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Control measures against *Staphylococcus aureus* MRSA in long-term care facilities

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Introduction: LTF needs to adjust the prevention of MRSA to the characteristics of patients and the costs of each measure.

Objectives: To assess the effects of MRSA control measures in residents of LTF, determine which measures are useful and needed and to qualify their economic burden.

Methods: It is a meta-analysis of randomized control trials. Estimation of effects using MRSA positivity. (RR, fixed effect with 95% CI).

Results: Seven studies found from 539 original records (six studies in a meta-analysis), no study showed a difference of effect and no statistic effect of measures at meta-analysis level.

Studies and measures: *Amirov*. A daily bath with 2% CHG-impregnated cloth versus a daily bath with a nonantiseptic cloth. *Baldwin*. An infection control education and training program versus usual care (no special education). *Bellini*. Universal MRSA screen, topical decolonisation, environmental disinfection and Standard Precautions versus Standard Precautions alone. *Chuang*. An infection control bundle focused on hand hygiene, environmental hygiene, and modified Contact Precautions, versus no infection control bundle (usual care). *Gordon*. 2% intranasal mupirocin versus placebo. *Schora*. MRSA screening and decolonisation with Mupirocin/Chlorhexidine versus MRSA screening, without disclosing results or decolonising procedure. *Peterson*. MRSA decolonisation using Mupirocin performed twice, versus MRSA screening only.

Conclusion: There were few intervention studies of sound quality available. There was no statistical difference in the studies evaluated. There is an urgent need for further studies to balance benefits and establish only the cost-effective measures, as some costly measures may not be valid.

Biography

Victor Lage de Araujo is a Brazilian Physician and a Clinical Pathologist Graduate. His specialties are clinical chemistry, hemotherapy, hospital-associated infection control. He is a Member of the Brazilian Society for Clinical Pathology and International. He is a Fellow of the College of American Pathologists. He works as Clinical Pathologist and Infection Control Professional at the Sarah Network of Rehabilitation Hospitals, Brazil.

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