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# How to Save 37,000 Lives: Better Infection Control

by MAGGIE FOX

More than half a million people could be spared painful infections and 37,000 lives could be saved over five years if hospitals and clinics could get their acts together on infection control, federal health officials said Tuesday.

A new report shows how better coordination and more careful use of antibiotics could slash rates of infection with four potentially deadly germs, including drug-resistant "superbugs". But it will take more federal and state funding to get there.

If it happens, however, it would save the country \$7.7 billion, the Centers for Disease Control and Prevention said.

CDC experts ran computer programs that showed better infection control programs could avert 619,000 infections from four well-known killers: *Pseudomonas aeruginosa*, methicillin-resistant *Staphylococcus aureus* (MRSA), *Clostridium difficile* and carbapenem-resistant enterobacteriaceae or CRE.

## "NO ONE IS REALLY DRIVING THE BOAT."

It's an ongoing problem and one that the White House has taken up. But underfunded state health departments have been unable to cope, and the changing health care system means no single person or entity is in charge of a patient.

"No one facility can stop this because outbreaks move across facilities," CDC Director Dr. Thomas Frieden told reporters in a telephone briefing. "Facilities that go it alone can't effectively protect their own patients."

The CDC estimates that antibiotic-resistant bacteria make 2 million people sick and kill 23,000 every year in the United States.

Part of the problem is misuse of antibiotics. The more people take antibiotics, the more opportunities the bacteria have to mutate and evolve resistance. Then people can pass mutant bacteria on to others. The widespread practice of taking antibiotics to treat viral infections is a

primary culprit and doctors keep prescribing them and patients keep demanding them despite strong warnings from the federal government, medical societies and other experts.

Another problem is the lack of oversight as patients move from one ward to another in a hospital or from one hospital to another, or from one clinic to another.

"A patient is hospitalized and they may have multiple medications, multiple specialists that they need to see," said Mary Lou Manning, president of the Association for Professionals in Infection Control and Epidemiology.

"No one is really driving the boat. It is very often up to the patient to have to do that and coordinate all these various aspects," Manning told NBC News.

Think of a patient with pneumonia, Manning says.

"I am being transferred from a hospital back to my nursing home," she said. "When I am transferred back to the nursing home, there has to be active communication between the doctors and nurses taking care of the patient at the hospital and those individuals taking care of the patients."

In other words, the hospital needs to warn the nursing home if the patient has, for instance, MRSA and needs to be isolated. Then, doctors need to tell the nursing home staff that the patient needs to take antibiotics for five more day, or 10 more days. If this doesn't happen, and it often doesn't, the patient not only can die, but he or she can start an outbreak at the nursing home.

"Some institutions and facilities do it really, really, really well and others do not," Manning said.

"There is no common approach at this point. Because there are so many people taking care of one patient, they don't talk to one another."

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And that's the problem, the CDC says. If just one hospital or clinic in a region or network falls down on the job, they can be sending patients infected with superbugs all over the place, spreading the invisible germs.

"If we just stay with business as usual there will be hundreds of thousands of infections and tens of thousands of deaths that could be prevented," Frieden said.

The White House has backed a plan to do fight superbugs — via the tracking of infections, faster tests and new drugs — and has asked Congress for \$1.2 billion over five years to implement it.

"We'd like to get started as soon as possible," Frieden said. "But we are really limited by a lack of resources to roll this out rapidly."

What's needed are staff trained to communicate, office space for them to work in, and labs to do the rapid testing so that hospitals and clinics know when bad bugs are circulating.

Health departments need the staff and authority to coordinate what hospitals, stand-alone clinics, dialysis and chemotherapy centers and other facilities are doing.

"The systems have to be in place," Frieden said.

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