Ferrell-Duncan Clinic Allergy/Immunology

Dr. Minh-Thu Le, MD; Dr. Bill Micka, MD

1001 E. Primrose, Springfield, MO 65809

Phone: (417) 875-3742; Fax: (417) 875-3383

**Protocol for Eradicating Colonization of Community-  
Acquired MRSA (CA-MRSA)**

There are no data on the subject of eradicating colonization of CA-MRSA. There is no consensus and there are no recommendations from national organizations in Infection Control or Infectious Diseases. There are some data on standard MRSA, but it should be remembered that these two organisms may behave quite differently. Even so, the data on standard MRSA do not show an easy and highly reliable way to eliminate this organism.

What follows is a common-sense approach to the problem.

WHEN

* protocol to eliminate colonization should be started only after active lesions have healed and are not draining
* other family members and intimate contacts should be treated at the same time; otherwise a person may eliminate the organism and then re-acquire it from a colonized family member or other contact

CAUTIONS when using chlorhexidine

* do not use if the patient has a history of intolerance to chlorhexidine-containing products or mupirocin (Bactroban)
* avoid prolonged contact with eyes
* avoid contact with ears if there is perforation of the tympanic membrane (ear drum)
* some recommendations suggest not washing the head so as to avoid contact with the eyes and ears; at least in adults, my review indicates that these concerns are based on very special circumstances
* in pediatric patients washing the head should be avoided under most circumstances

WHAT TO DO

* to treat mucous membranes and skin
* mupirocin (Bactroban) nasal ointment (2%), one gram tube – dispense ½ of packet into each nostril twice daily for 5 days; pinch nostrils together to distribute the ointment; dispense 5 one gram tubes
* mupirocin (Bactroban) 2% cream or ointment may be applied three times daily to residual lesions (if present) for 5 – 10 days (cream available as 15 or 30 g tube; ointment available as 22 g tube)
* chlorhexidine gluconate 4% solution (available as Betasept ,Hibiclens, BactoShield); dispense one bottle
  + wash body with at least 25cc (about two tablespoonfuls)
  + rinse
  + repeat wash
  + wash once daily for 5 days
  + wash hands with chlorhexidine soap when at home and before leaving the house
  + if head and hair are to be washed:
    - wet body and hair
    - wash hair with 25 cc (about two tablespoonfuls)
    - close eyes when washing hair and rinse ears thoroughly
* to clean the environment
  + thorough cleaning of bedrooms, bathrooms and other rooms used by the patient or contacts using commercial disinfectants or bleach solution (1 tablespoon of bleach per quart of water)
* to clean clothes, linens, towels and bed sheets
  + use freshly cleaned items for each day of the 5 day treatment period
  + consider items used during the 5 day period to ‘be contaminated’ and re-wash
  + hot water (≥160oF) if possible
  + use bleach when possible
  + standard detergents are okay
  + dry clothes in hot dryer; avoid air drying

Reference List

(1) Tietz A, Frei R, Widmer AF. Transatlantic spread of the USA300 clone of MRSA. N Engl J Med 2005; 353(5):532-533.

(2) Drugs in Pregnancy and Lactation, 7th edition, pp282-283

(3) Pediatric Dosage Handbook 284-286