

Short Information on MRSA Sanitation

Note: For general information about the subject of MRSA see our information leaflet „Short Information on MRSA for Patients and Family Members“.

MRSA sanitation refers to therapy for the permanent elimination of MRSA in MRSA-colonised persons. This therapy is comprised of the following steps:

- A Preliminary considerations, determination of initial findings and procurement of the required materials
- B Performance of therapy
- C Pause
- D Initial control smears
- E Final control smears

For the recommendation, performance and control of an MRSA sanitation please consult your family physician.

Note: For invoicing the performance and control of MRSA sanitations the physician requires a corresponding licence of the Association of Statutory Health Insurance Physicians.

re. A: Preliminary considerations, determination of initial findings and procurement of the required materials

- MRSA sanitation cannot be successfully performed with every MRSA-positive person. Discuss whether sanitation is meaningful for you with your family physician.
- This may require taking smears to determine the initial findings:
 - With one swab a smear of the throat and both nasal vestibules is taken.
 - In the presence of wounds (including incision sites for probes) a separate smear must be taken with a swab from each wound.
 - Under certain circumstances and for certain indications further smears or urine analysis may be meaningful, for example if a skin eruption, furuncle or abscess is present.

- A sanitation requires different materials, resulting in different costs:
 - Salve for the treatment of the nose (e.g. Turixin(R) salve)
 - Sanitising agent (i.e. antiseptic solutions) for the skin and the hair (e.g. Prontoderm (R) or Octenisan (R)) and for the oral cavity (e.g. Prontoral(R) or Octenidol(R)).
 - Utensils such as disposable toothbrushes, disposable combs, disposable razors, etc.
 - Swabs and costs of analysing the smears.
- Of these materials the health insurance reimburses only the costs of the nasal salve and the smears, provided that your physician has the relevant licence. The salve for the nose and the antiseptic solutions are available from a dispensing chemist's shop and the rest from a non-dispensing pharmacy.

re. B: Performance of therapy

The following therapeutic measures must be performed over five days. Carefully read the instructions for the use of the salve and sanitising agent before use:

- Three times daily (morning, noon, evening) apply and distribute the nasal salve with a cotton swab to each nostril.
- Three times daily rinse the mouth with an antiseptic solution. If you have a dental prosthesis you must also treat this antiseptically (e.g. placing in a suitable antiseptic solution).
- Once daily wash the entire body (including the hair) with the sanitising agent. This is best done while standing (shower or bathtub).

In spite of correct treatment the danger of re-infection with MRSA from regularly used objects such as a toothbrush, comb, deo-roller, bed linens, etc. still exists. In order to prevent this, during the period of therapy perform these further measures:

- During the therapy period do not use any cosmetic articles, such as lipstick or deo-rollers. Dispose of the articles have used until now. Following therapy use only new cosmetic articles.
- The same is true for toothbrushes, combs, hairbrushes, etc. Dispose of the articles you have used until now. During the period of therapy use dispo-

sable articles and do not reuse. Instead of an electric razor, for the period of therapy use disposable razors. Otherwise disinfect the razor blade with an alcohol-based disinfectant following each use.

- Following hygienic care in the morning the bed must be freshly made. On each day of therapy, the used bed linens, washcloths, towels and underwear must be washed as quickly as possible in the washing machine (60° program or high-temperature laundry).

re. C: Pause

After the five days of therapy for the first time everything can proceed as usual. Prior to taking the control smears, it is necessary to wait between three days and four weeks. Otherwise, there is a risk that the therapeutic agent residues falsify the control smears.

re. D: Initial control smears

In order to determine whether MRSA is still present the smears are taken from the same locations as for the determination of the initial findings (at least nose- and-throat smears, if necessary skin/wound smears and/or urine analysis).

- This takes place via the family physician at the earliest three days and at the latest four weeks after therapy.
- If these smears are negative (i.e. no MRSA present) the person treated is considered to be „tentatively MRSA-free“. If you are a resident of a care facility (such as a nursing home) you can discontinue the special hygienic measures for the time being.

re. E: Final control smears

In order to determine whether MRSA can be permanently eliminated two further smear sessions are required (once again at least nose-and-throat smears, if necessary skin/wound smears and/or urine analysis).

- The first of these two sessions takes place via the family physician at the earliest three months and at the latest six months after therapy.
- If these smears are also negative (i.e. no MRSA present) the person treated is considered to be „permanently MRSA-free“).

If the smears were found to be positive a tone these three sessions (i.e. MRSA is still present), the person treated is considered to be MRSA-positive. In care facilities (such as nursing homes) the hygienic measures required for the therapy of MRSA must be introduced again.

In this case it is necessary to discuss with the physician why the therapy was unsuccessful and whether further sanitation should follow.

Impressum:

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