HHS Sets Infection-Control Goals for Hospitals

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Federal officials are seeking significant reductions in some of the most common health care–associated infections over the next 5 years.

In an "action plan" issued in January, Department of Health and Human Services officials outlined goals related to six categories of health care–associated infections: central line–associated bloodstream infections, *Clostridium difficile* infections, catheter-associated urinary tract infections, methicillin-resistant *Staphylococcus aureus* (MRSA) infections, surgical-site infections, and ventilator-associated pneumonia.

The seven national prevention targets identified in the plan call for:

- ▶ Reducing the number of central line–associated bloodstream infections per 1,000 device days to below the current 25th percentile set by the National Healthcare Safety Network by location type.
- ▶ Achieving full compliance with the central line bundle in nonemergent insertions.
- ▶ Reducing by 30% the case rate per patient days and administrative/discharge data for ICD-9-CM–coded *C. difficile* infections.
- ▶ Reducing the median deep-incision and organ-space infection rate for each procedure/risk group to at or below the current National Healthcare Safety Network 25th percentile.
- ▶ Reducing by 25% the number of symptomatic urinary tract infections per 1,000 urinary catheter days.
- ▶ Reducing by half the incidence rate of all health care–associated invasive MRSA infections.
- ▶ Achieving 95% adherence rates for each Surgical Care Improvement Project/National Quality Forum infection process measure for surgical-site infections.

Kathy Warye, CEO of the Association for Professionals in Infection Control and Epidemiology, said the goals are "reasonable."

Dr. Patrick J. Brennan, chairman of the Healthcare Infection Control Practices Advisory Committee, said it also addresses concerns about a lack of coordination among the federal agencies and departments that have some responsibility for health care–associated infections. Dr. Brennan served on the steering committee that prepared the report. ■

The plan is online at www.hhs.gov/ophs/initiatives/hai.

Pediatric MRSA Infections Soar

The number of pediatric head-and-neck infections caused by methicillin-resistant *Staphylococcus aureus* shot up at an "alarming" rate across the United States between 2001 and 2006.

Sixty percent of these methicillin-resistant *S. aureus* (MRSA) cases were community acquired rather than nosocomial, and nearly half were resistant to clindamycin—reversals of the patterns that these infections have shown until now.

Dr. Iman Naseri of the department of otolaryngology, head and neck surgery, at Emory University, Atlanta, and associates used a national microbiology database to assess trends in MRSA prevalence. It includes strain-specific antimicrobial drug resistance test results from laboratories serving more than 300 hospitals.

They reviewed reports on 21,009 patients aged 0-18 years (mean, 7 years) whose head and neck infections were cultured between 2001 and 2006. The cultures were taken from the oropharynx/neck (60%), nasal or sinus cavity (38%), and middle or external ear (2%).

Overall, 4,534 samples (22%) were infected with MRSA. In 2001, about 12% of *S. aureus* infections were methicillin resistant. This proportion rose steadily during the 5 years of the study to more than 28% (Arch. of Otolaryngol. Head Neck Surg. 2009;135:14-6).

The highest rate of infection occurred in the otologic cultures, which also had the highest prevalence of clindamycin resistance of the three sites.

—Mary Ann Moon

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