

Understanding the UCLA superbug problem

The [UCLA Health System announced](#) earlier this week that seven patients—two of whom died—became infected by highly drug-resistant bacteria that remained on pieces of medical equipment after disinfection, and 179 more were exposed to the bacteria and are at risk of developing infections.

For a better understanding of the problem, I talked to [Dr. Alexander J. Kallen](#), a medical epidemiologist in the division of the Centers for Disease Control and Prevention that handles infections transmitted in healthcare.

Maryn McKenna: Are all these outbreaks similar?

Alexander Kallen: They're related in that they all involve a small number of scopes—duodenoscopes, which are specialized endoscopes—with persistent contamination, which ended up in each case with 100 to 200 people exposed. Most people did not develop infections; they ended up colonized with the bacteria, but that is still a problem from a community standpoint (because they may be able to pass the bacteria along).

MM: Do you have any sense of where the infections originated?

AK: They were likely imported originally by people who got healthcare outside the United States. But we looked hard in Illinois for instance to try to identify the original person and were not able to.

MM: Do you see any hope for controlling further spread?

AK: CRE is still rare in most places in the US, but we have not previously been able to identify outbreaks early enough to intervene. There is a movement in the CDC and in some parts of healthcare to [change the approach to preventing](#) the transmission of multi-drug resistant organisms by collecting very granular data and sharing it regionally among institutions. I personally think that has a great chance of success.

Read full, original article: [UCLA Superbugs Reveal Stubborn Resistance Problem](#)