

# Antibiotic Commonsense

"An investment in knowledge always pays the best interest." Benjamin Franklin



Volume 7, Issue 1

Editor: Lois Lux (llux@tpchd.org)

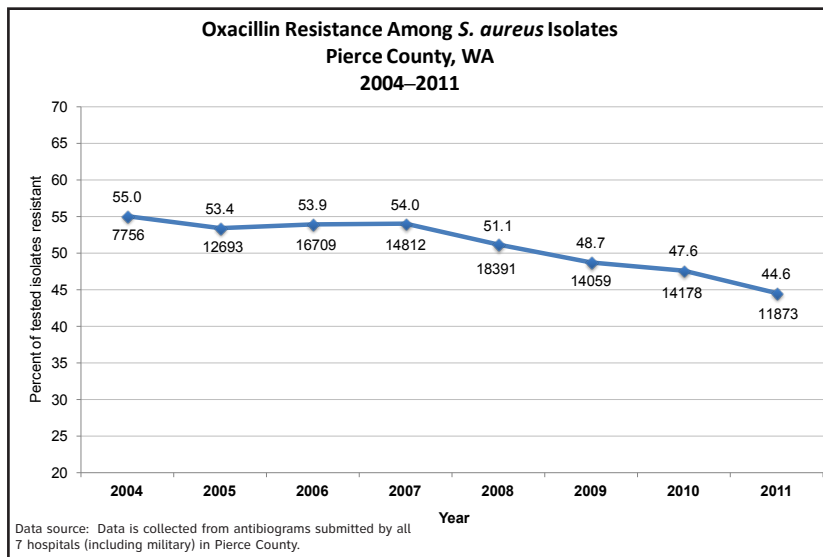
January 2013



## What's Happening with MRSA in Pierce County?

### MRSA Reporting

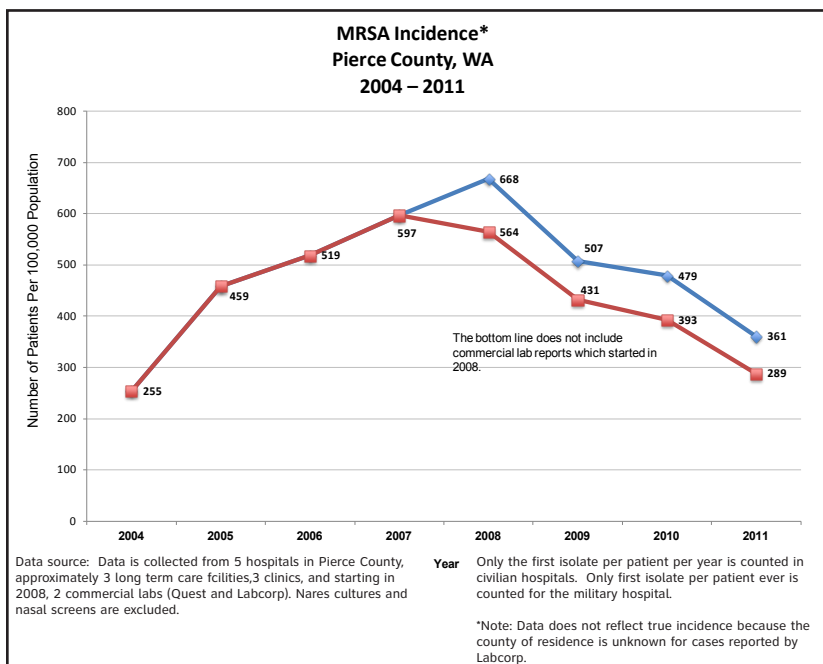
All hospitals as well as some long term care facilities and medical offices/clinics have voluntarily reported Methicillin resistant *Staphylococcus aureus* (MRSA)-positive cultures since 2000. Two private commercial laboratories, Quest and LabCorp, have been reporting all MRSA-positive cultures since 2008.



Oxacillin Resistance among *S. aureus* isolates in Pierce County peaked in 2007 at 54% and was down to 44.6% in 2011.

MRSA incidence in Pierce County decreased significantly between 2008 and 2011. This decrease may reflect an actual decrease in the number of cases in the community or it may instead mean that: (1) fewer medical providers are culturing for MRSA, and/or (2) fewer patients are going to providers for treatment of MRSA infections.

Anecdotal reports suggest that more patients with skin and soft tissue infections who have been treated empirically for MRSA and/or Streptococcal infection by providers are being seen for follow-up in emergency rooms because their infections have not healed. Patients who have had MRSA skin and soft tissue infections in the past may also be treating themselves at home and not seeking medical care.



