

May 9, 2017

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Agenda

- Didactic: Paul Pottinger *MRSA Decolonization*
- Case Discussion
- Open Discussion

URL: <http://rwpoll.com>
Code: uwecho



TASP at CDC

MRSA Decolonization: *A World of Pain*

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Disclosures

- No financial conflicts of interest
- Everything we discuss is QI, thus protected from legal discovery under WA State Code



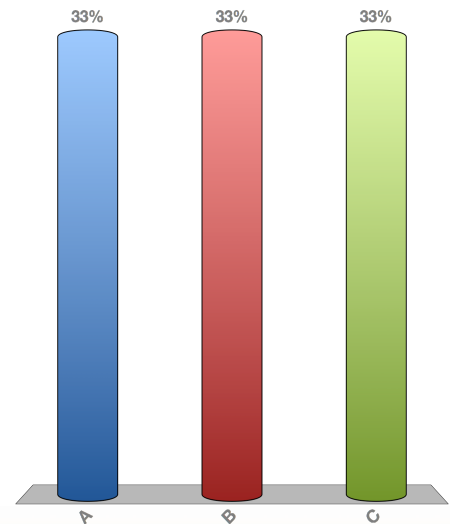
Paul Pottinger MD



Question...

Do you have a standard
MRSA Decolonization
Protocol?

A. Yes
B. No



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MRSA: “*A World of Pain*”

Common Issues

MRSA commonly detected!

✓ When should we look, and how?

How to respond to it....

✓ Who should be treated?

✓ Who should be decolonized?

✓ How should we do it?

✓ What kind of follow-up is helpful?

✓ Can my patient come out of precautions?



THURSDAY, OCTOBER 18, 2007



RAINY
and windy. High 56,
low 45. > **LOCAL B10**

The Seattle Times



INDEPENDENT AND LOCALLY OWNED SINCE 1896 | se

50¢ King, Pierce, Snohomish, Island, Kitsap
and Thurston counties | 75¢ elsewhere

Deadly superbug is here — why isn't it tracked?

NO LAW REQUIRES HOSPITALS TO REPORT IT

**MRSA may kill 18,000 in U.S. this year,
yet it's not tallied as closely as measles;
“very alarming” data emerges in Pierce County**

BY CAROL M. OSTROM
Seattle Times health reporter

Instead of going to her first birthday party, little Anna DeBord spent the weekend in the hospital with a superbug.

Anna had methicillin-resistant *Staphylococcus aureus*, or MRSA, a pathogen that has

learned to thrive even when treated with the most common antibiotics. At Children's Hospital & Regional Medical Center, doctors gave Anna more-powerful antibiotics and performed surgery on her skin infection.

But her battle with MRSA at Children's won't be tallied by

public-health officials or show up on reports tracking infectious diseases.

Unlike mumps or measles, MRSA cases need not be reported to public-health authorities in this state, even though health officials say they've been aware for years of the growing threat. A study published Wednesday in the *Journal of the American Medical Association* estimates that the most severe infections caused by this bug kill more than 18,000 Americans a year — more than die of AIDS.

Please see > **MRSA, A11**



ERIKA SCHULTZ / THE SEATTLE TIMES

Anna DeBord, 1, is back home after spending five nights in a hospital with the superbug.

**Season's
windstorm
may hit**

Forecasters say storms may arrive just in time for the commute, with gusts up to 40 mph. While it wasn't the "great winds" that disrupted traffic and power

DETAILS on the

WHERE TO TURN for storm-related problems

> For updates on traffic, see

**Nominations
speaks
against
torture**

A big eyeful for little visitors

MRSA Colonization: *Should We Look?*

Nasal Surveillance

- ICU Admissions
- SNF Transfers
- Consider if known prior colonization
- Consider if pre-orthopedic surgery



MRSA Colonization: *Should We Look?*

Wound Surveillance

- Chronic wounds often colonized... surveillance swab OR simply *assume* they are colonized and place on precautions (in general with wounds: “don’t ask, don’t tell”)



MRSA Colonization: *What if we find it?*

Enhanced Precautions

- Diligent Hand Hygiene on entry, exit, other opportunities in the room
- Gloves
- Gowns—tied properly!

