

## Staph Concerns

Victoria Nahum knows all too well the deadliness of hospital infections. Now she wants caregivers—and the public—to do more.

JOSH NAHUM WAS WORKING as a skydiving instructor when one day, after years of uneventful jumps, he flubbed a landing. His body jackknifed on impact, pitching his torso forward and slamming his helmet against his left thigh. Doctors diagnosed him with a broken femur and a concussion. When his stepmother, Victoria Nahum, flew from Atlanta to visit him in Denver, he recognized her but didn't seem to know where he was. "You're in the hospital," she told him. He was so disoriented that Victoria and her husband, Armando, Josh's father, put up a sign in the room so that when Josh awoke, he'd know where he was.

The accident happened over Labor

Day weekend 2006. Doctors implanted a titanium rod in Josh's leg and drilled a hole in his skull to relieve the pressure that had built up around his brain. In early October, he was transferred from the hospital to a rehabilitation facility, where physical therapists helped him get around using a walker. Doctors told the Nahums Josh's recovery would take awhile—more than a year, probably—but that it should be a complete one. In the hospital, Josh had developed a staph infection, but doctors had treated it with a course of vancomycin, and it went away.

At the time, Victoria Nahum didn't give Josh's infection much thought, even

though a similar infection had caused her years of agony. In 2000, after getting breast implants, she found that she fatigued easily. Her joints ached. She figured perhaps she was pre-menopausal—she was in her forties at the time—but that diagnosis was ruled out. She went to several doctors, until a rheumatologist said the implants had triggered an auto-immune disease. Nahum thought she should have the implants removed, but the doctor advised her it would have little effect on the disease. She insisted, though, and when the implants came out, doctors found one of them covered with staph. The germs had glommed onto the saline implant and created a shield that protected them from the antibodies in her bloodstream.

**A**T TWENTY-SEVEN, Josh Nahum had just returned to college when he suffered his accident. He was studying child psychology at Colorado State, paying the bills by teaching skydiving. Six days after arriving at the rehab center, he suddenly spiked a 103-degree fever. He was nauseous. Alarmed, therapists at the center sent him back to the hospital, where doctors performed a spinal tap. They found another infection, this one caused by the *Enterobacter aerogenes* bacteria. Infections by *E. aerogenes* occur occasionally in hospital patients and can be stubbornly resistant to drug treatment. As his stepmother explains it, the bacterial fluid put pressure on his brain, which in turn impacted his spine. That night, in the hospital's intensive care unit, he coded. Doctors revived him, but then he couldn't breathe on his own. In the days that followed, the infection left Josh a quadriplegic. Within two weeks, he was dead.

Hospitals have always been breeding grounds for germs. Concentrate a few hundred people in one building—many of whom are sick, their immune systems weakened, their bodies connected to IVs and catheters—and the occasional infection is inevitable. But in recent years, so-called "superbugs" that resist conventional treatments have taken on new strength.