### MRSA Clinical Practice Guidelines

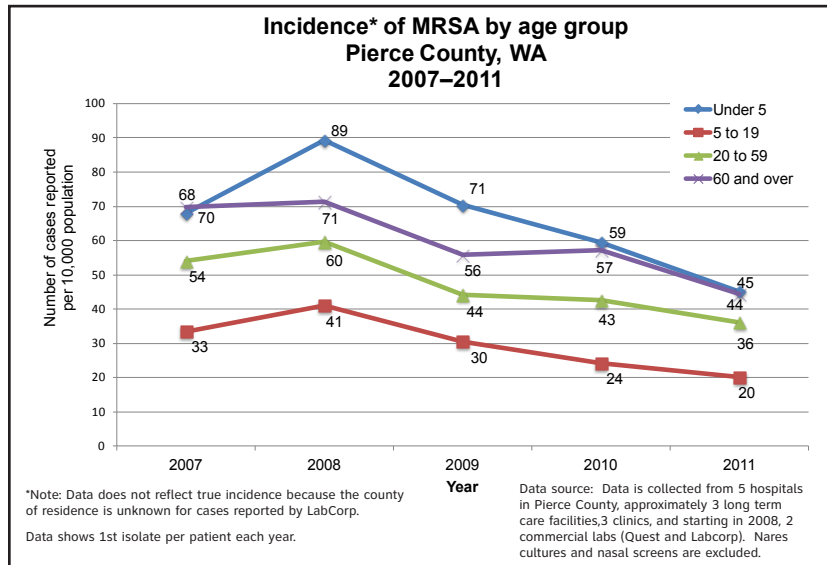
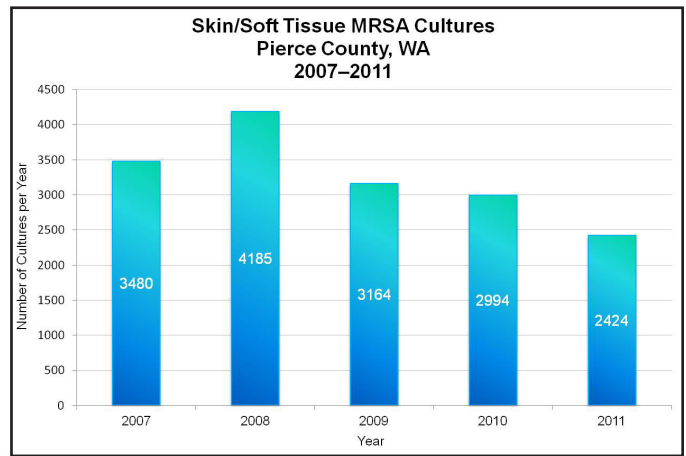
Clinical Practice Guidelines by the Infectious Disease Society of America (IDSA) for the Treatment of MRSA Infections in Adults and Children are evidence-based and were published in January 2011. ([cid.oxfordjournals.org/content/early/2011/01/04/cid.ciq146.full.pdf+html](http://cid.oxfordjournals.org/content/early/2011/01/04/cid.ciq146.full.pdf+html))

IDSA recommends the use of antimicrobial therapy after incision and drainage of an abscess due to CA-MRSA under the following conditions<sup>1</sup>:

- Severe or extensive disease (e.g. involving multiple sites of infection) or rapid progression in the presence of associated cellulitis
- Signs and symptoms of systemic illness
- Associated co-morbidities or immunosuppression (diabetes mellitus, HIV/AIDS, neoplasm)
- Extremes of age
- Abscess in area that is difficult to drain completely (e.g. face, hand, genitalia)
- Associated septic phlebitis
- Lack of response to incision and drainage alone

Remember that doubling the dosage of antibiotic or adding additional agents does not improve patient outcome.

Additionally, a treatment algorithm called Management of Suspected *Staphylococcus aureus* Skin and Soft Tissue Infections (updated in 2007) is available. It was developed by Tacoma-Pierce County Health Department, Public Health-Seattle and King County, and Washington State Department of Health ([www.tpchd.org/CDResources](http://www.tpchd.org/CDResources)), then go to MRSA).



## Infection Control and Prevention

Effective hand washing is still the most important method of preventing MRSA transmission. Cleaning and disinfecting high-touch surfaces/fomites regularly is also recommended to mitigate the risk of transmission.

## Resources

The Antibiotic Resistance Task Force continues to develop and update educational materials for healthcare providers/workers and key populations in our community.

### Developed in 2010

- **Moving to a hospital or skilled nursing facility-What to expect when you have MRSA** (booklet for patients, residents, family, and caregivers), available at [www.tpchd.org/MRSA](http://www.tpchd.org/MRSA)

### Developed in 2011

- **What to do about MRSA and Other MDROs in Adult Family and Boarding Homes** (manual and posters), available at [www.tpchd.org/MRSA/AFH](http://www.tpchd.org/MRSA/AFH)
- **What to do about C. difficile** (brochure for patient and family), available at [www.tpchd.org/IC](http://www.tpchd.org/IC)

### Updated in 2011 and 2012

- **What to do about C. difficile, MRSA, and other MDROs in Medical Offices/Clinics** (toolkit), available at [www.tpchd.org/MRSA/Medical](http://www.tpchd.org/MRSA/Medical)
- **What to do about C. difficile, MRSA, and other MDROs in Middle/High Schools** (toolkit), available at [www.tpchd.org/MRSA](http://www.tpchd.org/MRSA)
- **What to do about C. difficile, MRSA, and other MDROs in Elementary Schools** (toolkit), soon to be available at [www.tpchd.org/MRSA](http://www.tpchd.org/MRSA)
- **Infection Control and Prevention Guidelines for Footcare Settings** (manual), will soon be available at [www.tpchd.org/IC](http://www.tpchd.org/IC)

### Remain Current

- **What to do about MRSA in Shelter Service Sites** (toolkit), available at [www.tpchd.org/MRSA](http://www.tpchd.org/MRSA)
- **Living with MRSA** (booklet for patients, families, healthcare workers-in several languages) available at [www.tpchd.org/MRSA](http://www.tpchd.org/MRSA)

## Sources

1. Liu, Catherine et al. *Clinical Practice Guidelines by the Infectious Disease Society of America for the Treatment of Methicillin-resistant Staphylococcus aureus in Adults and Children*. CID 2011;52 (1 February); 1-38.

## Common MRSA Infection Sites

In 2011, 84% of all reported MRSA infections were skin and soft tissue infections (SSTIs) compared with 83% in 2010.

