

MRSA SURVIVORS NETWORK

3RD ANNUAL WORLD MRSA DAY EVENT

AND

GLOBAL MRSA SUMMIT

Chicago – October 1, 2011

THE CHICAGO DECLARATION

We, the following MRSA advocates and activists strongly feel that immediate action must be taken in the United States and worldwide to address the emerging and ongoing MRSA epidemic to save lives and prevent MRSA infections.

Methicillin-resistant *Staphylococcus aureus* (MRSA) is the most common antimicrobial-resistant pathogen causing healthcare-associated infections (HAI's) resulting in loss of life, debilitating injuries, decreased health and needless pain and suffering. MRSA acquired in healthcare facilities (HA-MRSA) can cause serious infections of the blood, surgical site, urinary tract or pneumonia and are estimated to result in approximately 18,000 deaths annually in the United States alone. The majority of MRSA infections acquired in the community (CA-MRSA) cause skin and soft-tissue infections and infrequent death. More U.S. citizens die of MRSA infections than from HIV/AIDS. The global and U.S. public health and political leadership has failed to adequately address the MRSA epidemic. This has resulted in over 100,000 deaths from invasive MRSA-HAI's just in the past decade in the United States. The majority of these MRSA HAI's are preventable. This has been illustrated by more than 150 MRSA prevention interventions using active detection and isolation (ADI) including several large recent studies in U.S. hospitals.

Immediate Course of Action

1. The World Health Organization (WHO) must establish a global surveillance network program for reporting MRSA-colonization and infection rates in developed and developing countries, with the goal of publishing MRSA-colonization and infection rates for all healthcare facilities in each country on an annual basis.
2. The United Nations (UN) should establish a Joint United Nations Program on MRSA immediately.

3. Healthcare acquired - MRSA (HA-MRSA) victims with disabilities resulting from an infection must be covered under the Americans with Disabilities Act.
4. The Secretary of the Department of Health and Human Services (DHHS) should mandate that all healthcare facilities conduct an annual review of their data to determine their incidence or prevalence of MRSA-colonization and infection.
5. The Secretary, DHHS should mandate that all U.S. healthcare facilities where: (1) the MRSA-colonization and infection rate is >5%, (2) the MRSA-HAI rate is not decreasing: or (3) there has been an MRSA-HAI death in the facility during the previous 12 months to fully implement active detection and isolation (ADI), including active surveillance testing to detect MRSA-colonization of all colonized patients at the time of facility admission and periodically (e.g., weekly) during prolonged hospital stay.
6. The Centers for Disease Control and Prevention (CDC) should review and revise their Guideline for the Control of Multidrug-Resistant Organisms (MDROs). Members of the MDRO Guideline revision team should only include those experts with documented reductions in MRSA-HAIs (to include bloodstream, surgical site, urinary tract and pneumonia) over the past 3-5 years and from facilities with MRSA colonization and infection rates below 2%.
7. The Secretary, DHHS should mandate that all implant and surgical patients (i.e., cardiac, neuro or orthopedic) should be screened pre-operatively for MRSA and, if positive, decolonized before the surgical procedure.
8. All U.S. healthcare facilities should be required to report every six months what MRSA-HAI interventions they are using (i.e., active surveillance testing, contact precautions, hand hygiene, environmental cleaning, etc.) and the percent of healthcare worker compliance with the measures through a public web site (CDC, CMS, AHRQ)
9. The Secretary, DHHS should require mandatory public reporting of MRSA-colonization and infection rates for all U.S. healthcare facilities every six months. These data should be reported to CDC (or possibly CMS or AHRQ) and such data should be made immediately available to the public through an open web site.
10. The Occupational Safety and Health Administration (OSHA) should include MRSA acquisition by healthcare workers as a reportable occupational-acquired condition.

MRSA will continue to spread and antimicrobial resistance will increase if we do not take the above measures to eradicate MRSA from the primary source – healthcare facilities. The loss of life and the pain and suffering from so many with MRSA infections has takes a heavy toll on the population and billions of dollars are spent each year worldwide to treat MRSA infections. We must take immediate action.

Signed,

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