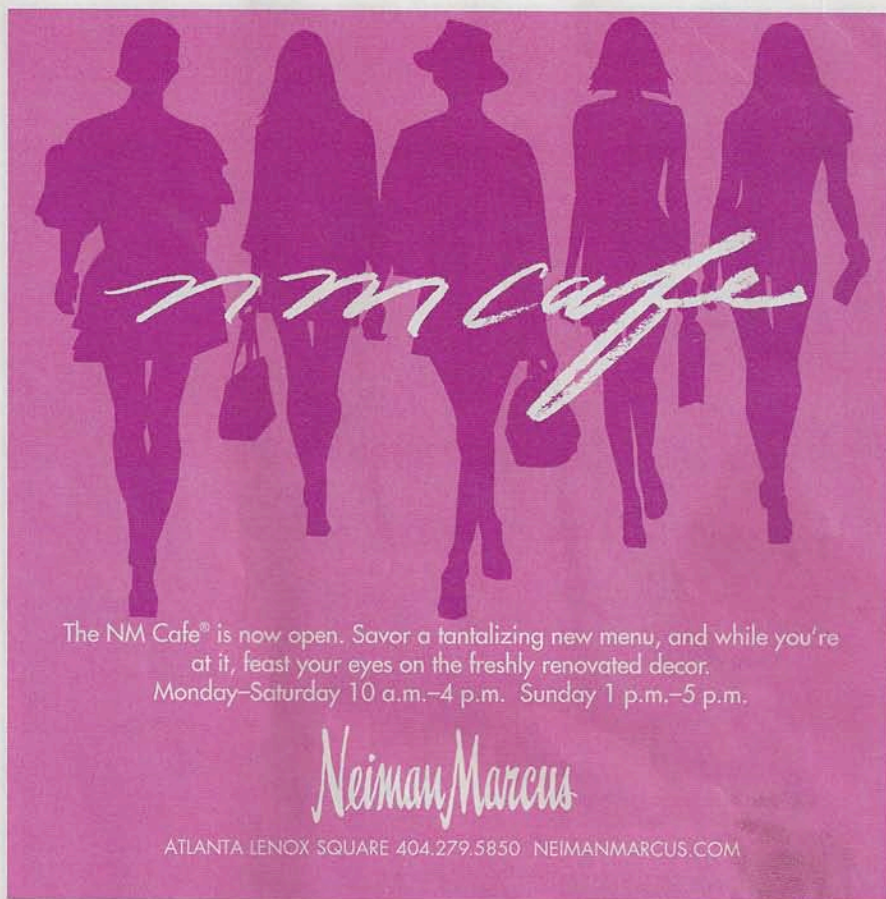
## AGENDA

In one study, the Centers for Disease Control and Prevention estimated that 99,000 deaths in 2002 were, as the study parsed it, "associated" with infections picked up in hospitals. That number is roughly equal to the number of Americans who die annually from breast cancer, AIDS, and in auto accidents—combined.

Last fall, the Journal of the American Medical Association made headlines when it released a report focusing on just one superbug, methicillin-resistant *Staphylococcus aureus*, or MRSA. There's nothing new, of course, about staph bacteria. They're found just about everywhere—on your nose, on the locker room floor, on the buttons of an elevator car. Scientists figure that about one-third of us are colonized—that is, we're carriers of the bacteria and spread it around but don't get sick ourselves. But the MRSA strain, which requires stronger classes of drugs to combat, has become more prevalent, most alarmingly, outside the hospitals (rates inside hospitals have stayed roughly the same). In the past year, school districts around the country—including in Henry and Cobb counties and the city of Atlanta—have reported MRSA infections in a handful of their students. In Virginia, one student died. School officials have responded by ordering top-to-bottom cleanings of their schools, but the germ is so ubiquitous that no disinfection can be 100 percent effective.

Infections like the ones found in schools are called community-acquired, and the rate of those infections, anecdotally anyway, is going up. In the past seven years, Grady Hospital has seen a significant uptick in the number of patients coming in with staph infections, appearing as painful bumps or boils on the skin's surface. "It's dramatic how common it is," says Dr. Susan Ray, an epidemiologist at Grady who also teaches medicine at Emory. Ray also coauthored the JAMA study, which showed that most MRSA infections originate in hospitals.

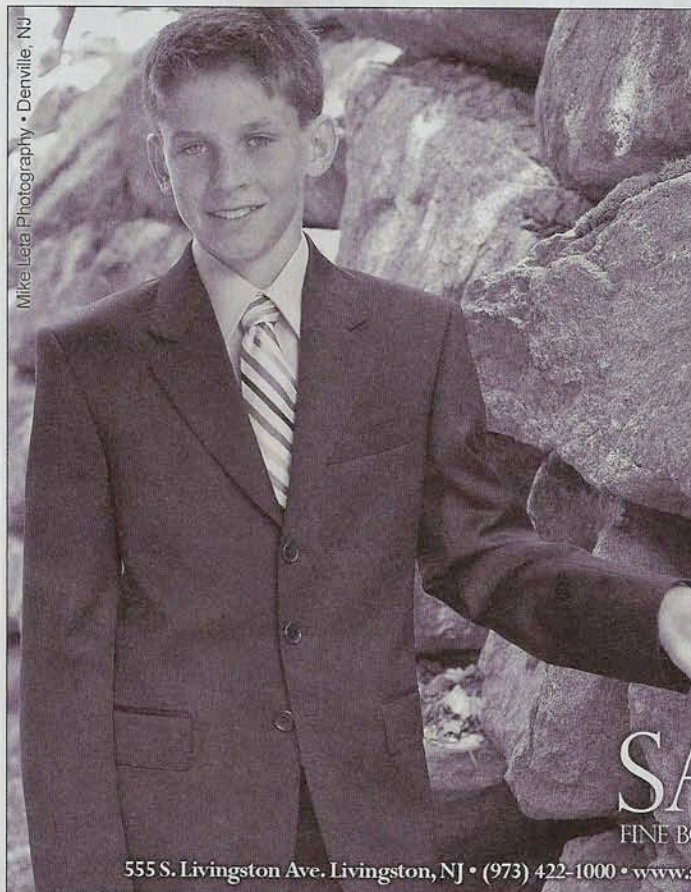
The numbers are alarming. Based on statistics gathered from nine metro areas in the U.S. including Atlanta, the study estimated there were 94,360 invasive MRSA infections in 2005, and of those, 18,650 people



