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## Rampant superbug

(Monday 01 August 2005)

**ROS SITWELL**

Science with Sitwell

### ROS SITWELL looks at developments in the world of science.

The first MRSA infection damages were awarded two weeks ago after a foundation hospital admitted responsibility.

However, we have to be careful not to scapegoat medical staff, who are increasingly pinioned by rafts of government targets and misguided initiatives.

The MRSA bacterium is resistant to conventional antibiotics, making it very difficult to treat.

Britain's rate of infection is currently one of the highest in Europe and the situation is worsening - the number of infections rose by almost 5 per cent from 2003-4.

MRSA originally appeared in the 1960s, but it was not until the 1980s, during the period of Margaret Thatcher's mania for contracting out NHS services such as cleaning, that more virulent strains of the disease were found in Britain's hospitals.

Despite what one might be led to believe, no-one knows how MRSA evolved or what should be done to tackle the problem of antibiotic resistance.

As one health-care worker lamented to me, "Everyone seems to have opinions, but no-one has any answers."

While clinical practitioners' opinions are often based on common sense and medical researchers' opinions are usually best guesses, government opinions seem to remain completely divorced from reality.

Over the past few years, the London apparatchiks have made many suggestions, including the proposal to generate a league table of "dirty" hospitals - an idea that is still being bandied around - and a plan to install bedside phones for patients to say: "This isn't clean, would you please clean it?"

How a patient is to complain if their telephone isn't clean has not been considered.

No-one has suggested that hospitals might employ their own cleaning forces or get realistic financing for the job to be performed to the exacting standards required, despite repeated calls from UNISON and the Royal College of Nurses.

Long-term private finance initiative deals leave cleaning companies with almost no culpability for hospital-acquired infections. They also pay their staff pitiful wages and provide little or no training.

Earlier this year, a survey of 59 acute hospital trusts found that eight out of 10 infection control teams believed that government targets have hampered efforts to deal with antibiotic resistant bugs.

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Specialist Dr Mark Enwright said at a recent hospital conference that the best short-term action to take against MRSA was to isolate affected patients, but waiting list targets meant that hospitals were often too full for isolation to be possible.

He pointed out that bed occupancy rates in Britain's hospitals are now at 85 per cent as hospitals run close to capacity to get waiting times down. But bed occupancies in Holland, which has low MRSA rates, are only 60 per cent.

Professor Andrew Read, an expert in pathogen evolution from Edinburgh University, says: "In five years time, the situation is likely to be substantially worse. It has to be remembered that MRSA is only one of several antibiotic-resistant bacteria that are present in hospitals."

He likens the situation to an arms race between medical science and the bacteria - every time that we develop a new weapon in our drugs arsenal, the bugs evolve new resistance genes.

It is the over-prescription of antibiotics that is driving the evolution of these so-called superbugs, so we need to cut down on their use, he says.

They should be used only in the most critical cases and during the period of most severe symptoms, but more research is needed to enable doctors to make these kinds of decisions in practice.

Prof Read says that almost all the critical questions surrounding MRSA remain unanswered and, in many cases, unaddressed.

For example, it is not fully known how it is transmitted, how long it can remain alive outside the body or what kind of surfaces it prefers to grow on.

The research that is going on is largely into the molecular biology of MRSA - that is, its genetic structure, rather than into its evolution and how it spreads - which would help us to devise practical ways of dealing with the problem of infection in hospitals.

Although pumping funding in to allow geneticists to tinker around with bacterial DNA may help in the search for new drugs and generate profits for the privateer pharmaceutical companies, it does not help those on the front line to make informed choices about how best to treat their patients.

It seems that, while we live in blind hope that biomedical research will bring more novel antibiotics to combat MRSA, our best bet is to follow the common sense and best-guess tactics of our medical professionals.

### No high-tech solution to suicide bombings

RESEARCH conducted at Yale University by **Edward Kaplan** and Moshe Kress suggests that old-fashioned intelligence gathering is probably more effective in preventing deaths from random suicide bomb attacks than relying on sensors to detect explosives hidden in belts or backpacks.

Sensors using X-ray, electromagnetic or vapour-plume imaging can, in principle, detect suicide bombers from distances of about 10 metres, although they are far from perfectly sensitive or specific.

Although such detectors have proved useful in defending known targets, such as airports, government buildings or sports events, Kaplan and Kress set out to investigate whether sensors would help reduce deaths from random street attacks of the sort experienced in Iraq, Israel and elsewhere around the world.

Using mathematical techniques, they found that, even if a terrorist were detected before the attack, there would probably not be enough time to intervene - either to halt the bomber or to alert the population so that they could flee.

Their model also suggested that any intervention was unlikely to be successful.

Kaplan explains: "If people try to flee or fall to the ground and the bomber subsequently explodes, the number of casualties could, perversely, be higher than if no intervention had been launched.

"This has to do with the grisly physics of the situation. Persons closest to the bomber are most likely to be harmed but also serve, literally, as human shields for those further away."

It also seems unlikely that sensors would have any deterrent effect as, on a number of occasions, suicide bombers have demonstrated their willingness to attack overtly defended targets.

• ***Science with Sitwell is a new monthly column.***

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