

Information for MRSA carriers

MRSA bacteria are resistant to common antibiotics.

Staphylococcus aureus is a common bacterium often found in the mucous membranes of the nose and throat. Staphylococcus, which is more resistant to antibiotics than many other bacteria, is called Methicillin-resistant Staphylococcus aureus (MRSA).

A person who has been diagnosed with an MRSA bacterium in his or her body (e.g. nose, throat or a wound) is called an MRSA carrier or is said to be colonised with MRSA. Colonisation with MRSA is not an illness but a slight abnormality in the body's bacterial flora. Carriers are often diagnosed in conjunction with hospital treatment by a screening sample taken from the mucous membranes of the nose and throat. MRSA may also be found in a bacterial culture taken from an infected wound, blood or other secretions.

MRSA infection is an inflammation caused by MRSA. MRSA causes infections similar to regular staphylococcus infections. It may cause for instance paronychia, wound infections or general infections. Today, effective medicines are available to treat the infection. Most MRSA carriers will never fall ill with an infection caused by MRSA. Asymptomatic MRSA carriers are not treated with antibiotics.

The spread of MRSA in hospitals is prevented by following good hygiene practices.

In hospital, an MRSA carrier usually has a private room. The patient and all his or her visitors shall follow good hand hygiene procedures. Personnel will instruct patients and visitors in the correct use of hand sanitizer. If providing close contact care, personnel wear protective gloves and coats. Protective clothing is not always worn if personnel only quickly pops into the room, for instance to hand over a newspaper, give medication or a lunch tray.

MRSA is transmitted by contact, so strict hand hygiene practices are the most important way of preventing the spread of MRSA. Hospitals treat severely ill patients and therefore preventing the spread of MRSA to other patients is vitally important.

MRSA does not prevent you from living a normal life

Being a MRSA carrier does not affect your life at home, work, hobbies or your relationships. You can continue meeting your friends and family. As usual, wash your hands after using the toilet and before handling food. If you have open or purulent cuts or wounds, do not go to the swimming hall or public sauna. Use normal cleansing agents available at shops for house cleaning.

Healthy persons have a low risk of developing an MRSA infection. If you're carrying MRSA, it does not increase your family and friends' risk of an infection.

Tell about your MRSA colonisation when attending health care services.

Tell your health care provider, e.g. a doctor, dentist or physiotherapist, about the MRSA colonisation. This is important when planning your treatment and care. You do not need to tell about carrying MRSA at your workplace, hobbies, school, day care centre or anywhere else outside the health care setting.

Infection Unit

If you or a person living in the same household works or studies in the health care or social services field, contact the infection control nurse in Tays Infection Unit, tel. 044 4729 385.

The duration of MRSA colonisation can be systematically monitored.

The person's age, diseases, and skin condition contribute to the eradication of colonised MRSA. If you do not have any severe illnesses or persistent ulcers or rashes, MRSA may disappear by itself.

MRSA colonisation can be monitored by taking MRSA samples. The first samples may be taken at the earliest one year after MRSA was first detected. The samples are taken from your nose and throat.

Ask for a referral for MRSA screening at a laboratory from your own health centre or occupational health care services. Show this instruction to your health care provider when asking for a referral. A request for sample 4358 MRSAVi should be used for monitoring with individual swabs from the nose and pharynx; the nose swab marked by code 109 and the pharynx swab by code 110.

MRSA samples cannot be taken during a course of antibiotics but you have to wait at least one week after finishing the antibiotics. If you have undergone MRSA decolonisation while in hospital, a follow-up sample can be taken at the earliest one month after the end of your treatment.

If the first screening sample comes back negative, the following samples may be taken 3 to 4 months later. If both samples give a negative result, the last sample can be taken one year after the first one.

If all three screening samples are negative, you can ask the unit responsible for your treatment to call the infection control nurse in Tays Infection Unit, tel. 044 4729385. Or, alternatively, you can call the number yourself. The infection control nurse will assess your risk information about MRSA colonisation and whether it can be removed.

If the MRSA screening sample is positive, monitoring of the duration of colonisation can be continued in approximately a year's time.

Further information on the monitoring of colonisation

Instructions for health care professionals on monitoring MRSA colonisation can be found on the website of the Pirkanmaa Wellbeing Services County www.pirha.fi/en/mrsa-kantajuuden-seuranta

Contact information

Further information available by the infection control nurse in Tays Infection Unit, tel. 044 4729385.