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Mark Masselli: This is conversations on healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret as the Ebola story continues to dominate the headlines we have to remind our listeners of the eminent and annual threat of flu. Millions of Americans who don't get vaccinated are going to come down with flu this season, and it's estimated that 200,000 Americans will seek medical care in hospitals in emergency rooms due to flu complications.

Margaret Flinter: Well, while the threat of Ebola is a one that's primarily in the public consciousness right now, we are still only looking at a very small number of cases in this country. But we know Mark, as frontline providers we will be kept quite busy with the flu this winter due to people still persistently not getting that flu vaccine as is suggested.

Mark Masselli: The flu is expected to kill close to 50,000 Americans this year. We must encourage a vigilant approach to vaccinations that can prevent so much suffering. It's also important to remind folks that flu vaccines are completely covered under the Affordable Care Act.

Margaret Flinter: And the other deadly pathogen that's killing tens of thousands of Americans is antibiotic resistant bacteria. An estimated 75,000 Americans die each year from such infections. Medicare starting to crack down on hospitals with the highest infection rates which often leads to costly re-hospitalization for patients, as well of course as poor outcomes for these vulnerable patients.

Mark Masselli: Medicare has cited some 700 hospitals across the country for poor infection control. It's part of an effort to improve outcomes for patients, as well as, bring down cost. Finding of these facilities will provide more incentives to better protect their patients with more targeted preventions.

Margaret Flinter: Well, all of this is something that our guest today is very well versed in. Dr. Arjun Srinivasan is an internist in Epidemiology specializing in infectious disease, as well as, in Hospital Acquired Infection at the Centers for Disease Control Prevention. He is also acting as a spokesperson for the CDC during this Ebola crisis.

Mark Masselli: He has been studying evidence based practices on prevention of hospital infections. And will have the latest information on the government's protocol for Ebola, as well as, other infection pathogens that may pose a threat to public health.

Margaret Flinter: Well, there is still so much information out there Mark, that's being stoked by fear. So, we look forward to hearing a voice of knowledge, and expertise on the topic.

Mark Masselli: Lori Robertson looks into more of false claim spoken about health policy in the public domain, but no matter what the topic you can hear all of our shows by going to CHCradio.com.

Margaret Flinter: And as always if you have comments please email us at CHCradio@CHC1.com or find us on Facebook or at CHCradio on Twitter, because we would love to hear from you. We will get to our interview with Dr. Arjun Srinivasan in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. Forget Ebola, the flu is most likely to be a lethal agent in this country wherein estimated thousands die each year due to flu. In the US tens of millions are expected to get influenza. More than 200,000 of them will be hospitalized, 49,000 will likely die from flu according to figures from the Centers for Disease Control. Flu shots are recommended for just about everyone over 6 months of age, but less than half of the people actually get vaccinated each year. We have more definitive guidelines on the books for Ebola coming from the Centers for Disease Control and Prevention, and outbreaks limited to a small handful. The attention is turning once again to ground zero. The need for aid workers far outstrips the actual number of booths on the ground in certain parts of hardest-hit West Africa. Cases mounting daily in Liberia, World Health Organization report warns the virus could lead to economic collapse in certain parts of West Africa, if continued unchecked. Our love and chocolate, a new study shows that Flavanol riches found in dark chocolate that darker, the better, the better affected as on your brain; especially, your aging memory challenged brain. A study found those who are given a regular dose of dark chocolate over 3 months did better on standard memory test. The study led by Columbia University Scientist, Dr. Scott Small showed that after three months on a liquid chocolate compound, brain function and memory improved 25%. But you would have to eat the equivalent of about 7 bars a day. Chocolate manufacturers are hot on the dark coco trail to develop a product that would do the trick more efficiently. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. Arjun Srinivasan, a spokesman for the Centre for Disease Control and Prevention, and an associate director for healthcare associated infection prevention programs in the division of healthcare quality at the National Center for Emerging and Zoonotic infectious disease at the CDC. Dr. Srinivasan is also a captain in the US Public Health Services. Has served as a response team leader in medical epidemiologist at the National Center for Infectious Disease, a Board Certified Internist and infectious disease specialist. He earned his medical degree from Vanderbilt University, and conducted his residency at John Hopkins School of Medicine. Dr. Srinivasan welcome to Conversations on Health Care.

Dr. Arjun Srivnisan: Thank you so much for having me.

