QUESTIONS AND ANSWERS ON MRSA

WHAT IS MRSA (Methicillin-resistant Staphylococcus aureus)?

Staphylococcus aureus is a common bacterium present in ordinary people. It can be found in the skin, noses and throats of healthy people. Sometimes Staphylococcus bacteria may enter subcutaneous and submucosal tissues (tissues beneath the skin and the mucosa) and cause infections. Such infections often involve mild symptoms, causing spots, infections of the nail wall or similar superficial skin infections. Sometimes Staphylococcus causes a serious infection, in which case the bacteria may also be present in the blood.

Staphylococcal infections are treated predominantly with antibiotics belonging to the methicillin group. However, some Staphylococcus bacteria have become resistant to these antibiotics, and such antibiotics cannot therefore be used to treat the infections caused by these bacteria. Staphylococcus aureus bacteria resistant to these antibiotics are called MRSA or Methicillin-Resistant Staphylococcus aureus.

WHAT IS MEANT BY AN MRSA INFECTION, CARRIER, COLONISATION AND EXPOSURE?

Infection means that MRSA has caused a symptomatic infection.

Colonisation means that MRSA has been detected on a skin or mucosal area, but the bacteria have not entered the subcutaneous or submucosal tissues and thus have not caused a symptomatic infection.

A patient is said to be an MRSA carrier if he or she has previously been infected or colonised by MRSA.

Exposure means that the patient has been treated at the same time at the same ward as an MRSA carrier.

WHO CAN GET MRSA?

Hospital patients are at risk of being colonised or infected by MRSA as their disease has already impaired their body’s resistance to it. The risk is further increased by wounds, courses of antibiotics, intravenous or urinary catheters etc. In healthy persons, the risk of MRSA colonisation or infection is low. In recent years, there have nevertheless been increasing reports of MRSA strains spreading outside the hospital environment.
WHERE IS MRSA DETECTED?

MRSA may be detected in connection with an ordinary bacterial culture in blood, wounds, urine or other body fluids. Many hospitals also carry out MRSA screening tests to detect MRSA present on the skin or on the mucosa, most often the nasal mucosa and the throat.

HOW COMMON IS MRSA?

MRSA is a problem almost everywhere in the world. Only the Nordic hospitals have had few MRSA infections to date.

CAN MRSA BE TREATED?

Infections caused by MRSA can be treated. MRSA is resistant to many antibiotics, but there are certain effective medicines to treat the infections successfully.

MRSA colonisation is usually not treated.

CAN MRSA SPREAD?

MRSA can spread at a hospital from patient to patient, most often via the hands. Healthy persons have a low risk of catching MRSA. MRSA does not spread via the air.

WHY AND HOW IS MRSA PREVENTED?

HUCH seeks to prevent the spread of MRSA effectively since MRSA spreading at a hospital may result in an increased number of hospital infections. An MRSA increase will make it more difficult to treat hospital infections with antibiotics.

For the time being, there are so few MRSA carriers that the spread of MRSA can be prevented with prophylactic measures. For this reason, HUCH carries out a large number of MRSA screenings. Patients infected or colonised by MRSA or exposed to it may also be isolated if necessary. HUCH uses a computerised monitoring system. This system, exclusively intended for intra-hospital use, gives staff guidance on MRSA prevention.

The measures to prevent the spreading of MRSA focus on swift communication, good hand hygiene and the isolation of MRSA patients if necessary.
HOW IS AN MRSA PATIENT ISOLATED?

Instructions vary from hospital to hospital. At HUCH, isolation involves the following measures, among others:

The patient may either have an individual room or share a room with other MRSA patients if this can be arranged without interference with treatment. The patient can only leave the room under staff guidance. The patient and everyone visiting the room must observe strict hand hygiene. Hands must be disinfected every time when leaving the room as well as after handling MRSA colonised areas or MRSA contaminated equipment. Staff may wear protective gloves during treatment (sometimes also a plastic apron or a protective coat). Protective clothing is not necessary if the person only enters the room briefly, e.g. to bring a tray of food or medication. Visits are allowed as normal under the guidance of ward staff. Visitors disinfect their hands as they leave the room. If visitors participate in treatment, they, too, may be asked to wear protective clothing.

HOW LONG DOES THE ISOLATION LAST?

MRSA-associated isolation may take a few days, several weeks or even longer. The decision to discontinue patient isolation is always made on an individual basis.

I HAVE MRSA AND AM ABOUT TO BE DISCHARGED. HOW CAN I PREVENT MRSA FROM SPREADING?

If you have been infected or colonised with MRSA, you can prevent MSRA from spreading by following the instructions below:

- Observe good hygiene.
- Wash or disinfect your hands when you have touched areas colonised by MRSA.
- If you have discharging wounds, wear protective gloves when treating your wound. Wash or disinfect your hands after you have taken off your gloves. If you develop an upper airway infection, always wash your hands when they are contaminated by nasopharyngeal discharge (sneezing, coughing) or you handle e.g. tissues or handkerchiefs contaminated with such discharge.
- Tell the nurses and doctors treating you that you have MRSA. You should do so openly. MRSA must not in any circumstances impair the care, service or treatment you receive.
- Keep your home clean. Ordinary cleaning agents available at an ordinary shop are sufficient.
- You can handle dishes, laundry and waste as before.

CAN CHILDREN OR ELDERLY PEOPLE BECOME INFECTED WITH MRSA?
Healthy persons have a low risk of catching MRSA. Babies or elderly patients are not at an increased risk because of their age.

WILL MRSA RESTRICT MY NORMAL LIFE?
An MRSA carrier can lead a completely normal life.

IF YOU HAVE FURTHER QUESTIONS
If you wish to have further information, please contact the ward treating you, a doctor specialising in infectious diseases or a hygiene nurse at the hospital.