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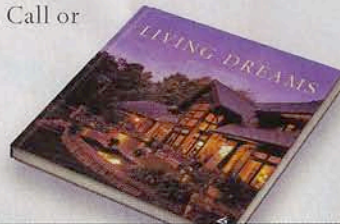


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died. (An invasive infection gets beneath the skin into, for example, the bloodstream or internal organs. Most staph infections are not invasive.) Put simply, if you contracted invasive MRSA in 2005, you had a one in five chance of dying. Invasive MRSA, the study concluded, poses “a major public health problem.”

**N**OT LONG AFTER JOSH DIED, Victoria Nahum called the CDC. She and her husband had decided not to sue the Colorado hospital that had treated her son. Instead, she wanted to raise awareness of the issue. Hospital infections had not only touched her life and ended her son's, but they were also responsible for her father-in-law's pneumonia when he was hospitalized for a heart attack. What could she do to help spare other families the same agony, she asked CDC officials. Put a face to the problem, they told her. The owner of an ad agency, Nahum set to work. She started a website ([safecarecampaign.org](http://safecarecampaign.org)). She called infectious-disease experts. She got invitations to speak at medical conventions, at press clubs, on TV news. Her message to hospitals is profoundly simple: Insist your caregivers wash their hands before touching a patient. That alone, experts agree, would vastly reduce hospital infections.

Most states, including Georgia, don't require hospitals to publicly report infection statistics. A congressman from Pennsylvania, which has some of the strictest reporting mandates, has introduced a bill that would apply similar standards to hospitals nationwide. Hospitals are learning public disclosure is not necessarily a bad thing. In October, *The Wall Street Journal* reported the University of Pittsburgh Medical Center had cut MRSA infection rates in half by screening incoming intensive-care patients for staph. But Vi Naylor, executive vice president of the Georgia Hospital Association, worries that until a common system of measurement is put in place, there's the potential for confusion. Public reporting will be effective, Naylor says, “as long as it's valid and reliable and translates into apples-to-apples comparisons.”



## AGENDA



Josh, before his skydiving accident; Armando and Victoria Nahum

Nahum favors transparency as well, but she worries that forcing hospitals to disclose infection rates would encourage some to fudge their numbers, making good hospitals look bad and bad hospitals look good. For now, she focuses on the simple message of hygiene. "Patients are afraid to speak up," she says. "They think the doctor knows best. Well, if he's not washing his hands, he doesn't know best." Her website lists other tips to lower the risk of infection.

Recently, on a flight back to Atlanta from Las Vegas where she had been a guest speaker, an idea came to her as she watched a safety video onboard. Where, she wondered, is the safety video for patients? She ran the idea past the CDC, and in November, the agency coproduced a video that Nahum would like to be mandatory viewing for every incoming patient in the nation's hospitals.

Watching Josh deteriorate in the last days of his life, Nahum says, was "like having a family member fall down a hole and you can't grab them. Now I can make a difference, and it's helped a lot." ■

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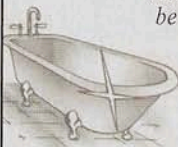
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