LETTERS TO THE EDITOR

Methicillin-Resistant *Staphylococcus aureus*, Public Concern, and Legislative Mandates

To the Editor—The recent position statement from the Society for Healthcare Epidemiology of America (SHEA) and the Association for Professionals in Infection Control and Epidemiology (APIC) regarding current trends towards regulated mandates for control of methicillin-resistant *Staphylococcus aureus* (MRSA) is well thought and articulated.[1] The call to develop more encompassing and comprehensive approaches for MRSA control is a critical conclusion. Whereas the legislation and its technical consequences may at first draw the most attention, it is the main thrust of such action that may be lost in the plethora of discussions that arise.

That MRSA is a major nosocomial pathogen in North America is not new.[2] The epidemic and consequences of community-acquired MRSA have more recently drawn increased attention from a lay perspective. It is becoming apparent that the increasing burden of MRSA infection, whether hospital-acquired or community-acquired, is being associated with rising mortality due to MRSA infection.[3] Proportionately, the costs of infection and its containment continue to escalate.[4] Whereas the public is less likely to recognize an infection that predominantly occurs in institutions, it is more likely to respond when seemingly healthy individuals succumb to serious and dramatic consequences of infection: a central nervous system MRSA infection after clean neurosurgery, death of a newborn because of MRSA sepsis, or a series of major boils and cellulitides among healthy athletes, are a few examples.

The legislated attempts to enhance MRSA control by elected officials reflects both a sense of urgency and a sense of futility regarding the existing circumstances. They are a call to action for a problem that has long been festering, despite decades of knowledge and scientific publication. Does the public not have a right to activate duly elected representatives to improve the human condition? If infection control staff and public health officials were selected by democratic election, would the public choose the status quo, given their perception of MRSA infection?

Use of public policy to control infection is not new. The obligation to notify public health authorities about certain diseases, public health interventions regarding sexually transmitted diseases, historic routine screening at hospital admission for syphilis, and routine screening for various infections during pregnancy are but a few such time-honored interventions. In the United Kingdom, the control of MRSA has attracted considerable political attention, to the point that it has entered national health policy and debate within legislative assemblies.[5]

Even if proposed state legislation never comes to be adopted or enforced, the message from the public, through its elected officials, is clear. The public aspires to better control of MRSA and improved outcomes. It wishes that the currently fractionated approaches would become cohesive so that a major gain in public safety is realized. It is sending a message to unelected medical staff and administrators and to unelected public health officials for them to move beyond current levels of activism. As a potential benefit to health care personnel, a public call to control MRSA may also be viewed as a public acknowledgement that use of additional resources may be acceptable to achieve that goal. The true societal impact of MRSA infection may go beyond the eye of public perception but not beyond the public's sense that change is long overdue.

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Occupational Exposures to Bloodborne Pathogens in Smaller Hospitals

To the Editor—In 2004, the Victorian Hospital Acquired Infection Surveillance System (VICNISS) Coordinating Centre