to person, the death toll would depend largely on what hospitals do when the first victims come in for treatment, according to a study by the Committee to Reduce Infection Deaths (RID). A news conference to release the study will be held today at the Omni Shoreham Hotel, Ambassador Ballroom at 1:10 p.m. (2500 Calvert St., N.W.).

If hospitals have effective infection control measures in place, they will prevent avian flu from spreading to other patients who did not come in with it. If not, bird flu would race through hospitals, infecting patients and staff. “Shoddy infection control is poor preparation for flu and poor homeland security as well,” cautioned Betsy McCaughey, RID Chairman and former Lieutenant Governor of New York. The report, co-sponsored by the National Center for Policy Analysis (NCPA), highlights the grave consequences of poor infection control in most American hospitals.

“One out of every 20 patients gets an infection in the hospital,” McCaughey said. “Infections that have been nearly eradicated in some countries—such as MRSA (methicillin-resistant Staphylococcus aureus)—are raging through hospitals in the United States.”

In the U.S. the danger is growing worse. Increasingly, these infections cannot be cured with commonly used antibiotics. In 1974, only 2% of Staphylococcus aureus infections were drug resistant. By 2003, that figure had soared to 57% and is still rising. These infections are almost all preventable. Unnecessary Deaths documents the success stories of hospitals in the U.S. that have reduced infections 85% or more in pilot programs.

“This report dispels the myth that infection is an inevitable and unavoidable risk of being hospitalized,” said NCPA President John C. Goodman. “Preventing infections will save thousands of lives a year and billions of dollars in unnecessary health costs.”

The report demonstrates that hospital infections add $30 billion each year to the nation’s hospital costs, and concludes that the Centers for Disease Control and Prevention (CDC) are partly to blame by delaying the call for hospitals to institute rigorous infection prevention methods that have worked in other countries and the few hospitals in the U.S. that have tried them.

“It’s also a shame that the CDC has declined to endorse public reporting of hospital infection rates,” said McCaughey. Unnecessary Deaths includes model legislation for states “so that when you have to be hospitalized, you can find out which hospital in your area has the worst infection rates.”

“How can hospitals that lack the discipline to stop infections spread by touch cope with deadly pathogens that travel invisibly through the air, such as a bioterrorist pathogen like smallpox,” McCaughey added.

Editors’ note: Dr. Barry Farr, professor of internal medicine at the University of Virginia, and Dr. Carlene Muto, professor of epidemiology and medicine at the University of Pittsburgh, are excellent sources on preventing hospital infections, and their work is featured in this report. Dr. Farr can be reached at (434) 977-1297 or bmfarr@adelphia.net. Dr. Muto can be reached at (412) 692-2566 or mutoca@msx.upmc.edu.

The Committee to Reduce Infection Deaths (RID) is a nonprofit educational organization dedicated to providing hospital administrators, caregivers, insurers, and patients with the information they need to stop hospital infections. The NCPA is an internationally known nonprofit, nonpartisan research institute with offices in Dallas and Washington, D.C. that advocates private solutions to public policy problems.