

What should I do when I am discharged from hospital?

In general, once at home, colonisation with **MRSA** creates fewer complications than in the hospital. In fact, in most situations **MRSA carriage** will have no impact on daily life. The likelihood of long-term transmission of the bacterium to family members or other close contacts is small. Even if this occurs, in most instances such transient colonization does not result in disease. Hence, there is no need for a facemask or a gown either for the affected person or for family members. Yet, careful attention to good personal hygiene and frequent hand washing is suggested.

For healthy family members, there is only a low risk of long-term colonization by the MRSA bacterium.

Good personal hygiene and regular hand washing are recommended.

Details:

As a rule, routine activities for MRSA colonized persons at leisure, home or job do not create problems. This includes sports, attendance in school or kindergarten, swimming in public pools, or physical contact.

Precautions are required in case of:

Close contact with a person ...

... who has an open wound

... with cancer

... with a weakened immune system

... with an indwelling catheter

If you have further questions, please consult our website: www.mrsaar.net or contact us at: +49 (0)6841/162-3944

Your **MRSA^{ar/network}**-Team

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MRSA-Flyer for Affected Persons and their Families

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MRSA**



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Facts on MRSA

MRSA signifies “Methicillin-resistant **Staphylococcus aureus**”. The MRSA germ is a bacterium.

Non-resistant bacteria of *Staphylococcus aureus* are the normal part of the skin flora and live on the mucous membranes of many individuals. Carriers of this bacterium are not affected unless they develop disease. If, for example upon entering in a wound or a skin break, such infection occurs, it is typically treatable with antibiotics.

Similarly to antibiotic-sensitive *Staphylococcus aureus*, the **MRSA bacterium** colonizes the skin and its mere presence does not result in any illness. However, it is different from sensitive forms of *Staphylococcus aureus*, as infections caused by **MRSA** are more difficult to treat due to its multiresistant nature. Yet, the overall risk of disease is small for healthy persons and not enhanced compared to the risk of an infection with a sensitive *Staphylococcus aureus*.

MRSA is an antibiotic-resistant form of the bacterium *Staphylococcus aureus*.

MRSA is harmless when it is on the skin (colonisation) but if it gets access to tissues underneath the skin barrier it may cause difficult-to-treat infections.

How is MRSA transmitted?

The most common pathway for the transmission of MRSA is via the hands. For hospitalized patients, an increased risk of transmission and subsequent infection is present due to underlying disease and medical procedures such as operations which interrupt the protective skin barrier.

Hence, **MRSA patients** are treated differently in the hospital than at home. In the hospital, they need to be isolated and generally may not leave their rooms. Nursing staff and visitors must use special hygienic protective measures. In contrast, at home no isolation procedures are necessary.

In the hospital, MRSA patients are treated under contact isolation procedures, typically in single rooms

At home, such procedures are not necessary.

The most significant pathway of transmission is via the hands of caretakers, hence, careful hand disinfection is necessary.

Hospital Discharge

If the presence of the MRSA bacterium has been ascertained, for example by a positive swab culture, you may receive treatment designated to eradicate the germ (decolonisation). In any case, further treatment and eradication steps in relation to MRSA should be discussed with your family physician. In addition, upon subsequent hospital admission it is important to indicate to the hospital personnel that you are (or that you were) once infected with the MRSA bacterium (even if a decolonisation procedure has been performed).

If an MRSA carrier is newly admitted to a hospital, to a nursing care facility, or receiving care by a family practitioner, the fact of such MRSA carrier status should be communicated to the hospital or practice personnel.

