

A 10-YEAR EXPERIENCE IN THE CONTROL OF MRSA OUTBREAKS IN THE NICU

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KK WOMEN'S
AND CHILDREN'S
HOSPITAL

AIM

To describe

- 👉 a 10-year trend of MRSA infection & colonization in the NICU
- 👉 the types and effects of infection control measures used



METHOD

The infection control nurse

- 👉 **Conducts routine infection surveillance**
- 👉 **Detects outbreaks**
- 👉 **Initiates the implementation of control measures**
- 👉 **Collates data prospectively**

ROUTINE MRSA CONTROL MEASURES



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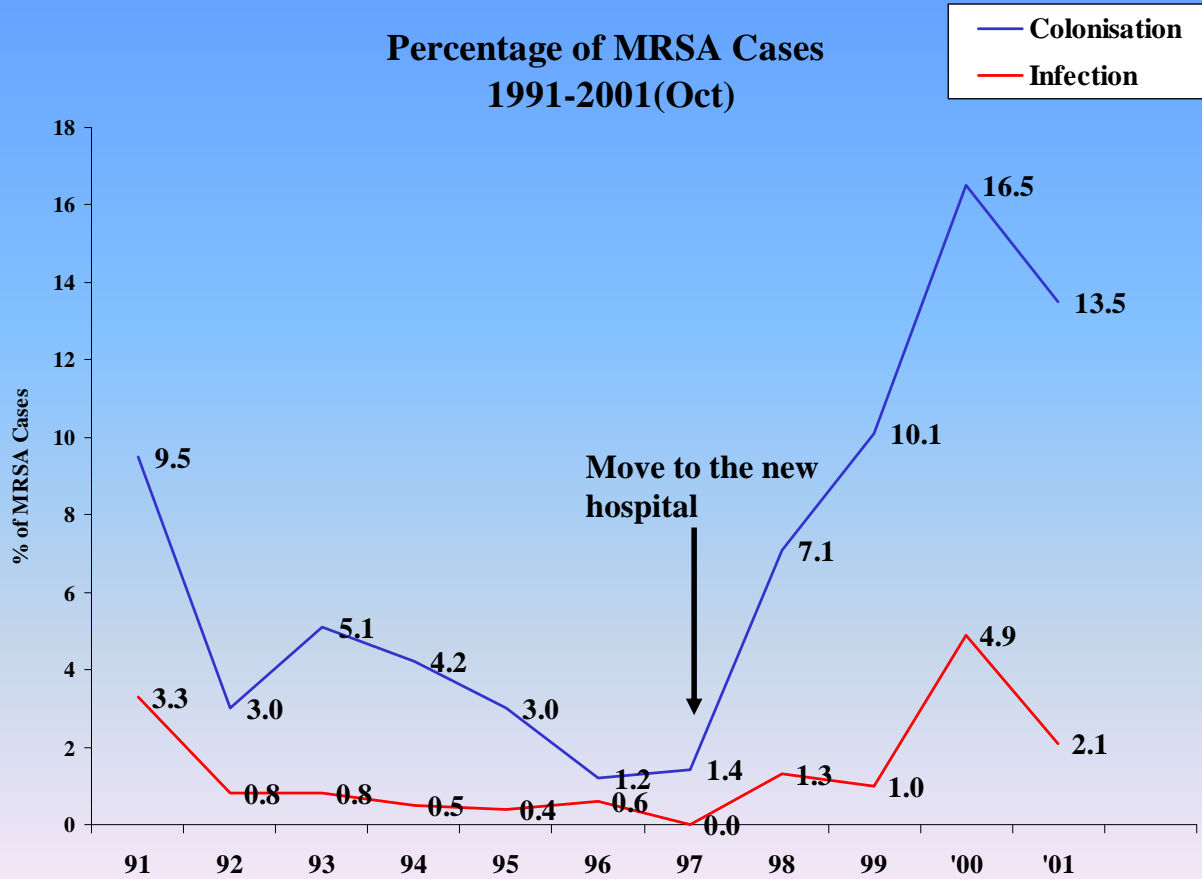
- 👉 **Adequate nurse-patient ratio on all shifts**
- 👉 **Weekly surveillance with nasal/ETT cultures**
- 👉 **Screening for MRSA carriage in new staff**
- 👉 **Treatment of colonised patients & staff (Chlorhexidine 0.4%, mupirocin)**
- 👉 **Monthly report on MRSA infection & colonisation rate**
- 👉 **Education of new staff**