Suspected, not yet proven?

- Initiate empiric precautions!

Cohorting?

- Consider cohorting known MRSA pts together...
- BUT... STILL practice diligent precautions!



MRSA Colonization: *Infected or Colonized?*

Colonization

- Asymptomatic carriage... find it only when we look!
- ~3% of Americans colonized at some point (they are “carriers”)



Infection

- By definition: Patient is HARMED
- Infection rates higher among carriers
- 80% due to same strain as the colonizing strain

MRSA Colonization: *A Family Affair*

Easily Shared

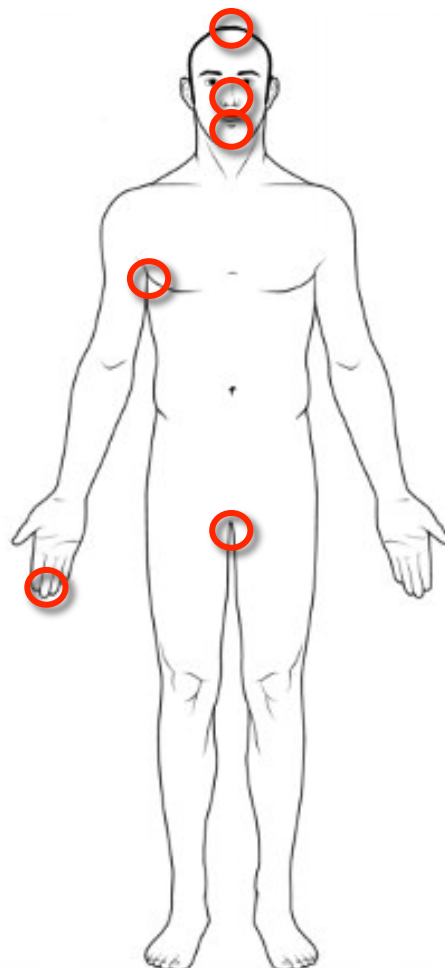
- 20-30% family contacts of index case colonized
- Clusters of secondary CA-MRSA infections reported
- May spread skin-to-skin or via fomites
- Much less common in HA-MRSA



MRSA Colonization: *Challenges*

Diverse Anatomic Sites

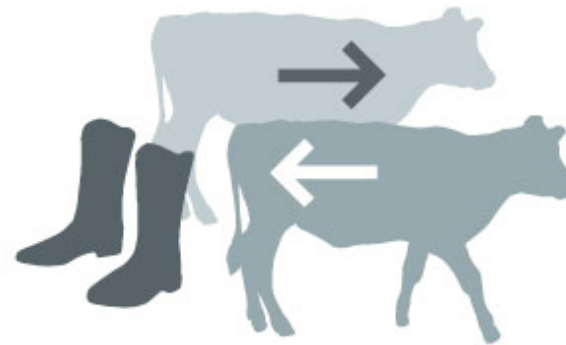
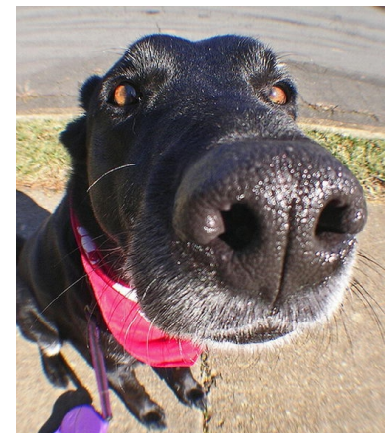
- Nares
- Throat
- Hair (all of it)
- Axillae
- Nails
- Groin
- Rectum
- Vagina



MRSA Colonization: *More Challenges*

Diverse Ecology

- Easily Spread
- Humans
- Pets
- Farm Animals
- Clothing
- Built Environment
- Natural World



MRSA Colonization: *When to Decolonize?*



Consider

- Recurrent SSTI
- Single severe infection
- Pre-joint implant



Usually Not...

