

Hearing Summary

HEARING ON DRUG-RESISTANT INFECTIONS IN THE COMMUNITY: CONSEQUENCES FOR PUBLIC HEALTH

Rep. Henry A. Waxman Chairman, Committee on Oversight and Government Reform

In October 2007, the Journal of the American Medical Association published a comprehensive study by the Centers for Disease Control and Prevention concerning the prevalence of methicillin-resistant staphylococcus aureus (MRSA), a bacteria that can cause potentially serious infections. This study found that MRSA is far more prevalent than previously believed and that in 2005 MRSA caused over 94,000 serious infections and was associated with over 18,000 deaths. MRSA exemplifies the worrisome pattern of drug-resistant infections that pose a significant public health threat.

In order to understand the extent of the problem, and to educate the public about how to best protect against these kinds of infections, the Committee held a hearing entitled Drug-Resistant Infections in the Community: Consequences for Public Health.

Dr. Julie Gerberding, Director of the Centers for Disease Control and Prevention, testified that while MRSA and other drug-resistant infections are critical public health concerns, there are simple steps people can take to reduce their risk of contracting these infections, including washing hands, covering wounds, and not sharing personal items such as towels and razors. She also emphasized the importance of adherence to guidelines and best practices for prevention of infection in hospitals and other healthcare settings.

Dr. James Burns, Chief Deputy Commissioner for Public Health in Virginia, described the steps the Virginia Department of Health took in response to the highly publicized death of a teenager in rural Bedford County who tested positive for MRSA. He also described the Department's efforts to educate providers and the public about the importance of prudent use of antibiotics to prevent the development of drug-resistant infections.

Dr. Elizabeth Bancroft, the Medical Epidemiologist for the Los Angeles County Department of Health and Human Services, described the County's efforts to control community MRSA, including recurring outbreaks of MRSA skin infections in the county jail. With regard to control of healthcare-associated infections, she testified that "we routinely inspect restaurants more often than we inspect hospitals ... we need to hold hospitals to the same standards as we hold McDonald's."

Dr. Robert S. Daum, Professor of Pediatrics at the University of Chicago, described what he characterized as an "epidemic" of community-associated MRSA infections among people who have not had contact with the health care system. He urged both the CDC and National Institutes of Health to increase their efforts to understand the epidemiology of community-associated MRSA infections and to find methods to prevent and control it.

Steven L. Walts, the Superintendent of Schools in Prince William County, Virginia, described the response of his school district to 21 documented cases of MRSA among students or

employees. He testified about the steps the district is taking to reduce the risk of school-based transmission of MRSA and other drug-resistant infections and to educate parents and students about what they can do to protect themselves against these infections.

Dr. Eric G. Gayle, the medical director of the Institute for Family Health in the Bronx, New York City, described the role that primary care practitioners at community health centers play in addressing infectious diseases such as MRSA among their patients. He testified that his health centers that have the necessary electronic health records capability can monitor patients for possible outbreaks of infectious disease and alert other providers of any outbreaks observed.

Additional information, including Chairman Waxman's statement, copies of testimony, and a transcript of the hearing, is available online at www.oversight.house.gov.