Mark Masselli: Yeah. Obviously we are at a terrible intersection, and terrible health crisis in West Africa with the spread of Ebola, this deadly virus that can be quite lethal if left unchecked. Thousands of residence in several West African countries have contracted Ebola, and more than half of them have died and well there have not been many cases in the United States. There is a tremendous amount of fear percolating throughout the countryside. What our folks in this country, what should they be most concerned about?

Dr. Arjun Srinivasan: Well Ebola has long been known to be a very deadly viral infection. We have experience with Ebola outbreaks over literally decades, that CDC has participated in efforts to control those outbreaks along with a number of different organizations. And if you look historically, the experience has been largely consistent with what we are saying now with a very, very high infection rates. The infection spreads readily, and it's very lethal. The difference of course is that this outbreak is without any precedent in terms of its scope and its scale. We continue to emphasize at CDC that all of us in the United States need to be concerned about the outbreak in Africa. We do really believe that the best way to protect the United States, and all other countries from Ebola is to support the African Africa to control Ebola. So, it is important to us to be aware of what's going on in Africa, and to support the efforts that are underway in Africa to control this outbreak.

Margaret Flinter: Well, Dr. Srinivasan we are obviously keeping our eye very closely on the evolving information and the Ebola protocols coming out of the CDC. It seems that those regulations for identifying and isolating, and treating suspected Ebola cases continue to evolve a bit and to be refined. Now the CDC recently amended the requirements for health professionals who work directly with Ebola patients here in the US, much more stringent guidelines for donning, and discarding a personal protection equipment or PPE's. Perhaps for our listeners you could outline these stricter guidelines, and talk a little bit about the chain of command that's recommended should a patient present with Ebola like symptoms and risk factors to healthcare facility?

Dr. Arjun Srinivasan: There are kind of three overarching principles that are outlined in the new guidance. The first is that healthcare workers need to have training on the protective equipment that they are going to be using for caring for a patient with Ebola. It's I think clear that this is an equipment that we don't use every day in patient care, and so we have to be trained on it., so that we know how to put it on and take it off carefully. The second overarching principle is that we shouldn't have exposed skin that's present while we are providing care for hospitalized patients. And I should emphasize that these are guidance or guidelines for personal protective equipment for caring for patients who are hospitalized with Ebola virus disease in the United States. So, this is guidance for caring for hospitalized patients. And the third principle is that there needs to be an observer. Someone who watches every step of putting on and taking off the protective equipment to ensure that it's been done properly. A couple of other important changes that we made is to be more descriptive about exactly the types of protective equipment, to provide fewer options for what people could use. And to be a little more specific about what those options are, and to provide a suggested protocol, a methodology for putting on the equipment, and taking off the equipment. But we wanted to provide some suggestions, and guidance on how that could be done. The other big change is the recommendation that healthcare workers who are entering the room to provide hospital care for a patient with Ebola virus disease, where respiratory protections, and actual respirator. So, either in N95 respirator or a powered air purifying respirator. We change that guidance not because we think that Ebola is spread via an airborne route, but we changed it because discussions with folks who have firsthand experience with caring for patients with Ebola virus disease in this country, and that's a new experience obviously, we've never had a person cared for in a US hospital with Ebola. So, we are learning about how to safely care for these patients. And one of the things that they have told us is that the level of care might change very suddenly. There might be a need for folks to do an aerosol generating procedure that could create aerosol that might pose some risk. And so, what they said that its safest for healthcare workers who were entering the room to be ready for whatever might need to be done, because we don't want people to have to leave the room suddenly, and put on something else or to rush in putting on the equipment, and so that's why that recommendation is based.

Mark Masselli: You know, Americans have obviously become quite concerned about the outbreak once it hit our shores. And there has really been a firestorm of criticism about the quarantine protocols. I think the public really needs to understand how the CDC arrived at its guidelines for handling healthcare workers.

Dr. Arjun Srinivasan: CDC is actively engaged with a number of different professional organizations. We are working with emergency department groups in order to work with them on the protocols and guidance for emergency departments where connecting with

the groups of ambulatory physicians about guidance for ambulatory physicians, which were working on. I do want to emphasize, one of the things that we touched on a little bit earlier the idea of chain of command of patients who might be identified in emergency department or a clinician's office, and there is guidance for emergency departments. And the key for those centers really is something that we call the Three I's, it's identify, isolate and inform. We have those questions that are out there for folks to ask about travel history and symptoms. You know, not that many people have travel histories or symptoms. And so, in the overwhelming majority of cases how you proceed as you would to deliver high quality patient care. But if patients do answer yes, to those questions where they have a travel or exposure history, and have symptoms. Then we do have a recommendation that. you know, the patient would be isolated and you inform public health. We know that public health jurisdictions around the country are working very hard on developing plans for what to do with someone who might need to be evaluated for possible Ebola infection. And this is again, this is a collaboration between healthcare and public health, and so the health departments are your point of contact to help you talk through that process of whether the patient needs to be more thoroughly evaluated for Ebola, are they at risk, and then how can that be done.