- Single minor SSTI
- Clear precautions
- Curious HCW
- Anxious family

MRSA Colonization: *HOW to Decolonize?*

Systemic Antibiotics?

- Usually NOT indicated
- Data exist supporting addition of PO rifampin in assisting with success....
but, many drug interactions!
- Fine to start towards end of treatment course, but do not start treatment just to decolonize!



MRSA Colonization: *HOW to Decolonize?*

Nares

- Mostly anterior... MRSA likes hair!
- Mupirocin 2% cream BID x 7 days... but resistance rates not measured (may be 40%! and expensive... we use regular ointment sparingly)
- Povidone Iodine attractive... but not approved for > 1 dose, effect lasts only a day, poor effect in sinus MRSA colonization
- Retapamulin has helped me... but off label, and very expensive



MRSA Colonization: *HOW to Decolonize?*

Skin

- 4% CHG soap
- Apply to whole body—except the eyes!
- “Yes... even down there”
- Lather up... then let it dwell for FIVE MINUTES before rinsing
- Repeat daily x one week
- We use SAGE cloths in ICU... expensive for home use, requires dexterity (or help)
- Trim nails, scrub gently with brush



MRSA Colonization: *HOW to Decolonize?*

Skin

- Chlorinated Water
- Easy to apply—if they have a tub
- “1/2 cup in a tub”
- Soak up to the neck x 30 minutes daily x 7 days
- “Yes... body hair may lighten”



MRSA Colonization: *HOW to Decolonize?*

Mouth

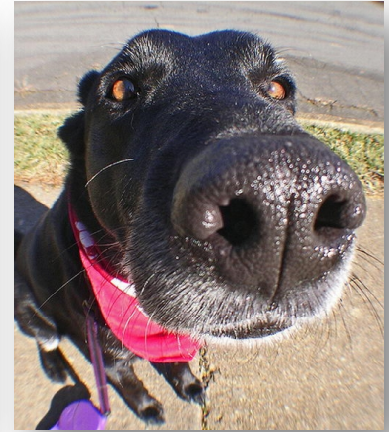
- Underappreciated reservoir
- 0.12% CHG mouthwash can be tried...
- Will stain teeth brown color (can be removed)
- Not well studied in decolonization



MRSA Colonization: *HOW to Decolonize?*

A World of MRSA

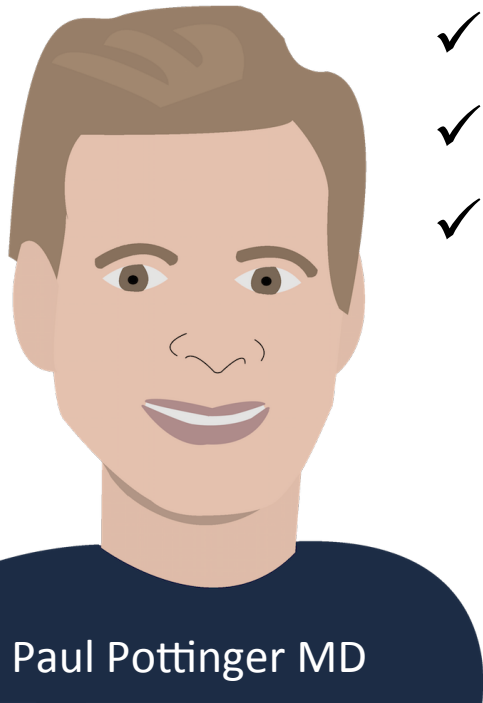
- Home hygiene counts
- No fomite sharing!
- Regular laundry is fine
- Everyone in the home should do it
- Pets? Good luck... don't suck their snout
- Repeat one or two weeks every month x 3 months



Conclusions

MRSA Decolonization: *A World of Pain*

- ✓ The more you look, the more you find...
- ✓ Consider decolonization for minor recurrences, or one bad infection
- ✓ Address nares, skin, environment
- ✓ Persistence may pay off... maybe
- ✓ Our protocol available to you online



Paul Pottinger MD