

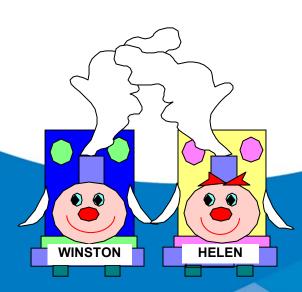
MRSA

Methicillin Resistant Staphylococcus Aureus

This leaflet can be made available in alternative languages / formats on request.

如有需要,本传单可提供其他语言/版式 此單張的其他語言/格式版本可按要求提供

Na żądanie ta ulotka może zostać udostępniona w innych językach/formatach.



Author: Paediatric Department **Document Number:** STHK0867

Version: 6

Review date: 01 / 07 / 2024

What is MRSA?

MRSA is short for Methicillin Resistant Staphylococcus Aureus.

Staphylococcus aureus is a bacterium (bug or germ) that about 30 per cent of us carry on our skin or in our nose without knowing about it. This is called 'colonisation'.

Most types (strains) of Staphylococcus aureus do not cause any problems and if they do, are easily treated using standard antibiotic medicines.

However, there are some types of Staphylococcus aureus that cannot be treated with standard antibiotic medicines. This is because the bacterium has 'got used to' the standard medicines and changed itself so that the medicines do not work as well any more. This is called 'resistance'. There are other types of bacteria that are resistant to antibiotic medicines, but MRSA is the most well known type.

How serious is MRSA?

MRSA is not a stronger or more infectious type of bacteria than others. It is only different because the standard antibiotic medicines do not work against it. This means that non-standard antibiotic medicines are needed to treat the infection.

How does someone get colonised with MRSA?

MRSA is spread by direct skin-to-skin contact. If someone who is colonised with MRSA touches the skin of a person who is not colonised, this can transfer the bacteria from one to the other. In a lot of cases, when we test someone for MRSA we find that they are already colonised with the germ. If your child has been in hospital or has had antibiotics recently, he or she is more likely to become colonised with MRSA than other children. Being colonised with MRSA may not cause any problems if a person is well, but they could still pass it on to other people. This is why hand washing is so important. You can stop MRSA spreading just by washing hands before and after contact.

How does someone get infected with MRSA?

MRSA does not cause any problems when a person is well, but it can cause problems when someone has had an operation or any other treatment that breaks the skin. This allows the MRSA germs to get inside the body, where they could cause an infection or problems with wound healing. As MRSA is spread by direct skin-to-skin contact, it can be passed on through unwashed hands and then spread into the wound site.

There is no way of telling whether someone has MRSA or not just by looking. The most reliable way of diagnosing MRSA is to take a swab (like a cotton bud) of the inside of their nose or their skin. The swab is sent to the hospital laboratory to see whether the MRSA germ grows or not. If it does, this shows that the person is colonised with MRSA. Laboratory staff then use this sample of the MRSA to work out which medicines can treat it. The results of these tests are usually available within three days.

How is it diagnosed?

There is no way of telling whether someone has MRSA or not just by looking.

The most reliable way of diagnosing MRSA is to take a swab (like a cotton bud) of the inside of their nose or their skin. The swab is sent to the hospital laboratory to see whether the MRSA germ grows or not. If it does, this shows that the person is colonised with MRSA. Laboratory staff then use this sample of the MRSA to work out which medicines can treat it.

The results of these tests are usually available within three days.

What happens if my child has MRSA?

If your child is colonised with MRSA, we will nurse him or her in a separate room with a closing door if possible. If there are no single rooms available, your child will share a room with other children with MRSA. Our domestic staff will clean the room thoroughly on a regular basis while your child is staying with us, and also after you have gone home. If your child is colonised with MRSA, he or she will not usually need treatment. However, we will assess each child individually and discuss any plans for treatment with you, your doctors and the infection control team. If your child needs treatment, it might just be with an antiseptic shampoo or body wash if only your child's skin is colonised.

If your child has MRSA elsewhere, he or she may need antibiotics given directly into a vein (intravenous infusion). MRSA can be treated with at least one type of antibiotics at the present time, although this might change in the future.

What are we doing to prevent MRSA spreading?

We have been working hard for a number of years to reduce the spread of MRSA. We have low numbers of children with MRSA and when each case is checked, in most cases, the children have developed MRSA before they come into hospital. Every child who we find is colonised with MRSA has an alert added to his or her patient record.

We strongly encourage hand washing before and after patient contact, by provided alcohol hand rub (an alternative to soap and water) at the entrances to each ward. We encourage you to ask any member of staff who visits your child whether they have washed their hands.

Finally, we always aim for high levels of cleanliness in wards and general areas but we need your help too. There are posters in every ward about how you can help us keep the hospital clean. If you have any specific questions regarding your child please ask to speak to your doctor.

If you have any further questions, please contact your child's consultant via their secretary via the hospital switchboard.

The secretaries are available Monday to Friday, 9.00 am to 5.00 pm

If you need to contact the department outside of these hours, please phone either:

Ward 3F 0151 430 1616 Ward 4F 0151 430 1791

Whiston Hospital Warrington Road, Prescot, Merseyside, L35 5DR Telephone: 0151 426 1600

