MRSA
A guide for patients and their families

Introduction
The aim of this leaflet is to inform you about MRSA.

What is MRSA?
Meticillin (previously known as methicillin) is a type of penicillin, an antibiotic used to treat infections. MRSA stands for meticillin (M) resistant (R) Staphylococcus (S) Aureus (A). MRSA are types of Staphylococcus Aureus that have developed resistance to meticillin and some other antibiotics used to treat common infections.

Some people carry MRSA on their skin or in their nostrils quite harmlessly, this is known as colonisation.

Why is it a problem?
Staph. aureus usually causes no problems but if it does, infection usually affects the skin and is easily treated. Staph. aureus is more of a threat to hospital patients with deep wounds, catheters, drips or drains which allow the bacteria to enter the body. People with reduced resistance to infection, such as transplant patients, are also vulnerable. For these people infections can be serious.

What is special about MRSA?
MRSA behaves in exactly the same way as Staph. aureus, causing the same range of infections. Most people with MRSA feel normal and have no symptoms at all. MRSA differs from Staph. aureus in its resistance to common antibiotics. However, some antibiotics are still effective.

How is MRSA spread?
MRSA can be passed from patient to patient in a hospital environment. MRSA (and Staph aureus) is mainly spread by touch via hands. As it lives on the skin of humans and in dust, which contains dead skin scales, an accumulation of dust can also help it to spread. Good hand washing by all and ward cleaning can help prevent the spread of MRSA.

Will I need special accommodation?
In hospital, you will probably be nursed in a single room with the door closed to prevent the spread of MRSA to other patients who may be more vulnerable. At home, no special arrangements are necessary.
Are any other special precautions required?
Good hand hygiene by staff, patients and visitors is the single most important measure to reduce the spread of MRSA. Gloves and aprons will be worn by staff when tending to you. The room should be cleaned daily and the bed linen changed daily.

Cutlery and crockery can be used as normal. Clothing can be safely washed at home on a hot machine cycle or hot hand wash.

After MRSA is identified it will be necessary to take swabs from you to find out if you are also colonised in the following sites: nose, perineum and any wounds or skin breaks. Additional sites may be screened if you have drips, drains, catheters etc and sputum may also be sent.

Results usually take about three days and treatment will begin if necessary. After a course of treatment finishes, we will wait two days before re-screening you to see if the treatment was effective. Three sets of negative swabs are necessary before MRSA clearance is given for your current hospital stay.

Will I need treatment?
For nasal colonisation you may be prescribed a cream to apply to the inside of your nose. If you apply your own cream, please ensure that you wash your hands thoroughly after application. You should use the antiseptic solution Octenisan instead of normal soap, bubble bath or shower gel for five days. It should be applied neat (not diluted) to wet skin or hair washed and rinsed thoroughly.

Hair should be washed with Octenisan at the beginning and on the fourth day of your treatment. Normal shampoo may be used after the Octenisan. If you have an MRSA infection, antibiotics may be prescribed usually on the advice of the microbiologist.

Is MRSA a danger to my family or friends?
If basic hygiene measures are followed (thorough hand washing after contact with MRSA and covering cuts or grazes with a waterproof dressing) people with MRSA are not a risk to healthy members of their family or visitors including babies, children and pregnant women.

Will MRSA delay my discharge from hospital?
In most cases, MRSA will not delay your discharge home. After going home, it may be necessary for you to continue your treatment. If you still have MRSA, thorough hand washing should continue. Keep a towel for your own personal use and that a fresh towel is used after each bath and shampoo.

After bathing, freshly laundered clothes should ideally be worn and your bed linen should be changed every couple of days if possible. Your home environment should be cleaned and dusted frequently. MRSA should not affect your sex life.
What will happen if I am admitted to hospital in the future?
On each future admission to hospital, swabs will be taken to see if you still have MRSA on your skin. You will be treated as having MRSA until your swab results are known. If they are positive swabs, MRSA decolonisation treatment will be prescribed again.

Should I tell anyone that I am MRSA positive?
When you leave hospital, your GP (or hospital doctor if you are being transferred) is informed of your MRSA status and treatment given. However, in the following instances, staff should be informed that you have MRSA:
• before attending an outpatients appointment or visiting your GP (if he is unaware) or dentist
• before admission to a hospital, nursing or residential home.

Where can I get more information?
For more information on MRSA, please speak to the nursing staff on your ward, your doctor or the infection control nurses.

The infection control nurses can be contacted by calling 01206 744268 during office hours or by bleeping via the Colchester General Hospital Switchboard (01206 747474).

Infection Control Department
Villa 2
Colchester General Hospital
Turner Road
Colchester
CO4 5JL

Tel: 01206 744268