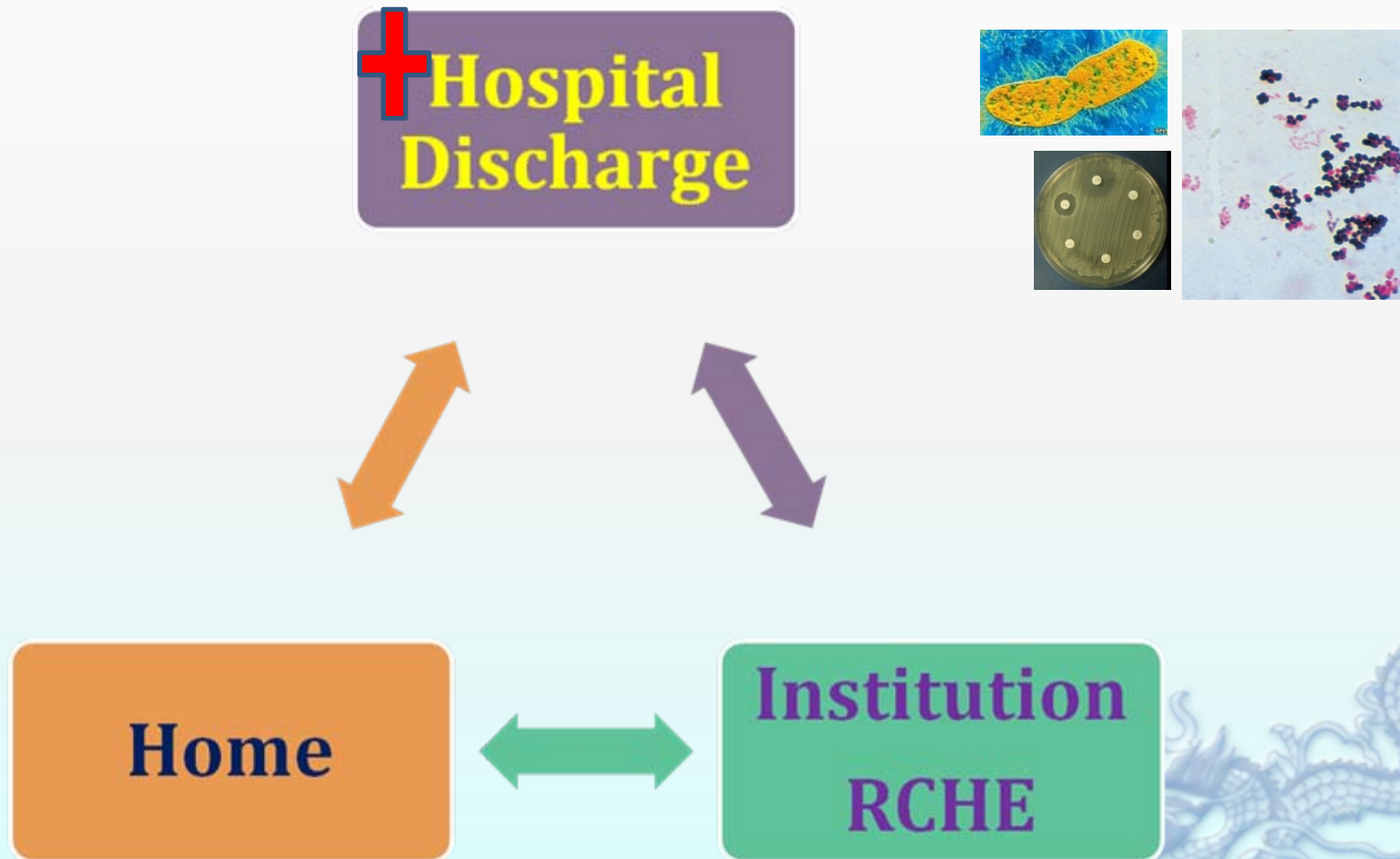


Infection Control after Discharge of MDRO Carriers

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Dynamic Movements of MDROs

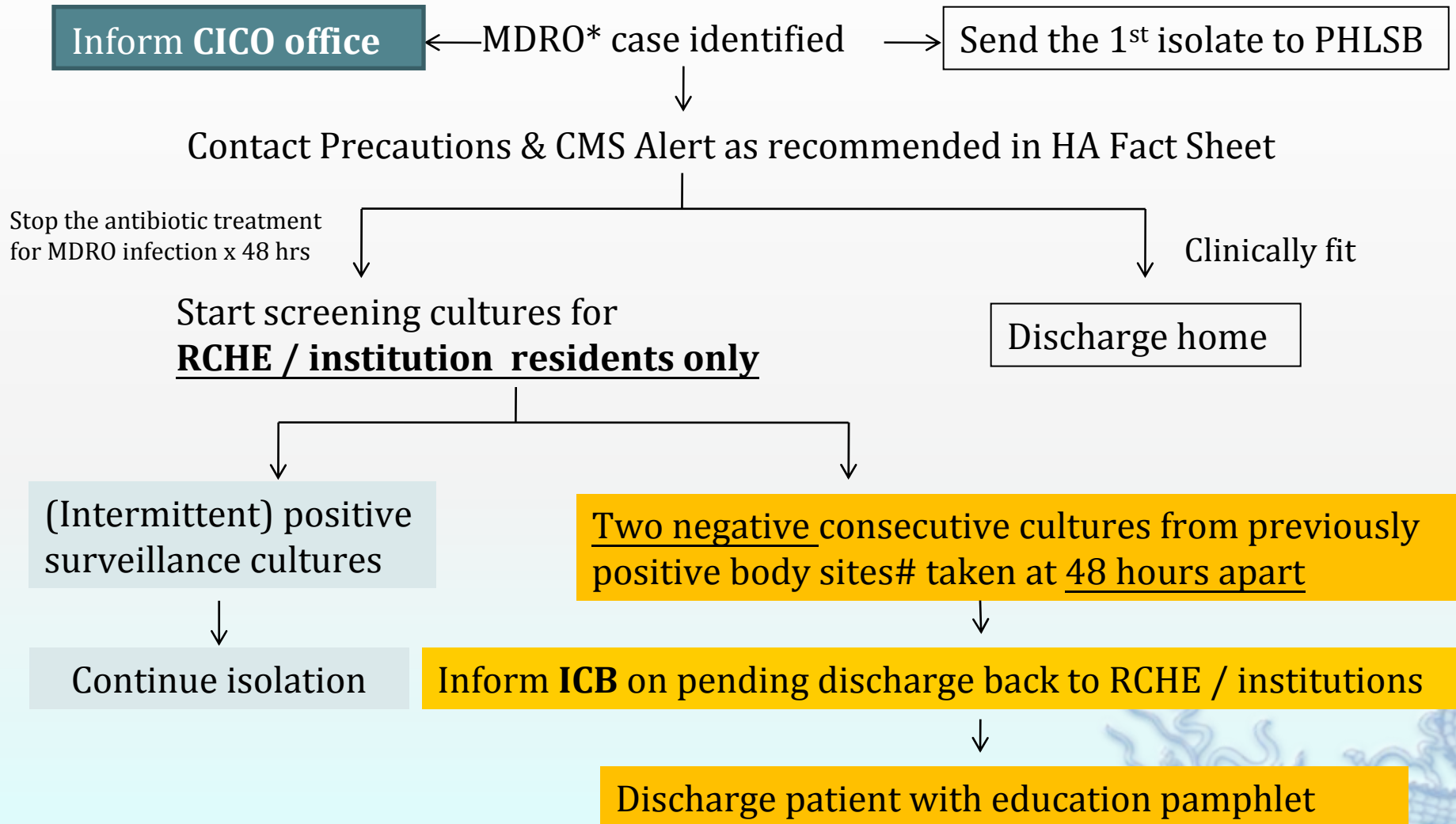


Consensus measures on MDRO infected patients

	MRSA	ESBL+ve GNR	CRE (PCR+ve)	VRSA	VRE	MRPA	CRA/ MDRA
Inform CICO	No	No	Yes	Yes	Yes	Yes	No
Send isolate to PHLSB	No	No	Yes	Yes	Yes	No	No
Discharge back to RCHE	Allowed	Allowed	Prerequisites: 1. Two consecutive negative cultures at <u>48 hours apart</u> from previous positive body sites 2. <u>Inform ICB</u> before discharge 3. Discharge with education pamphlet				Allowed

Source: CICO Office

Discharge criteria for *Specific MDROs patient:



*specific MDROs refer to VRSA, VRE, CRE (PCR +ve) and MRPA
stool and rectal swab in VRE and CRE (PCR +ve) patients

