



KAISER PERMANENTE

July draft 2006 Chiefs of ID (and possibly other chiefs?)

## **Guideline to Attempt Decolonization from MRSA**

**Published studies have shown below procedures often effective. Guidance from large scale clinical trials is not available. In response to increasing MRSA, both from the community (CA-MRSA) as well as health care associated MRSA, below consensus recommendations have been created.**

### **Experienced clinicians may vary in their treatment approach**

#### **Basic principles of therapy:**

- *Staph aureus* is a very common organism. We all are exposed.
- Colonization of the nose, and subsequently on the skin, is frequent. Approximately 60% of people are intermittently colonized, 20% always colonized, 20% never.
- Colonization with a certain strain of bacteria can persist for years.
- Spread between people is by skin contact (shaking hands, etc.) and sometimes on equipment (eg. hospital bedrail, gym workout equipment, home utensils, cups, TV remote, computer keyboards, stethoscopes).

#### **Decolonization procedure:**

- 1. All active skin infection sites must be resolved before decolonization becomes feasible.** Boils must be drained. Antibiotics may be needed. Soaks or warm compresses are appropriate.
- 2. Ideally, no chronic intravenous device is present** (e.g. Hickman, PICC line, etc.), and urinary catheters should be avoided.
- 3. Colonization eradication should be attempted at home,** not in the hospital.
- 4. Chlorhexidine (Hibiclens), or hexachlorophene (PhisoHex) antiseptic soap:**
  - Wash whole body (from scalp to toes) once daily. A big lather is not necessary! Skin moisturizer may be applied for dry skin after bathing.
  - Remove all artificial nails and all fingernail polish.
  - Scrub fingernails for one minute with nail brush twice daily.
  - **Duration: 7 days**
- 5. Mupirocin (Bactroban) 2% ointment**
  - Apply inside each nostril twice daily for 7 days, using a cotton tipped swab. No need to put deep into the nose. One Rx enough for all.
  - **Duration: 7 days**
- 6. Oral antibiotics:**
  - Are not required for decolonization
  - May be used to decrease gastrointestinal colonization, and may include clindamycin, doxycycline, or TMP-SMZ, occasionally with rifampin
- 7. Encourage treatment of all household members (and regular sexual contacts) with chlorhexidine/hexachlorophene and mupirocin during the same time period.**
- 8. Post-treatment nasal culture for surveillance is optional and not encouraged.**



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### Patient Information for Decolonization (trying to get rid) of MRSA (a strain of staphylococcus “staph” aureus)

MRSA, a resistant staph bacteria, is causing more infections throughout the country, often not associated with hospitals or health care. This strain, as well as hospital strains of MRSA, spread easily from person to person.

- **They may look like spider bites, but probably are not.**
- Anyone can get this new strain, it does not mean you were not keeping clean.
- Some people may be colonized without having symptoms.

#### **Basic principles of therapy:**

- ***Staph aureus* is a very common organism. We all are exposed.**
- Colonization of the nose, and subsequently on the skin, is frequent. Approximately 60% of people are intermittently colonized, 20% always colonized, 20% never.
- **Everyone should wash their hands after touching their nose or face.**
- Colonization with a certain strain of bacteria can persist for years.
- **Spread between people is by skin contact** (shaking hands, etc.) and sometimes on equipment (eg. hospital bedrail, gym workout equipment, home utensils, cups, TV remote, computer keyboards, door knobs, computer keyboards, stethoscopes)
- Infection **may** continue to recur until the new strain is removed from your body, and for that decolonization has been recommended to you. Please follow the steps below.

#### **Decolonization procedure:**

**All active skin infection sites must be resolved before decolonization becomes feasible.** Boils must be drained. Antibiotics may be needed. Soaks or warm compresses are appropriate.

**Colonization eradication should be attempted at home, not in the hospital.**

#### **Chlorhexidine (Hibiclens) or hexachlorophene (PhisoHex) antiseptic soap:**

- Wash whole body (from scalp to toes) once daily. A big lather is not necessary! Apply skin moisturizer for dry skin after bathing.
- Remove all artificial nails and all fingernail polish.
- Scrub fingernails for one minute with nail brush twice daily.
- Pay special attention to washing your armpits, groin, and by your rectum. Dry with a clean towel, and always put on clean clothes. Change bed sheets frequently.
- **Duration: 7 days**

#### **Mupirocin (Bactroban) 2% ointment**

- Apply inside each nostril twice daily for 7 days, using a cotton tipped swab. No need to put deep into the nose. One Rx enough for all.
- **Duration: 7 days**

Oral antibiotics are not required for decolonization, but may be used in some settings.



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**Household members (and regular sexual partners) should be treated with chlorhexidine or hexachlorophen and mupirocin during the same time period (because they may be asymptomatic carriers; this is safe for children).**