

COMMENTARY

Keeping patients safe

Michael O. Vernon, President, APIC Chicago (Association for Professionals in Infection Control and Epidemiology); Director, Communicable Disease Control, Cook County Department of Public Health; Mary

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This is in response to "'Super bug' bill targets hospitals; State measure could dictate fight against deadly bacterium" (Page 1, April 30). Contrary to the Illinois Hospital Association's position described in the Tribune's story, a long list of infection-control organizations and professionals oppose the narrow focus of House Bill 378 and Senate Bill 233, which are limited in scope and not based on scientific evidence.

The list of opponents to the approach these bills would mandate includes the Centers for Disease Control and Prevention, the Association for Professionals in Infection Control and Epidemiology, the Society for Healthcare Epidemiology of America, most medical experts in the field of infection prevention and control and the IHA's own methicillin-resistant staphylococcus aureus, or MRSA, task force.

Instead we support an alternative bill that would cast a wider and more effective net (House Bill 192). This legislation favors a more comprehensive approach toward controlling MRSA as well as a broad spectrum of other multi-drug-resistant organisms that pose equal or greater risk to patients as MRSA.

HB 192 requires hospitals to assess and address annually their most important infection-control problems, including MRSA, through screenings and/or other infection-control measures. In addition, HB 192 addresses not only MRSA acquired within the health-care environment, as HB 378 and SB 233 propose, but community-acquired MRSA as well.

A recent clinical trial sponsored by the National Institutes of Health showed no benefit from the routine MRSA screenings in hospital intensive-care units that are proposed as part of HB 378 and SB 233. Scientific research also shows that a focus on a single strain of bacteria does not improve the overall safety of patients.

In the Netherlands, the country most often cited for developing the "search and destroy" approach to MRSA, low rates of MRSA have been achieved while overall hospital-acquired infection rates remain similar to or greater than U.S. rates.

We urge lawmakers to support HB 192, legislation that is scientifically sound and in the best interests of patients. HB 378 and SB 233 meet neither of these objectives.

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