

CDC Again Stresses Urgent Need to Adjust Practices or Pay a Steep Price

Curious Cat Science and Engineering Blog

Untreatable and hard-to-treat infections from Carbapenem-resistant Enterobacteriaceae (CRE) germs are on the rise among patients in medical facilities. CRE germs have become resistant to all or nearly all the antibiotics we have today. Types of CRE include *Klebsiella pneumoniae* Carbapenemase (KPC) and New Delhi metallo-beta-lactamase (NDM). By following the [United States Center for Disease Control \(CDC\) guidelines](#) [1], we can slow the penetration of CRE infections in hospitals and other medical facilities and potentially spread to otherwise healthy people outside of medical facilities.

The CDC has worked with hospitals to successfully apply these measures. The CDC worked with Florida to stop a year-long CRE outbreak in a long-term acute care hospital. With the improved use of CDC recommendations (such as educating staff; dedicating staff, rooms, and equipment to patients with CRE; and improving use of gloves and gowns) the percentage of patients who got CRE at the facility dropped from 44% to 0.

One travesty has been [how poorly health care professionals have been about prescribe antibiotics wisely](#) [2] We need to improve and follow [CDC antibiotics guidelines](#) [3] (stop the overuse of antibiotics) and use culture results (for patients undergoing treatment) to modify prescriptions, if needed. Antibiotic overuse contributes to the growing problems of [Clostridium difficile \(c-diff\)](#) [4] infection and antibiotic resistance in healthcare facilities. Studies indicate that nearly 50% of antimicrobial use in hospitals is unnecessary or inappropriate (per CDC web site).

Israel decreased CRE infection rates in all 27 of its hospitals by more than 70% in one year with a coordinated prevention program. The USA is at a critical time in which CRE infections could be controlled if addressed in a rapid, coordinated, and consistent effort by doctors, nurses, lab staff, medical facility leadership, health departments/states, policy makers, and the federal government.

As I have been saying for years the damage we are creating due to our actions around the use and abuse of antibiotics is likely to kill tens of thousands, or more people. Because the deaths are delayed and often not dramatic we have continued dangerous practices for years when we know better. It is a shame we are condemning so many to increased risks. The CDC, and others, are doing good work, unfortunately too much bad work is continuing in the face of evidence of how dangerous that is.

Related: [CDC Urges Increased Effort to Reduce Drug-Resistant Infections \(2006\)](#) [5] – [Key scientific articles on Healthcare Associated Infections via CDC](#) [6] – [Our Dangerous Antibiotic Practices Carry Great Risks](#) [7] – [Dangerous Drug-Resistant](#)

[Strains of TB are a Growing Threat](#) [8]

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<http://www.ecnmag.com/blogs/2013/03/cdc-again-stresses-urgent-need-adjust-practices-or-pay-steep-price>

Links:

- [1] <http://www.cdc.gov/vitalsigns/HAI/CRE/index.html#Whatcanbedone>
- [2] <http://engineering.curiouscatblog.net/2007/03/22/antibiotics-too-often-prescribed-for-sinus-woes/>
- [3] <http://www.cdc.gov/getsmart/healthcare>
- [4] <http://engineering.curiouscatblog.net/2008/09/17/move-over-mrsa-cdiff-is-here/>
- [5] <http://engineering.curiouscatblog.net/2006/10/19/cdc-urges-increased-effort-to-reduce-drug-resistant-infections/>
- [6] <http://www.cdc.gov/phlic/sciclips/issues/v5issue9.html>
- [7] <http://engineering.curiouscatblog.net/2012/07/12/our-dangerous-antibiotic-practices-carry-great-risks/>
- [8] <http://engineering.curiouscatblog.net/2012/03/28/dangerous-drug-resistant-strains-of-tb-are-a-growing-threat/>