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HOUSE JOINT RESOLUTION

2 WHEREAS, Hospital infections, which account for an
3 estimated 100,000 deaths every year, kill more than five times
4 as many Americans as AIDS; and

5 WHEREAS, The federal Centers for Disease Control and
6 Prevention (C.D.C.), which are calling for voluntary blood
7 testing of all patients to stem the spread of AIDS, have chosen
8 not to recommend a test that is essential to stop the spread of
9 another killer sweeping through our nation's hospitals:
10 M.R.S.A., or methicillin-resistant *Staphylococcus aureus*; the
11 C.D.C. guidelines to prevent hospital infections, released in
12 October 2006, conspicuously omit universal testing of patients
13 for M.R.S.A.; and

14 WHEREAS, The C.D.C.'s omission is unfortunate; research
15 shows that the only way to prevent M.R.S.A. infections is to
16 identify which patients bring the bacteria into the hospital;
17 the M.R.S.A. test costs no more than the H.I.V. test and is
18 less invasive, a simple nasal or skin swab; and

19 WHEREAS, Staph bacteria are the most prevalent
20 infection-causing germs in most hospitals, and increasingly
21 these infections cannot be cured with ordinary antibiotics;
22 sixty percent of staph infections are now drug resistant (that

1 is, M.R.S.A.), up from 2 percent in 1974; and

2 WHEREAS, Some people carry M.R.S.A. germs in their noses or
3 on their skin without realizing it; the bacteria do not cause
4 infection unless they get inside the body -- usually via a
5 catheter, a ventilator, or an incision or other open wound;
6 once admitted to a hospital, these patients shed the germs on
7 bedrails, wheelchairs, stethoscopes, and other surfaces, where
8 M.R.S.A. can live for many hours; and

9 WHEREAS, Doctors and other caregivers who lean over an
10 M.R.S.A.-positive patient often pick up the germ on their
11 hands, gloves, or lab coats and carry it along to their next
12 patient; and

13 WHEREAS, The blood-pressure cuffs that nurses wrap around
14 patients' bare arms frequently carry live bacteria, including
15 M.R.S.A.; in a recent study at a French teaching hospital, 77
16 percent of blood-pressure cuffs wheeled from room to room were
17 contaminated; another study linked contaminated blood-pressure
18 cuffs to several infected infants in the nursery at the
19 University of Iowa hospital; and

20 WHEREAS, Among developed nations, the United States has one
21 of the worst records of curbing drug-resistant infections,
22 according to the Sentry Antimicrobial Surveillance Program, an

1 international effort to monitor drug-resistant germs; in this
2 country, M.R.S.A. hospital infections increased 32-fold from
3 1976 to 2003, according to the C.D.C.; and

4 WHEREAS, In the 1980s, Denmark, Finland, and the
5 Netherlands faced similarly soaring rates of M.R.S.A., but
6 nearly eradicated it by screening patients and requiring health
7 care workers treating patients with M.R.S.A. to wear gowns and
8 gloves and use dedicated equipment to prevent the spread; the
9 Dutch called their strategy "search and destroy"; and

10 WHEREAS, A growing number of hospitals in the United States
11 have proved that such precautions work here, too; recently, a
12 pilot program using screening at Presbyterian University
13 Hospital, in Pittsburgh, reduced M.R.S.A. infections by 90
14 percent; at a Yale-affiliated hospital in New Haven, screening
15 reduced M.R.S.A. infections in intensive care by two-thirds;
16 and

17 WHEREAS, A recently completed nine-year study at the
18 Brigham and Women's Hospital, in Boston, found that screening
19 led to a 75 percent drop in M.R.S.A. bloodstream infections
20 among intensive-care patients and a 67 percent decline
21 throughout the hospital; earlier efforts to stop these
22 infections by installing many more dispensers of hand cleanser
23 and conducting a yearlong educational campaign on hand hygiene

1 had no effect; and

2 WHEREAS, Some public health advocates recommend screening
3 only "high-risk" patients -- those who recently have been
4 hospitalized, live in nursing homes, or have kidney disease;
5 partial screening is somewhat effective, but universal
6 screening prevents the most infections; and

7 WHEREAS, Hospitals cannot afford not to screen for
8 M.R.S.A.; infections wipe out hospital profits; when a patient
9 develops an infection and has to spend many additional weeks
10 hospitalized, Medicare does not pay for most of that additional
11 care; and

12 WHEREAS, Treating hospital infections costs an estimated
13 \$30.5 billion a year in the United States; prevention, on the
14 other hand, is inexpensive and requires no capital outlays; a
15 pilot program at the University of Pittsburgh found that
16 screening tests, gowns, and other precautions cost only \$35,000
17 a year, and saved more than \$800,000 a year in infection costs;
18 a review of similar cost analyses, published in The Lancet in
19 September, concluded that M.R.S.A. screening increases
20 hospital profits -- as it saves lives; and

21 WHEREAS, For a decade, in spite of this evidence, the
22 C.D.C. has rebuffed calls for screening, most recently from a

1 committee of the Society for Healthcare Epidemiologists of
2 America; C.D.C. officials claim that more research is needed to
3 prove the benefits of screening; more research cannot hurt, but
4 we know enough already to move ahead; and

5 WHEREAS, Some hospitals are leading the way, including
6 Evanston Northwestern, in Illinois; the Veterans Affairs
7 medical centers; New England Baptist Hospital, in Boston; and
8 Johns Hopkins Hospital, in Baltimore; and

9 WHEREAS, The C.D.C.'s lax guidelines give many other
10 hospitals an excuse to do too little; every year of delay costs
11 thousands of lives and billions of dollars; therefore, be it

12 RESOLVED, BY THE HOUSE OF REPRESENTATIVES OF THE
13 NINETY-FIFTH GENERAL ASSEMBLY OF THE STATE OF ILLINOIS, THE
14 SENATE CONCURRING HEREIN, that we urge the Centers for Disease
15 Control and Prevention to adopt guidelines for universal
16 testing of hospital patients for methicillin-resistant
17 Staphylococcus aureus (M.R.S.A.) without further delay; and be
18 it further

19 RESOLVED, That a copy of this resolution be delivered to
20 the Director of the Centers for Disease Control and Prevention.