CDC: Coordinated Strategy Will Curb Resistant Infections

BY KARI OAKES

A coordinated approach to infection control and antibiotic stewardship would dramatically reduce the number of people affected by antibiotic-resistant pathogens and health care-associated infections (HAIs), saving tens of thousands of lives and billions of dollars over the next 5 years, according to a federal report.

With a nationwide prevention and antibiotic stewardship program, the total number of HAIs could be reduced by 619,000 over the next 5 years, saving 37,000 lives and reducing direct medical costs by $7.7 billion, Thomas Frieden, MD, MPH, director of the Centers for Disease Control and Prevention, said in a telebriefing sponsored by the agency.

The coordinated approach requires both a public health tracking and alerting system and robust interfacility infection control practices. "Facilities that go it alone can't effectively protect their own patients," he said.

In a CDC Vital Signs report, Rachel Slayton, PhD, of the Center for Emerging and Zoonotic Infectious Diseases, used carbapenem-resistant *Enterobacteriaceae* (CRE) as the test case to determine the effect size of coordinated compared with institution-based infection control and alerting practices.

She and her coauthors projected that the number of health care-associated CRE infections would rise about 10% over the next 5 years, from 310,000 to 340,000, under current practices. Using these prevalence figures, a coordinated approach would result in CRE prevalence within a health care network of just 2% after 5 years, compared with a 12% baseline prevalence and an 8.6% prevalence with augmented individual efforts.

Infection control practices that are enhanced by interfacility coordination may include maintaining regional databases that permit alerts when an individual with an HAI transfers from one facility to the other; having interinstitution agreement about best practices for gowning, gloving, and isolation; and commencing enhanced screening for HAIs when public health officials identify a potential outbreak. Implementation of the coordinated approach would be supported by the CDC's Antibiotic Resistance Solutions Initiative, with $264 million requested in the federal fiscal year 2016 budget for a broad set of programs and laboratory facilities for improved surveillance for resistant pathogens.

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PA/LTC Perspective

The CDC is to be commended for its push toward a more coordinated approach to infection control. Although evidence supports the efficacy of specific antimicrobial stewardship programs in PA/LTC settings, the prerequisites for success vary considerably, depending on the context and scope of the program. At a minimum, success requires buy-in from the medical and nursing staff. There need to be clear lines of accountability and efficient means of interprofessional communication. A close partnership with the pharmacy and consulting pharmacist is also a must and may require more on-site presence than is the norm. In addition, the medical director, the director of nursing, and the administrator must work collaboratively to ensure timely communication and the sharing of content expertise with their acute care partners.

A major challenge in accomplishing the CDC's objectives is to overcome the current dearth of infection control practitioners in post-acute/long-term care. Resources must also be directed toward the real time collection of facility-specific microbial data, including resistance patterns, as well as the dissemination of evidence-based treatment algorithms. While there is clearly much to do, doing nothing and accepting the status quo is not an option.

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