

110TH CONGRESS
2^D SESSION

H. RES. 988

Designating the month of March 2008 as “MRSA Awareness Month”.

IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 14, 2008

Mr. MATHESON (for himself, Mrs. CUBIN, Ms. BALDWIN, Mr. FERGUSON, Mr. CUMMINGS, Mr. SESSIONS, Mrs. CAPPS, Mr. TIM MURPHY of Pennsylvania, Mr. ROSS, Mr. FOSSELLA, Mr. GENE GREEN of Texas, Mr. HINOJOSA, Mr. TOWNS, Mr. BAIRD, and Ms. HOOLEY) submitted the following resolution; which was referred to the Committee on Energy and Commerce

RESOLUTION

Designating the month of March 2008 as “MRSA Awareness Month”.

Whereas Methicillin-resistant *Staphylococcus aureus* (MRSA) is a type of infection that is resistant to treatment with the usual antibiotics and is one of the most common pathogens that cause Healthcare-Associated Infections (HAIs) in the United States and in many parts of the world;

Whereas a study led by the Centers for Disease Control and Prevention estimates that in 2005 more than 94,000 invasive MRSA infections occurred in the United States and more than 18,500 of these infections resulted in death;

Whereas the percentage of *Staphylococcus aureus* infections in the United States that are attributable to MRSA has grown from 2 percent in 1974 to 63 percent in 2004;

Whereas the annual number of hospitalizations associated with MRSA infections, including both HAIs and community-based infections, more than tripled between 1999 and 2005, from 108,600 to 368,600;

Whereas approximately 85 percent of all invasive MRSA infections were associated with healthcare;

Whereas serious MRSA infections occur most frequently among individuals in hospitals and healthcare facilities, particularly the elderly, those undergoing dialysis, and those with surgical wounds;

Whereas individuals infected with MRSA are most likely to have longer and more expensive hospital stays, with an average cost of \$35,000;

Whereas there has been an increase in reported community-acquired staph infection outbreaks, including antibiotic-resistant strains, in States such as Illinois, New York, Kentucky, Virginia, Maryland, Ohio, North Carolina, Florida, the District of Columbia, and Alaska;

Whereas clusters of community-acquired MRSA infections have been reported since the late 1990s among competitive sports teams, correctional facilities, schools, workplaces, military facilities, and other community settings;

Whereas a person who is not infected with MRSA can be a vehicle for the transmission of infections through skin-to-skin contact; and

Whereas many instances of MRSA transmission can be prevented through the use of appropriate hygienic practices, such as hand washing and appropriate first aid for open

wounds and active skin infections, are followed: Now, therefore, be it

1 *Resolved*, That the United States House of Rep-
2 representatives—

3 (1) recognizes the need to apply what is already
4 known about reducing the transmission of infections
5 in hospitals and assuring appropriate use and utili-
6 zation of antibiotics to meet patient and public
7 health needs;

8 (2) recognizes the need to pursue operational
9 research to find the best ways of preventing
10 hospital- and community-acquired Methicillin-resist-
11 ant *Staphylococcus aureus* (MRSA) and developing
12 new antibiotics for improving care for MRSA pa-
13 tients;

14 (3) recognizes the importance of raising aware-
15 ness of MRSA and methods of preventing MRSA in-
16 fections; and

17 (4) supports the work of advocates, healthcare
18 practitioners, and science-based experts in edu-
19 cating, supporting, and providing hope for individ-
20 uals and their families affected by community and
21 healthcare associated infections.

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