MRSA CONTROL MEASURES DURING AN OUTBREAK

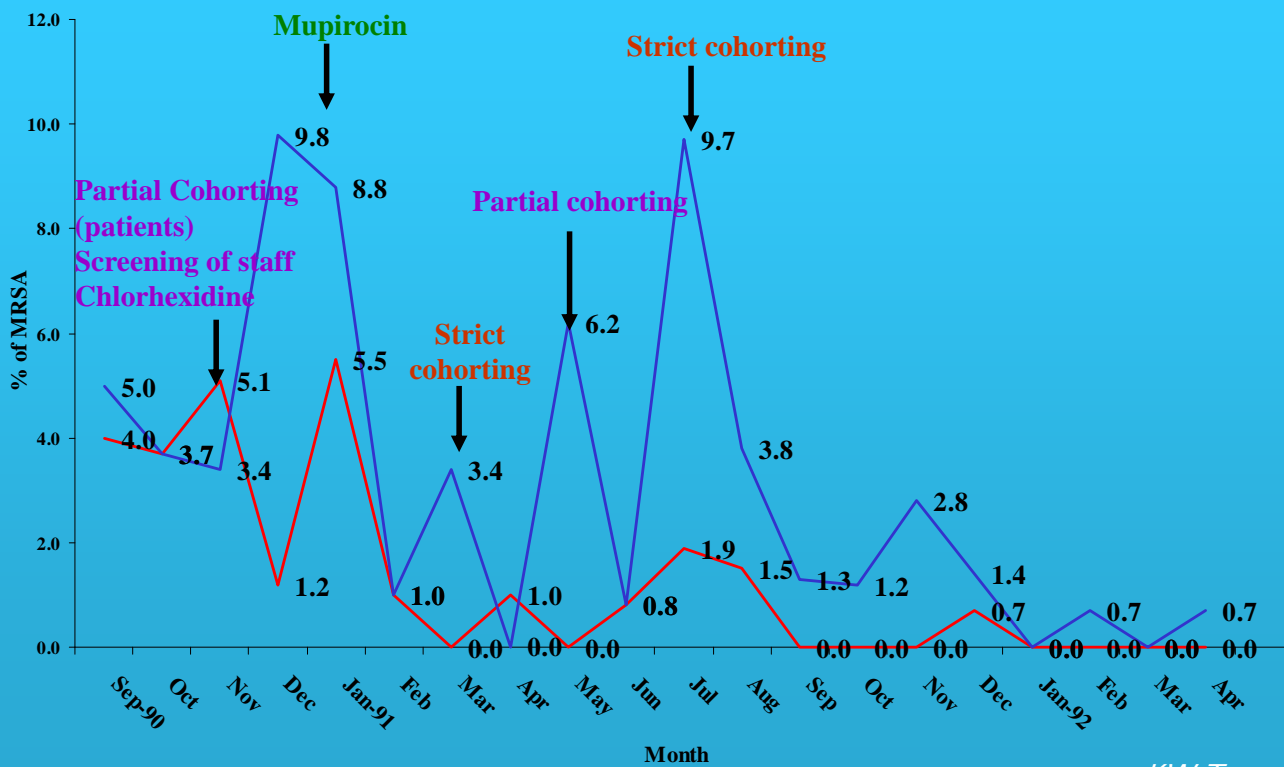
- 👉 **Emergency strategy meetings**
- 👉 **Secret surveillance**
- 👉 **Random finger tip culture**



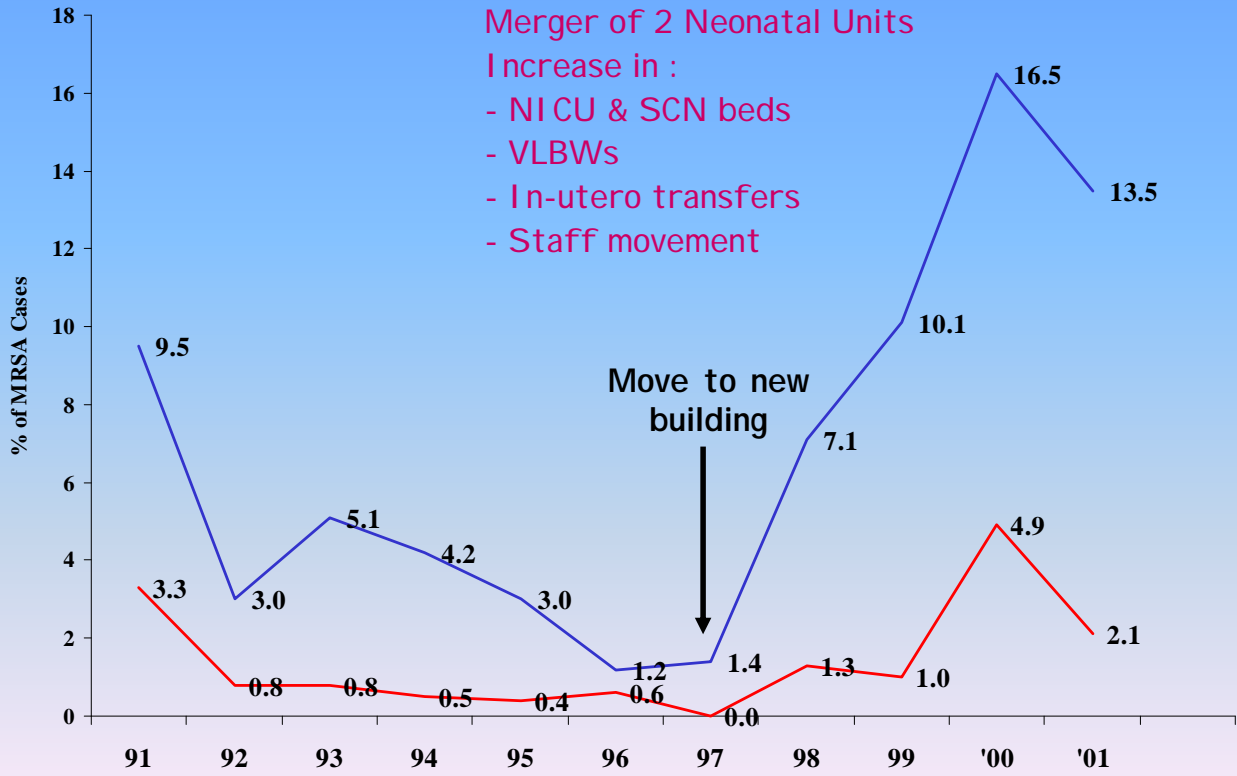
Percentage of MRSA Cases 1991-2001(Oct)



