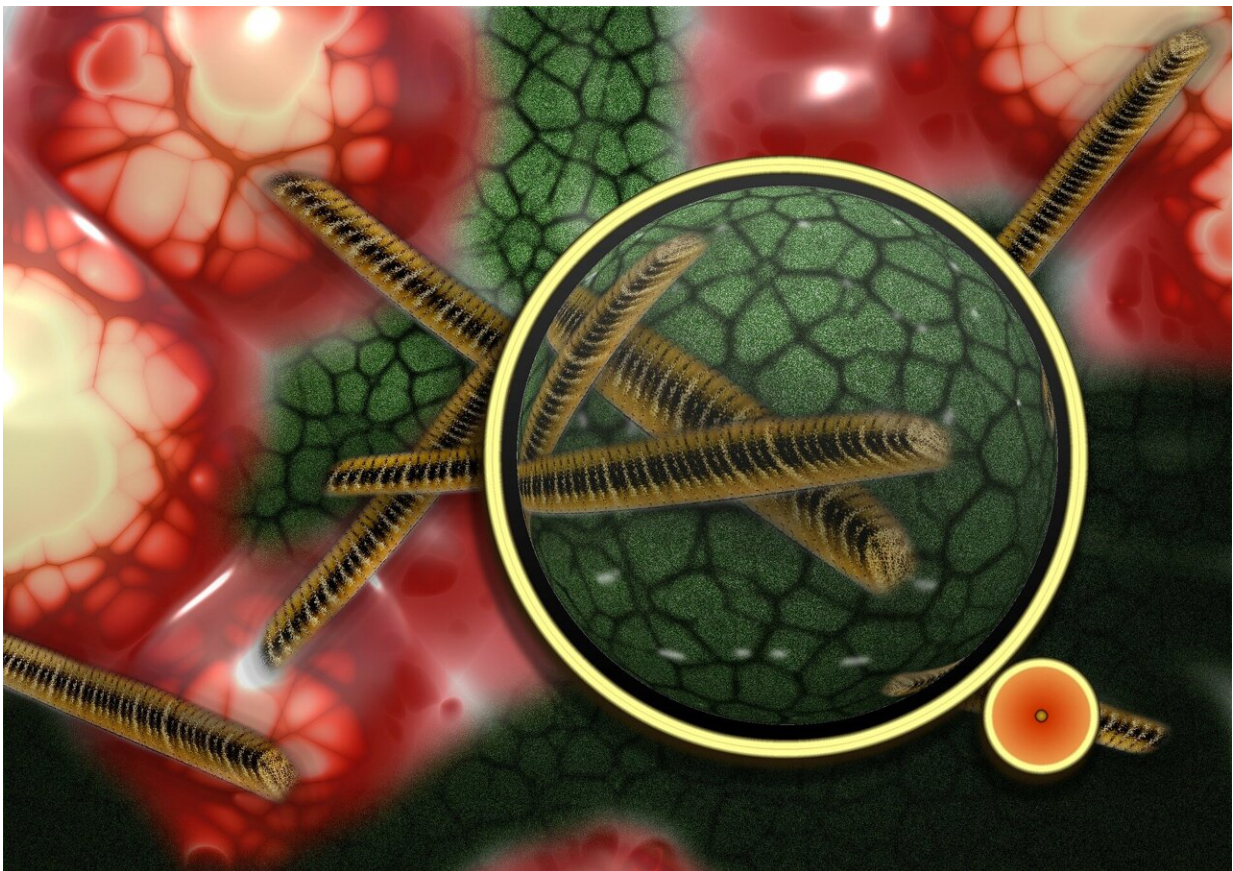


Updated guidance shows how hospitals should protect patients from resistant infections

June 27 2023



Credit: Pixabay/CC0 Public Domain

A group of five medical organizations has released updated

recommendations for the prevention of methicillin-resistant *Staphylococcus aureus*, known as MRSA, transmission and infection. MRSA causes approximately 10% of hospital-associated infections in the United States and such infections are associated with an increased risk of death. Certain infections caused by MRSA rose by as much as 41% during the pandemic after falling in preceding years.

