

MRSA and VRE – Important Information

Leamington District Memorial Hospital takes your care and your safety very seriously and we are extremely committed to transparency. On a monthly basis, beginning in December, we will be reporting our infection rates on our website.

If you have any questions about the information below or about our hospital's infection prevention and control program, please contact Lena West, Patient Representative (519) 326-2373 ext. 4118 (lwest@ldmh.org)

What does hospital-acquired mean?

Sometimes when patients are admitted to the hospital, they can get infections. This is a hospital-acquired infection. In the case of either MRSA or VRE, this may mean that symptoms begin 72 hours after admission to the hospital.

What is Methicillin-resistant Staphylococcus aureus (MRSA)?

Methicillin-resistant Staphylococcus aureus (MRSA) is a type of bacteria that is resistant to certain or all types of the beta-lactam classes of antibiotics such as penicillins, penicillinase-resistant penicillins (e.g. cloxacillin) and cephalosporins. MRSA are strains of *S. aureus* that have an MIC to oxacillin of ≥ 4 mcg/ml. or contain the *mecA* gene coding for penicillin binding protein 2a (PBP 2a).

What is Vancomycin-resistant Enterococci (VRE)?

Enterococci are bacteria that are normally present in the human intestines and in the female genital tract and are often found in the environment. These bacteria can sometimes cause infections. Vancomycin is an antibiotic that is often used to treat infections caused by enterococci. In some instances, enterococci have become resistant to this drug and thus are called vancomycin-resistant enterococci (VRE). VRE have a minimal inhibitory concentration (MIC) to vancomycin of ≥ 32 mcg/ml. They contain the resistance genes VAN-A or VAN-B.

What are the risk factors for MRSA?

Risk factors for MRSA acquisition include invasive procedures, prior treatment with antibiotics, prolonged hospital stay, stay in an intensive care or burn unit, surgical wound infection and close proximity to a colonized person. MRSA can also be transmitted from mother to child through breast milk.

What are the risk factors for VRE?

Risk factors for VRE include severity of underlying illness, presence of invasive devices, prior colonization with VRE, antibiotic use and length of hospital stay.

How is MRSA transmitted?

The single most important mode of transmission of MRSA in a health care setting is via transiently colonized hands of health care workers who acquire it from contact with colonized or infected patients, or after handling contaminated material or equipment. The unrecognized colonized patient presents a particular risk for transmission to other patients.

How is VRE transmitted?

The single most important mode of transmission of VRE in a health care setting is via transiently colonized hands of health care workers who acquire it from contact with colonized or infected patients, or after handling contaminated material or equipment. The unrecognized colonized patient presents a particular risk for transmission to other patients.

How are MRSA and VRE treated?

Treatment depends on how sick patients are with the disease.

What is the hospital doing to help control the spread?

LDMH has implemented a new major Hand Hygiene campaign by educating all staff and physicians on proper hand-washing techniques.

In addition, patients who do contract MRSA or VRE are regularly isolated to help stop the spread between patients.

What can the community / visitors do to help?

The most important way to help is by washing your hands every time you enter the hospital. Hand gel is available at all entrances and exits and all visitors are encouraged to wash their hands. If your loved one is in a room with posted precautions on the door, PLEASE follow the precautions. They are there to prevent spread of the bacteria.