Margaret Flinter: So, Dr. Srinivasan I also want you to just ask you to comment on your incredible responsibility of trying to teach the entire country how to come into compliance or to be trained on these latest recommendations. And certainly all across the country people are following your advice to practice, practice, practice, the procedure so that our nurses, and physicians, and other frontline healthcare workers will be safe. Maybe you could talk a little bit how is the CDC facilitating this effort across the country on something that's really new? What are sort of the tools, and maybe technologies helping us get this message out by video, by social media? Talk to us about how that effort is proceeding at CDC?

Dr. Arjun Srinivasan: Yeah, absolutely, and it's an all of the above approach. And so, what's been key and is always key for CDC when it comes to working to provide information to the healthcare community, and this instance to the public as well is partnership. CDC is actively engaged with a number of different professional organizations. So, we really rely on these partnerships with these groups who can reach their members. You know, we want to provide them the information that we have, and we want to hear from them what types of information do you need, what questions are you hearing? Yeah, absolutely technology is key. The Internet is such a gift for being able to provide this information to folks. Social media is certainly something that CDC has gotten are very good at using. And also trying to work with partners who can make videos, because I think when you are talking about something that is so very visual like putting on, and taking off personal protective equipment, I think people really find, you know, training videos to be very, very helpful. And so, CDC recently partnered

with the Armstrong Institute at John Hopkins Hospital to try and produce some good training videos that show people, you know, suggested ways to put on and take off protective equipments. And we are always receptive to input if people have ideas for better ways to reach out and connect with people.

Mark Masselli: We are speaking with Dr. Arjun Srinivasan, Spokesman for the Center for Disease Control and Prevention, and associate director of healthcare associated infection prevention program at the National Center for Emerging in Zoonotic infectious disease at CDC. He is also captain with the US Public Health Services under the Surgeon General. And I think many of our listeners know about the great work the US public health service does. So, thank you for your service. It's campaign season, and we are without a Surgeon General though one has been since February with the appointment of Dr. Vivek Murthy. Could you describe just as a physician who works for public health services what the impact has had in the week of the Ebola crisis? I know we have had surgeon general's on our show over the years, and their ability to communicate to the nation is very important. And just take a few minutes and talk to us a little bit about the work, and the valuable role that the US Public Health Services play?

Dr. Arjun Srinivasan: We would point out, I think, there is certainly an acting Surgeon General Boris Lushniak who has a lot of experience in public health. The public health service has of course a long history of working to serve and promote the health of Americans. We are thousands of healthcare professionals working in a number of different professional organizations, government agencies on a variety of issues both providing frontline healthcare, and of course working like either with CDC on working on guidance, and issues to improve the delivery of healthcare.

Margaret Flinter: So Dr. Srinivasan, I am intrigued by the name of the division that you head in director of the division of healthcare quality at the National Center for Emerging and Zoonotic Infectious Diseases at the CDC. And Ebola is just one example of the many infectious diseases, and deadly pathogens that your division is test with monitoring. Tell us about the scope of infectious diseases that you and your team are concerned with beyond the Ebola virus?

Dr. Arjun Srinivasan: You know, one of the major issues that we are confronting on a daily basis is the threat of antibiotic resistant organisms. And this is not just an issue in the United States, it is a global problem, and it is a huge threat to public health. The CDC estimates that every year in these county more than two million patients will suffer on infection for which the first line antibiotic is ineffective. So, more than two million of these resistant infections every year, and thousands of patients actually die from these infections. One particular type that's really in some ways the poster child of this problem is a bacteria called the carbapenem-resistant Enterobacteriaceae, ACH, really a family of bacteria. And this is a group of organisms that has now in some instances

become resistant to every single antibiotic that we have available to us. So, there are patients in hospitals in the United States who are getting infections that we can't treat with antibiotics, and that is really certainly a very stunning development and something that requires a great deal of urgent action.

Mark Masselli: You know, we have been fortunate to have the heads of Save the Children and doctors without borders on the show recently, and also we have been following the World Health Organizations estimate that the rate of infection could jump to 10,000 new cases per week. What more needs to be done to attack all this epidemic at ground zero?