"Strategies to Prevent Methicillin-Resistant *Staphylococcus aureus* Transmission and Infection in Acute Care Hospitals" provides evidence-based, practical recommendations to prevent the spread of MRSA and reduce the risk of MRSA [infection](#). The document, published today in the journal *Infection Control & Hospital Epidemiology (ICHE)*, is the most recently updated guidance in the series known collectively as the Compendium.

"The enormous strain put on health care during the pandemic may have contributed to the observed increase in some [hospital](#) infections. We have data that show MRSA infections rose," said David Calfee, M.D., senior author of the updated guidance and editor of *ICHE*. "The evidence that informs these recommendations shows that we can be successful in preventing transmission and infection. We can get back to the pre-2020 rates and then do even better."

The updated recommendations elevate [antimicrobial stewardship](#)—an effort focused on improving how [antibiotics](#) are prescribed and used—from an "additional practice" to an "essential practice," meaning all hospitals should do it. When someone who is colonized with MRSA receives treatment with antibiotics for another infection, they may have a higher risk of developing MRSA infection and may be more likely to transmit MRSA to others. Avoiding unnecessary use of antibiotics may decrease these and other risks associated with antibiotic use, such as *C. difficile* infection.

The guidance describes other practices—surveillance to detect asymptomatic MRSA carriers and decolonization to eradicate or reduce the burden MRSA among people who are colonized with MRSA—for specific patient populations.

"Basic infection prevention practices, such as hand hygiene and cleaning and disinfection of the health care environment and equipment, remain foundational for preventing MRSA," Calfee said. "These fundamental practices help to prevent the spread of other pathogens as well."

The authors retained contact precautions, the use of a gown and gloves when providing care to a patient with MRSA colonization or infection, as an essential practice. However, the authors acknowledge that for a variety of reasons some hospitals have chosen to modify or may be considering modification of the use of contact precautions for all or some patients who are colonized or infected with MRSA. The updated recommendations provide guidance to help such hospitals assess risk, make informed decisions, monitor outcomes associated with changes in the use of contact precautions, and identify populations and scenarios in which continued use of contact precautions should be considered.

MRSA infection is caused by a type of staph bacteria that is resistant to many of the antibiotics used to treat ordinary [staph infections](#). Health care-associated MRSA infections often follow invasive procedures, such as surgeries, or the use of devices, such as [central venous catheters](#), and can be spread within hospitals by the hands of health care personnel or through contact with contaminated surfaces and equipment.

The guidance updates the 2014 "Strategies to Prevent Methicillin-Resistant Staphylococcus aureus Transmission and Infection in Acute Care Hospitals." The Compendium, first published in 2008, is the product of a collaborative effort led by SHEA, with the Infectious Diseases Society of America, the Association for Professionals in

Infection Control and Epidemiology, the American Hospital Association, and The Joint Commission, with major contributions from representatives of several organizations and societies with content expertise. The Compendium is a multiyear, highly collaborative guidance-writing effort by over 100 experts from around the world.

In coming weeks, a new Compendium section will be published outlining approaches to implementation of infection prevention strategies, followed by an update to strategies to prevent catheter-associated urinary tract infections.

Recently published Compendium updates include strategies for preventing surgical site infections, central line-associated bloodstream infections, ventilator and non-ventilator associated pneumonia and events, *C. difficile* infection, and strategies to prevent health care-associated infections through hand hygiene.

Each Compendium article contains infection prevention strategies, performance measures, and approaches to implementation. Compendium recommendations are derived from a synthesis of systematic literature review, evaluation of the evidence, practical and implementation-based considerations, and expert consensus.

More information: Strategies to Prevent Methicillin-Resistant *Staphylococcus aureus* Transmission and Infection in Acute Care Hospitals, *Infection Control and Hospital Epidemiology* (2023).

Provided by Society for Healthcare Epidemiology of America

Citation: Updated guidance shows how hospitals should protect patients from resistant infections (2023, June 27) retrieved 27 April 2024 from <https://medicalxpress.com/news/2023-06-guidance->

[hospitals-patients-resistant-infections.html](https://www.medicalpress.com/hospitals-patients-resistant-infections.html)

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.