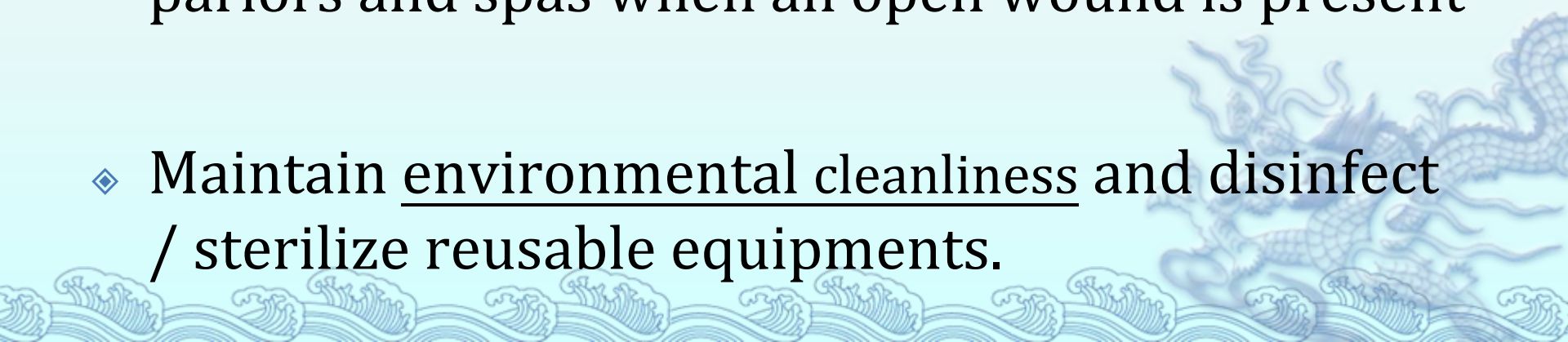
What should I do if a family member or close friend has MDRO?

General IC - Home & Institutions

- ◆ Maintain good personal hygiene, e.g. change clothing and bathe daily
- ◆ Keep hands clean by washing thoroughly and frequently with liquid soap and water, or by rubbing them properly with alcohol-based handrub
- ◆ Avoid sharing personal items such as towels, toothbrush and razors
- ◆ Avoid direct contact with wounds, stomas, drainages, or anything contaminated by body secretions, with bare hands.

What should I do if a family member or close friend has VISA or VRSA?

General IC - Home & Institutions

- ◆ Clean any skin lesions, such as abrasions or cuts immediately and cover properly with dressings. Wash hands after touching wounds
 - ◆ Avoid visiting public bathrooms, massage parlors and spas when an open wound is present
 - ◆ Maintain environmental cleanliness and disinfect / sterilize reusable equipments.
- 

Appropriate Use of Antibiotics

- ◆ Consult a doctor promptly if symptoms of infection develop
- ◆ Do not take antibiotics indiscriminately. Antibiotics should be prescribed by registered medical practitioners



Do we need to isolate a MDRO carrier in institution (RCHE)?

- ◆ Do NOT refuse admission to RCHE
- ◆ Should be informed if the resident is a MDRO carrier after discharged from hospitals
- ◆ Do not need isolation
- ◆ Do **socialize**, visit friends, and live as normal
- ◆ Keep confidentiality for colonized and infected MDRO residents

What are the high risk groups whom we have to pay special precautions in LTCF?



Pragmatic Approach:

Experiences from MRSA Interventional Program for RCHE 09/10



金黃葡萄球菌是普遍存在於皮膚上和環境上的病菌。而耐藥性金黃葡萄球菌就能抵禦抗生素，影響治療。有傷口、導管及免疫系統較弱等人士會容易受到感染。適當的感染控制措施能預防耐藥性金黃葡萄球菌的傳播及感染，保障我們的健康。

耐藥性金黃葡萄球菌主要感染的身體部位有：

1. 呼吸道
2. 尿道
3. 傷口

耐藥性金黃葡萄球菌的主要傳播途徑如下：

1. 與患者有直接接觸
2. 共用個人物品
3. 接觸一些被污染的表面或物品後並沒有適當地執行環境及手部衛生



Potential Heavy Shedders and High Risk Groups

Wound and Indwelling Devices

Damaged skin, such as severe eczema, chronic wounds, insertion sites of invasive devices



High Risk MDRO Carriers

- ◆ High risk MDRO carriers Preferably be placed in a single room.
- ◆ Cohort residents with the same MDRO type in a room or physically separated by partitioned barriers
- ◆ All vulnerable non-MDRO residents with indwelling catheters, skin lesions, pre-existing wounds or those currently on antibiotic treatment, should not be assigned to live with confirmed MDRO residents in the same room.



Hand Hygiene



Environmental decontamination

Emphasis on

“High Touch Areas”



Acknowledgement



Infection Control Practice Team



RCHE staff