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Reply to Diekema et al

To the Editor—As the authors of the 2022 update of the Society for Healthcare Epidemiology of America/Infectious Diseases Society of America/Association for Professionals in Infection Control and Epidemiology practice recommendations for prevention of methicillin-resistant *Staphylococcus aureus* (MRSA) infection and transmission in acute care hospitals [1], we would like to respond to the recently published Viewpoints article by Diekema and colleagues [2]. The purpose of this letter is to highlight that there is more agreement than disagreement between the recently published practice recommendations and what Diekema et al proposed as an alternative. For decades, the infection prevention community has debated the use of contact precautions for MRSA prevention. We agree that studies of contact precautions for MRSA prevention have come to conflicting conclusions and do not provide a definitive answer that applies to all settings. Current data suggest that contact precautions are an important component of a MRSA control program in many but not all hospitals. In some hospitals, a low prevalence of MRSA and/or successful implementation of other control strategies has reduced the incremental benefit of contact precautions to the point that the potential benefits may be outweighed by other considerations and priorities.

In recognition of these data, the updated recommendation for contact precautions differs substantially from the 2014 Compendium update [3] and current recommendations from the Centers for Disease Control and Prevention [4], both of which call for the use of contact precautions for all patients colonized or infected with MRSA without consideration of local context and epidemiology. While the 2022 update also recommends contact precautions, it allows for their discontinuation if a thorough risk assessment has determined that this is unlikely to increase the risk of patient harm.

The 2022 Compendium of Strategies to Prevent Healthcare-Associated Infections in Acute Care Hospitals (hereafter "Compendium") categorizes preventive practices as either essential practices (those that should be adopted by all acute-care hospitals unless a clear and compelling rationale for an alternative approach is present) or additional approaches (those that can be considered for use in locations or patient populations where infections are not controlled after implementation of essential practices) [5]. As noted by Diekema et al, contact precautions were categorized as an essential practice for prevention of MRSA transmission. The recommendation statement, however, also includes guidance for hospitals that have eliminated or that are considering elimination of contact precautions in some or all patient populations: "A facility that chooses or has already chosen to modify the use of contact precautions for some or all of these patients should conduct a MRSA-specific risk assessment to evaluate the facility for transmission risks and to assess the effectiveness of other MRSA risk mitigation strategies (eg, hand hygiene, cleaning and disinfection of the environment, single occupancy patient rooms) and establish a process for ongoing monitoring, oversight, and risk assessment" [1].

Diekema et al state that this recommendation "blurs the distinction" between essential practices and additional approaches [2]. We categorized the recommendation as an essential practice intentionally. An additional approach is generally interpreted to be a strategy for which one can "opt-in," with no real expectation that an individual hospital will systematically consider it for implementation. Thus, categorizing contact precautions as an additional approach could result in mass de-implementation of a practice that is currently used in a majority of US hospitals, without adequate consideration of the benefits and risks within the local context, potentially leading to avoidable patient harm. To avoid this risk, the recommendation presents contact precautions as an essential practice with an "opt-out" strategy, with discontinuation of their use in some or all patients only after thoughtful consideration of risks and benefits within the context of the individual hospital (eg, current MRSA epidemiology in the facility and various patient populations; adherence to horizontal infection prevention measures such as hand hygiene and equipment and environment disinfection; proportion of multibed vs single-patient rooms; and use of additional approaches [eg, universal decolonization of adult intensive care unit patients]).

The Compendium's recommendation for contact precautions is not dissimilar to that of the recently proposed "precision-based approach" to contact precautions for endemic pathogens that accounts for facility, infection prevention, host, and pathogen-related factors [6] and that was supported by Diekema and colleagues. The challenge is to get there as safely as possible. The 2022 Compendium provides recommendations and strategies for the use of contact precautions for MRSA that account for the diversity in epidemiology and risk that exists among and within hospitals.

Notes

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