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## Protocol released for ending infection treatment



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New expert guidance offers hospitals the first standardised recommendations on discontinuation of safety protocols when treating patients for multidrug-resistant infections. The recommendations from the Society for Healthcare Epidemiology of America (SHEA) are published in the journal *Infection Control and Hospital Epidemiology*.

Most clinical research has focused on proper protocols at the beginning and throughout the treatment of a patient. However, few publications address the issue on the safest way to end such precautions. That has led to varying procedures and potentially, spread of infection and overuse of antibiotics, explains Dr. Gonzolo Bearman, chair of the division of Infectious Diseases at Virginia Commonwealth University Health System and an author of the study.

The new guidance document therefore suggests clinicians determine how long they should use gowns, gloves and masks when treating patients with antimicrobial-resistant pathogens, as well as deciding how long those patients should remain in isolation.

"Because of the virulent nature of multi-drug resistant infections and *C. difficile* infections, hospitals should consider establishing policies on the duration of contact precautions to safely care for patients and prevent spread of these bacteria," says paper co-author Dr. David Banach, hospital epidemiologist at University of Connecticut Health Center.

In the U.S., it is estimated that more than 2 million people get drug-resistant infections every year, the majority of which are acquired at healthcare facilities. About 23,000 infected people die annually, according to the Center for Disease Control and Prevention, noting that the cost to treat those patients is about \$20 billion a year.

Recommendations focused on some of the most common and difficult drug-resistant infections to treat, such as methicillin-resistant *Staphylococcus aureus* (MRSA), Carbapenem-resistant Enterobacteriaceae (CRE), and *Clostridium difficile*, regarded as the most common microbial cause of healthcare-associated infections with an estimated 453,000 cases every year, the CDC points out.

The SHEA guidance, in most cases, suggests hospital personnel decide to end safety precautions based on how much time has elapsed since the last positive culture. That would determine if contact transmission is likely.

"The duration of contact precautions can have a significant impact on the health of the patient, the hospital, and the community," Dr. Bearman explains. "This guidance is a starting point, however stronger research is needed to evaluate and optimise the use."

It has become imperative for health officials and policy makers to curb the spread of antimicrobial-resistant pathogens, especially as the number of antibiotics that can be used to effectively treat such infections continues to dwindle. Experts cite the overuse of antibiotics, both in healthcare and in livestock, as a major contributor to the problem of antimicrobial resistance.

Source: [Modern Healthcare](#)

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