METHICILLIN-RESISTANT STAPHYLOCOCCUS AUREUS (MRSA)

Use this guideline in conjunction with your local Trust policy

SCREENING
Babies transferred from other hospitals
- Screen on arrival on NICU, include babies who attend other hospitals for invasive day case procedures (e.g. PDA ligation)
- Obtain:
  - nose swab
  - perineal swab
  - umbilicus if still moist
  - any skin lesion
  - urine if long term urinary catheter present
- Take standard precautions until results available

MANAGEMENT
Incidental finding of MRSA
- Such patients are likely to have acquired MRSA from their mother, obstetric department, NICU (from another patient, via equipment, or member of staff), or from another hospital

Mother
- Screen mother with nasal, perineal, wound and skin lesion swabs, if:
  - delivery by caesarean section
  - mother had recent admission to hospital before delivery
  - mother has chronic health problem (e.g. DM, asthma)
  - mother has other risk factor: high BMI or is a healthcare worker with patient contact
  - anyone in mother’s household with a history in last 12 months of spontaneous skin or soft tissue infection (e.g. boils, skin abscess, purulent eye infection); if history present, this could indicate a community-associated MRSA, discuss with microbiologist
- If none of these risk factors present, screening is not necessary

Contacts
- MRSA screening for contacts in NICU
  - screen babies who have been in NICU >2 weeks
  - those who have been in close proximity of the index case (i.e. in the same room)
  - others (potentially all) following a risk assessment and discussion with consultant microbiologist
  - healthy babies about to be discharged do not require screening

MRSA outbreak
- Two or more babies with same strain of MRSA constitutes an outbreak
- MRSA from different babies are considered ‘the same’ if they have been sent by microbiology to a reference lab for typing and have been reported by reference lab as ‘indistinguishable’

Action
- Screen all babies in NICU (swabs as above)
- Optimise infection control measures: see local infection control policy
- If a third case (same strain) occurs, call an outbreak meeting and screen all healthcare workers in NICU at the start of their shift (co-ordinated by infection control team in collaboration with occupational health department):
  - Screen babies for MRSA as described above
  - Screen healthcare workers as described in your local Trust policy
DECOLONISATION OF MRSA CARRIERS

- Discharge term healthy babies without treatment
- Smaller babies with indwelling lines or CPAP probes are more at risk and should be treated
- mupirocin (Bactroban Nasal) ointment applied to inner surface of each nostril 3 times daily for 5 days
- chlorhexidine powder applied to cord, nappy area and axilla, daily for 5 days
- Repeat screening swabs only when all antibiotic treatment has finished and if baby not about to be discharged
- Decolonisation can be assumed if 3 consecutive swabs taken at 3-7 day intervals are negative. Do not attempt to decolonise more than twice during any one admission