Dr. Arjun Srinivasan: You know I think it's going to take nothing short of a global response of the type that I think, we are beginning to see developing. It's going to take the global community coming together to support those countries in West Africa in their efforts to control this epidemic.

Margaret Flinter: While we are responding on the ground, we are also trying to really control and really support really the public's need for knowledge, and education, we always say knowledge is power in public health as in everything else, and especially where there has been so much new information coming at people. We are still looking at CDC as providing the goal standard for up-to-date information that certainly what we are using to communicate with folks. But where do you recommend that interested clinicians, and providers, as well as, consumers go for the most up-to-date information?

Dr. Arjun Srinivasan: So, there is a wealth of information on the CDC website. There is a separate section of that website now but dedicated to Ebola. You get there from our home page, cdc.gov or you can get there directly at cdc.gov/ebola, and there are separate sections there that pertain to healthcare providers to the public. But also a host of scientific information, frequently asked questions, so information that's relevant both to the healthcare community, and to the public is found on cdc.gov/ebola.

Margaret Flinter: We have been speaking today with Dr. Arjun Srinivasan, Spokesperson for the Centers for Disease Control and Prevention and associate director for healthcare associated infection prevention programs in the division of healthcare quality. You can get the latest updates and learn more about their work by going to cdc.gov. Dr. Srinivasan, thank you so much for taking the time to join us on Conversation on Healthcare today, and thank you for your service to the country during this very challenging time.

Dr. Arjun Srinivasan: Thank you so much.

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Mark Masselli: At Conversations on Healthcare we want our audience to be truly be know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist, and managing director editor of FactCheck.Org, a non-producing, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: We have seen instances of Republicans mischaracterizing the impact of the Affordable Care Act on student loans. For instance in the Arkansas Senate race, Republican Representative, Tom Cotton claimed that the ACA nationalized the student loan industry, and implied students can't get private loans from their local banks anymore, not exactly. Plenty of banks offer private education loans, and the federal student loan program always has been a government program. Cotton was also attacked in an ad from the National Education Association Advocacy Fund, which said that he quote, 'Voted to end low interest student loans', he didn't. The vote in question was on a Republican budget that called for ending federal subsidies for need based Stafford loans. The subsidies cover the cost of interest payments while students are in school. The Republican budget didn't call for ending the loan program, which includes unsubsidized Stafford loans at the same interest rate. The federal government got into the student loan business in 1965 with the passage of the Higher Education Act. First the loans originated with private banks, but were backed by the government and offered at low interest rates. By 2010 55% of the federal loans originated with banks, and the rest with the government. The ACA or more specifically, the reconciliation bill, included student aid provisions to cut out the middlemen, the private lenders. Now the government is both the lender and the guarantor for all federal loans. The move saved \$61 billion over 10 years according to the congressional budget office. And the government does still contract with private banks meaning some students may still send their government loan payments to private banks, and that's my FactCheck for this week. I am Lori Robertson managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players, and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you would like checked email us at CHCradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week conversations highlight's a bright idea about how to make wellness a part of our communities in everyday lives. The flu doesn't just exact a toll on public health. It pack a meaningful punch on the economy every year as well. Comprehensive vaccination programs have had an impact on curtailing flu outbreaks, but there is still a lot of room from improvement. In 2011 an estimated 100 million work

days and close to \$7 billion and lost wages were attributed to the flu, largely because many employs without paid sick leave were more inclined to work while sick. An estimated 80% of those who come down with flu like symptoms ignore doctor's orders and go to work leading to more widespread co-infections. In the first of its kind study researchers at the University of Pittsburgh School Public Health decided to analyze the impact on flu outbreaks in the workplace, and to ask what would the difference be if there universal access to paid sick leave. Lead Researcher Dr. Supriya Kumar says their study showed a pretty dramatic link between access to paid sick leave, and a reduction in flu outbreak in the workplace. They also created another option. What if there were a new sick leave category focusing just on flu days? Their model showed that if those workers specifically diagnosed with flu were guaranteed just one payday off to recuperate. There would be a 25% reduction in the spread of flu. And when workers were guaranteed two pay days up, the numbers went up to a 40% reduction in co-infection. A universal paid leave program for all workers that has a potential to greatly reduce flu co-infection in the workplace positively impacting both public health while saving billions of dollars in the overall economy now that's a bright idea.

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Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace in health.

Narrator: Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University, streaming live at wesufm.org and brought to you by the community health center.

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