

News From the Centers for Disease Control and Prevention

Trends in Blood Infection Rates

Progress in reducing the rate of serious blood infections in the US has stalled in recent years, according a recent CDC [report](#).

Hospitals successfully reduced the rate of hospital-onset methicillin-resistant *Staphylococcus aureus* (MRSA) blood infections by 17.1% annually between 2005 and 2012, but rates did not significantly change between 2013 and 2016. Rates of drug-resistant community-onset blood infections decreased 6.9% per year between 2005 and 2016, largely due to reductions in the number of cases associated with previous hospital care. Meanwhile, drug-susceptible community-onset *S aureus* blood infections increased 3.9% annually between 2012 and 2017, while hospital-onset rates didn't change.

During a [telebriefing](#) about the report, CDC Deputy Director Anne Schuchat, MD, cited a number of factors that may be hampering hospitals' *S aureus* control efforts, including inconsistent or declining adherence to [CDC-recommended](#) infection control practices. Another may be increasing infections related to the ongoing opioid epidemic, she noted.

"Health care providers should be aware people who inject drugs are 16 times more likely to develop a serious staph infection than those who do not," said Schuchat. "When health providers are aware of this

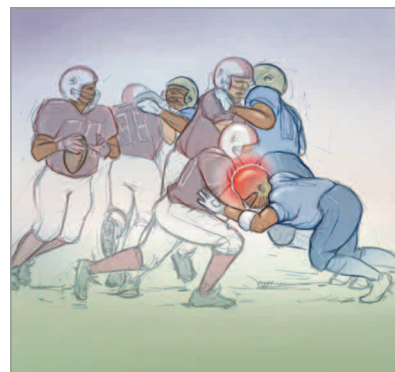
connection, they can make sure that all appropriate prevention and control measures are in place."

The new data suggest that health care facilities may need to redouble their adherence to CDC-recommended infection control approaches and to develop new approaches tailored to their facilities, the authors wrote. They suggested that decolonization procedures to eliminate *S aureus* from patient's skin and nose should be considered as one such approach. Schuchat emphasized the use of hospital-level data to track the success of infection control efforts. In a simultaneously published [report](#), the CDC documents one successful data-driven effort at the Veterans Affairs health centers.

Traumatic Brain Injuries Among Youth

Youth sports remain the leading cause of traumatic brain injuries among children and teens, according to a new CDC [report](#). The report found football, bicycling, basketball, playground activities, and soccer were associated with the most head injuries.

Using 2010 through 2016 data from the National Electronic Injury Surveillance System-All Injury Program, CDC investigators found that on average 263 000 children younger than 18 years visited emergency departments (EDs) for traumatic brain injuries (TBIs) related to sports



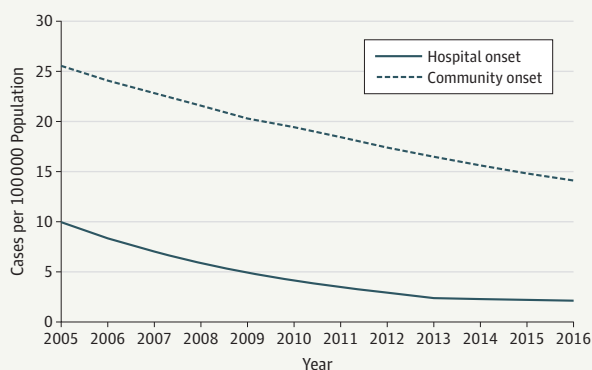
or recreation each year. Contact sports accounted for 45% of these ED visits. Football injuries were associated with more TBI-related ED visits among males than any other sport with 52 088 visits, while soccer (11 670) and playground injuries (11 255) accounted for the majority of these visits among females. Across all years, the rates of TBI-related ED visits were highest among males and 15- to 17-year-olds.

"Limiting player-to-player contact and rule changes that reduce risk for collisions are critical to preventing TBI in contact and limited-contact sports," the authors wrote. They also argued that research is needed to help reduce such injuries in recreation and noncontact sports.

Children are at increased risk of developing emotional, cognitive, or other complications as a result of TBIs, which has led to increased prevention efforts. A previous [report](#) found that sports- and recreation-related TBIs increased 62% from 2001 to 2009. But the latest data suggest the number of TBIs has leveled off overall in recent years with no significant change between 2010 and 2016. However, while the rate of TBI-related ED visits among males decreased between 2010 and 2016 from 486.6 per 100 000 to 482.7 per 100 000, it increased from 216.5 per 100 000 to 254.3 per 100 000 among females. The authors note that safety-minded rule changes in youth sports, reduced participation in contact sports, or changes in care-seeking behaviors may have helped reduce head injuries among males. — **Bridget Kuehn, MSJ**

Note: Source references are available through embedded hyperlinks in the article text online.

Adjusted Methicillin-Resistant *Staphylococcus aureus* Bloodstream Infection Rates From Population-Based Surveillance—6 US Emerging Infections Program Sites, 2005-2016^a



^a Adjusted for year and distribution of age, sex, and race among the overall and dialysis population. Sites included all of Connecticut and 3 counties in California, 8 in Georgia, and 1 each in Minnesota, New York, and Tennessee. Source: *MMWR Morb Mortal Wkly Rep.* 2019;68(9):214-219.