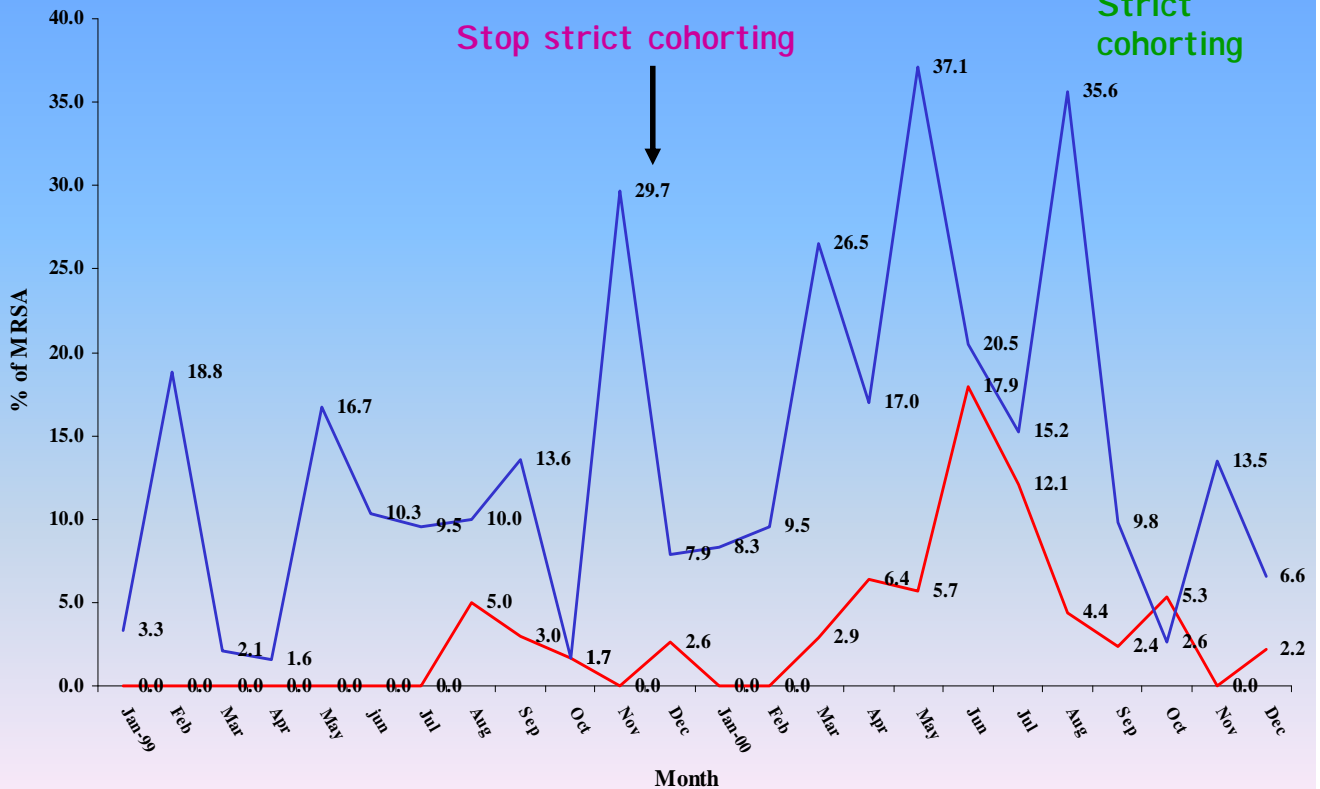
MRSA Infection & Colonisation September 1990 to April 1992



Percentage of MRSA Cases 1991-2001(Oct)



MRSA Infection & Colonisation 1999 & 2000



Periodic Outbreaks

- **Poor compliance with handwashing**
- **Sudden increases in occupancy, especially with small babies**
- **Undetected patient & staff carriers**

Our initial goal was
eradication of MRSA
but due to high patient
admissions and staff
constraints,
the goal was changed to
*containment of the MRSA
problem*

CONCLUSION

- **MRSA control must be ongoing**
- **Outbreaks are best controlled by re-enforcement of handwashing practices and cohorting of patients and staff**



**THANK
YOU**

