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Planned Analyses of the REDUCE MRSA Trial

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In their recent commentary, Kavanagh et al. (1) provided a perspective on recent clinical trials and guidance that raised questions about the universal utility of active screening and contact precautions as the ideal strategy to combat methicillin-resistant *Staphylococcus aureus* (MRSA).

As investigators of the REDUCE MRSA Trial, we would like to provide the following clarifications related to the description of our secondary outcomes. First, the REDUCE MRSA trial has several *a priori* secondary outcomes, only some of which were intended for inclusion in the primary report. In addition to our primary outcome of MRSA clinical cultures attributed to the intensive care unit (ICU), we reported the secondary outcomes of MRSA bloodstream infections and all-cause bloodstream infections in a recently published report (2). However, additional secondary outcomes are under way and include an assessment of urinary tract infections and blood culture contamination, an assessment of the emergence of resistance, and an assessment of cost effectiveness. All secondary outcomes were declared prior to the completion of the trial and prior to performing any analyses (3, 4).

Second, we believe evidence should guide policy. Both our primary and secondary results are consistent with the benefit of decolonization compared with active surveillance in the ICU setting that we evaluated. Additional evidence will always be helpful to guide the best practice for preventing MRSA, other multidrug-resistant organisms, and other health care-associated infections.

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