

What’s New in the Patient Safety World

August 2023

New MRSA Guidelines

The Society for Healthcare Epidemiology of America (SHEA), the Infectious Diseases Society of America (IDSA), and the Association for Professionals in Infection Control and Epidemiology (APIC), the American Hospital Association (AHA), and The Joint Commission have published new guidelines for preventing MRSA transmission and infections ([Popovich 2023](#)). There were also major contributions from representatives of a number of organizations and societies with content expertise. MRSA infections were decreasing prior to the COVID-19 pandemic, but then increased substantially during the pandemic.

The major changes in the guideline are:

Essential practices

- Antimicrobial stewardship has been reclassified from an unresolved issue to an essential practice.
- Although contact precautions remain an essential practice, considerations have been provided for hospitals that have strong horizontal prevention measures and neither ongoing MRSA outbreaks nor high or increasing rates of MRSA infection or hospital-onset MRSA-positive cultures and that choose to modify the use of contact precautions for some or all MRSA-colonized or MRSA-infected patients.

Additional approaches

- Active surveillance testing (AST) remains an additional practice, but specific recommendations, supporting data, and quality-of-evidence ratings for the use of AST in several specific patient populations have been added.
- Decolonization therapy for patients with MRSA colonization remains an additional practice, but specific recommendations, supporting data, and quality-of-evidence ratings for the use of universal or targeted decolonization in several specific patient populations have been added.

Note that **antimicrobial stewardship** is considered an “essential” practice in the new guideline. Inappropriate use of antimicrobials is one of the factors contributing not only to development of antibiotic-resistant infections, such as MRSA, but also to development of C. diff infections. Our multiple columns on antimicrobial stewardship are listed below.

The rest of the recommendations are carryovers from the 2014 guidelines:

Recommendations considered to be essential practices (based on moderate- or high-quality evidence):

- Promote compliance with CDC or World Health Organization (WHO) hand hygiene recommendations
- Use contact precautions for MRSA-colonized and MRSA-infected patients (and assess whether they are effective)
- Ensure cleaning and disinfection of equipment and the environment
- Additional approaches with moderate- or high-quality evidence include:
- Implementation of a MRSA active surveillance testing program for select patient populations as part of a multifaceted strategy to control and prevent MRSA
- Active surveillance for MRSA in conjunction with decolonization for targeted populations prior to surgery to prevent post-surgical MRSA infection
- Hospital-wide active surveillance for MRSA in conjunction with contact precautions to reduce the incidence of MRSA infection

The authors note that active surveillance with contact precautions is inferior to universal decolonization for reduction of MRSA clinical isolates in adult intensive care units.

There are numerous recommendations under “additional” approaches. These fall under categories of active surveillance testing, MRSA decolonization, and universal use of gloves and gowns.

The document, itself, included sections on the burden of MRSA, risk factors for both MRSA colonization and infection, reservoirs for MRSA transmission in healthcare facilities, surveillance methods, performance measures, tracking outcomes of MRSA infections, environmental cleaning and disinfection, creating an alert system when patients are readmitted or transferred, and many others. The section on MRSA decolonization is extensive.

We encourage you and your staff to read the entire document.

Some of our prior columns on HAI’s (hospital-acquired infections):

December 28, 2010	“HAI’s: Looking In All The Wrong Places”
October 2013	“HAI’s: Costs, WHO Hand Hygiene, etc.”
February 2015	“17% Fewer HAC’s: Progress or Propaganda?”
April 2016	“HAI’s: Gaming the System?”
September 2016	“More on Preventing HAI’s”
November 2018	“Privacy Curtains Shared Rooms and HAI’s”
December 2018	“HAI Rates Drop”
January 2019	“Oral Decontamination Strategy Fails”
February 2019	“Infection Prevention for Anesthesiologists”

March 2019	“Does Surgical Gowning Technique Matter?”
May 2019	“Focus on Prophylactic Antibiotic Duration”
July 2019	“HAI’s and Nurse Staffing”
February 2020	“NICU: Decolonize the Parents”
June 16, 2020	“Tracking Technologies”
August 2020	“Surgical Site Infections and Laparoscopy”
December 2020	“Do You Have These Infection Control Vulnerabilities?”
May 2021	“CLABSI’s Up in the COVID-19 Era”
August 2021	“Updated Guidelines on C. diff”
October 2021	“HAI’s Increase During COVID-19 Pandemic”
June 2022	“Guideline Update: Preventing Hospital-Acquired Pneumonia”
June 21, 2022	“Preventing Post-op Pneumonia”
June 28, 2022	“Pneumonia in Nervous System Injuries”
August 2022	“Resistant Infections Up During COVID-19 Pandemic”
November 15, 2020	“Which Antiseptic?”
December 2022	“Game Changer to Prevent SSI’s in Abdominal Surgery?”
May 30, 2023	“Non-Ventilator-Hospital-Acquired Pneumonia Finally Gets Attention”

Some of our prior columns on antibiotic stewardship:

- October 14, 2014 [“Antibiotic Stewardship”](#)
- November 2015 [“Medications Most Likely to Harm the Elderly Are...”](#)
- July 2016 [“NQF/CDC Guideline on Antibiotic Stewardship”](#)
- August 2016 [“Some Reassurance on Antibiotic Stewardship”](#)
- November 2016 [“C. Diff and Your Predecessor’s Room”](#)
- December 2016 [“Update on Ambulatory Antibiotic Stewardship”](#)
- July 2017 [“Antibiotics and Adverse Events”](#)
- July 2019 [“Dental Prescribing Called Into Question”](#)
- July 21, 2020 [“Is This Patient Allergic to Penicillin?”](#)
- March 30, 2021 [“Need for Better Antibiotic Stewardship”](#)
- August 2021 [“Antibiotic Stewardship in Pediatrics”](#)
- May 24, 2022 [“Requiring Indication for Antibiotic Prescribing”](#)
- August 2022 [“Resistant Infections Up During COVID-19 Pandemic”](#)

References:

Popovich KJ, Aureden K, Ham D, et al. SHEA/IDSA/APIC Practice Recommendation: Strategies to prevent methicillin-resistant Staphylococcus aureus transmission and infection in acute-care hospitals: 2022 Update. Infection Control & Hospital Epidemiology 2023; 1-29 Published online June 29, 2023
<https://www.cambridge.org/core/journals/infection-control-and-hospital-epidemiology/article/sheaidaapic-practice-recommendation-strategies-to-prevent-methicillinresistant-staphylococcus-aureus-transmission-and-infection-in-acutecare-hospitals-2022-update/5DB835D2E13F7E813A8A2FD7CB8386BD>

SHEA (The Society for Healthcare Epidemiology of America). Updated Guidance Shows How Hospitals Should Protect Patients from Resistant Infections. MRSA Infections Soared During Pandemic, Undoing Previous Gains. SHEA Press release 2023; June 29, 2023

<https://shea-online.org/updated-guidance-shows-how-hospitals-should-protect-patients-from-resistant-infections/>



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