



Are patients who are colonised by MRSA a problem for your clinic?

First some facts for context.

1. Normal flora generally means bacterial species that are permanently living and growing on a non sterile area of the body without causing infection. It may be necessary sometimes for staff and patients to suppress normal flora on a site temporarily such as prior to surgery.
2. MRSA strictly stands for methicillin resistant Staph. aureus. MROs - multiple resistant organisms
3. Colonised in this setting means that a microorganism is living on a non sterile site e.g. nose without causing infection in that site. While this may sound the same as normal flora, it tends to mean an unwelcome bacteria that has come to stay e.g. MRSA colonising an IV insertion site. While this bacteria can remain for some time causing no problems, serious infection may result if the host undergoes an event that may require invasive procedures - the bacteria can enter wounds, bloodstream and may cause serious infection which may be difficult to treat, especially if the patient has poor kidney function.
4. Use of alcohol based handrub (ABHR) will kill MRSA on staff hands so use before and after pt contact.

Do I have MRSA (methicillin resistant *Staph aureus*) colonised patients in my waiting room?

Frequent and prolonged use of antibiotics on a patient predisposes to colonisation of that patient's skin, nose etc by a resistant bacteria due to selective pressure. Community acquired MRSA is now more common than hospital acquired i.e. the colonised patient has not been in hospital. Some clinic patients require prolonged use of antibiotics due to their condition and the risk of being colonised by an MRO must be accepted. Patients returning from travel to Greece, Thailand and India may be colonised by MROs (due to antibiotics being freely available) and easily transferred without apparent harm - that is until a colonised person undergoes an invasive procedure or has other risk factors and the bacteria may become invasive and pathogenic and can cause serious infection. Unknown colonised patients are present.

What do I need to do?

Following the national therapeutic guidelines (every GP has these) does not mean stopping prescriptions but it does result in less opportunity for bacteria to become multiply resistant. Practical measures include using ABHR as the gold standard for hand hygiene to reduce transmission of MROs between pts via staff hands. Consider wiping your wound care trolley with a disinfectant wipe between uses to further reduce transfer. The national guide for infection control advises daily wiping of frequently touched surfaces with a detergent wipe to reduce microbial loads from these.

While there are many guidelines written for managing colonised patients in the hospital setting, it is difficult to find any for general practice or aged care (another source of MROs). However, use of antibiotics as per the guidelines, use of ABHR for hand hygiene and wiping touched / wound care surfaces as advised satisfies the current requirements to reduce emergence and spread of these bacteria. There is generally no need to isolate such patients in general practice - in addition most will not know they may have these bacteria. There is no need to swab every patient.

Something to think about if you thought this was not a practice issue

Use of antibiotics for UTIs and ear infections in non compromised / otherwise healthy individuals may only shorten the duration of symptoms by about a day. While some of our patients e.g. frail, babies and compromised, may require antibiotics for these infections, there are many of us who don't and this contributes further to emerging resistance - these bacteria are more commonly coming from the community and nursing homes into our hospitals and especially ICU. We need to be proactive in antimicrobial stewardship. Next time you hear a patient ask "can't you give me anything for this sore throat?", be aware that one transplant unit in Melbourne is considering its future in transplants because untreatable infections caused by MROs are a big issue.