MRSA

Some infection control specialists say that we need radical measures to improve one of the worst rates of MRSA infection in Europe

In March this year the then Health Secretary John Reid announced that MRSA infection rates in UK hospitals were the lowest since records began. He added: 'No stone is being left unturned in the battle against the superbug.'

But in June, the all-party Committee of Public Accounts slammed the government's track record on tackling MRSA. Its investigation found 'a distinct lack of urgency on several key issues such as ward cleanliness and compliance with good hand hygiene; and limited progress in improving isolation facilities for infected patients'.

We've talked to infection control experts in the UK and across Europe to find out who's right.

'CRUDE' MEASURES

Staphylococcus aureus is a bacterium commonly found on humans that can cause skin and urinary infections and, more seriously, pneumonia and meningitis. Many people can carry the bug without showing symptoms – they are known as permanent carriers. (Despite the name, they can be screened to detect the bug and treated to remove it.)

The big problem is that some strains of *S aureus* are resistant to methicillin, the main antibiotic used to treat it. Methicillin-resistant *S aureus* (MRSA) is a particular hazard to people who are already ill (such as those in intensive care wards) or who have catheters and drips.

In 2004-2005 there were 7,212 cases of MRSA blood infection in NHS hospitals, a fall from 7,684 the previous year. This drop came after a relentless rise up to 2003-2004. Despite the fall, the UK, along with Greece and Portugal, has one of the worst rates in Europe (see map, right). However, the government monitors only blood infections caused by MRSA, not other types such as wound or skin infections. So the real number of MRSA cases is much higher than official figures suggest. Mark Enright, a senior research fellow specialising in MRSA at Bath University, told us: 'MRSA blood infections as a measure is crude and is only the tip of the iceberg. The government is deluding itself.'

The NHS watchdog, the Healthcare Commission, publishes star ratings for hospitals. Despite the UK's high rate of MRSA blood infection, only 21 out of 153 acute NHS trusts were rated as underachieving on tackling MRSA. Frances Blunden, who works on health policy at Which?, says that the ratings are meaningless: 'The ratings are compared with the UK average, but our average rate of infection is much higher than elsewhere.'

TAKE ISSUE

What do you think should be done to tackle MRSA?

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We'll print some in the magazine and more online at **www.which.co.uk/whichextra**

'If you let permanent carriers run around you will never be able to control MRSA'

Professor Andreas Voss

Healthcare workers are the biggest cause of hospital infections

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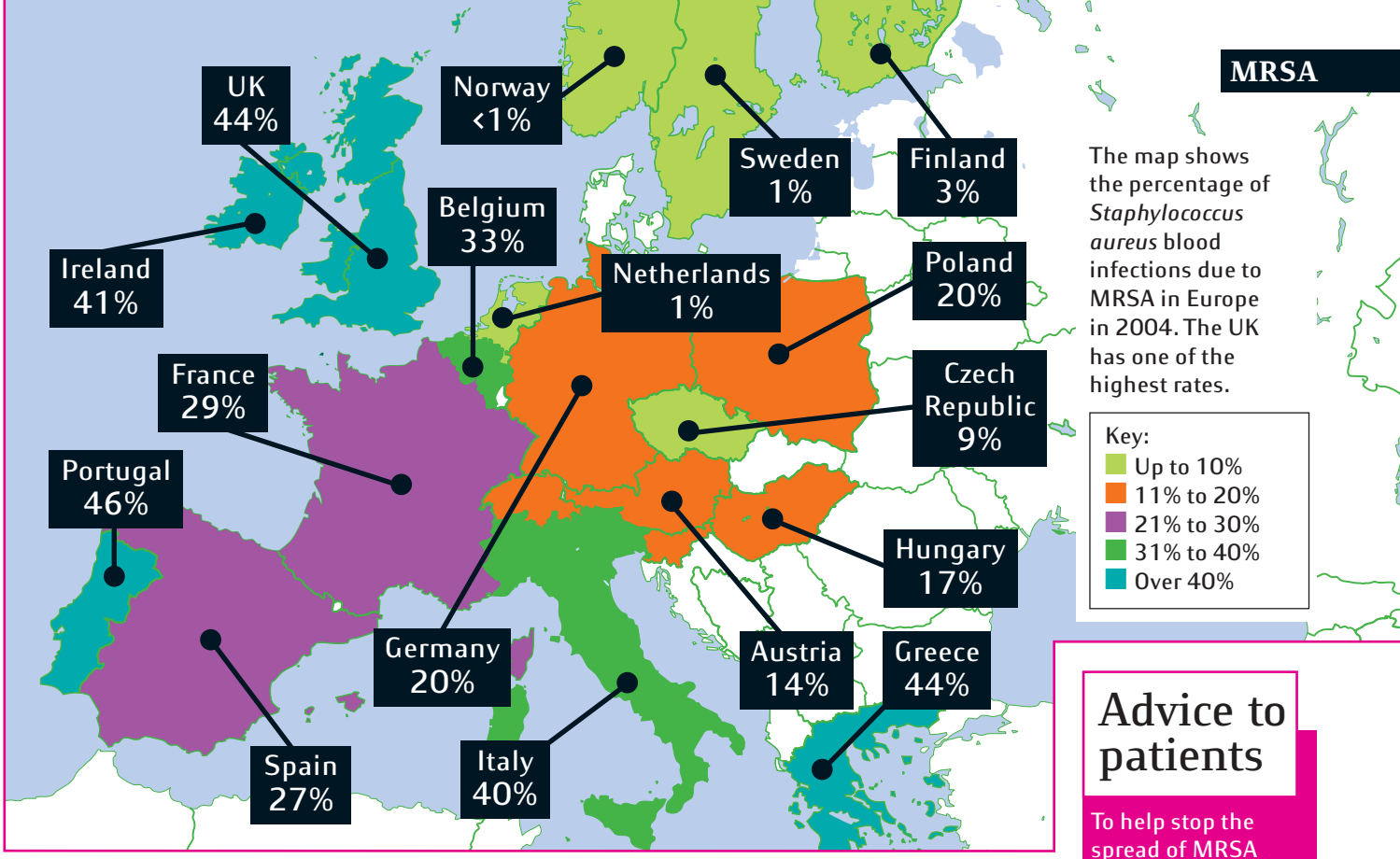

CONTROL MEASURES

The government has responded to rising MRSA infection rates by pushing better hygiene, with an emphasis on NHS staff washing their hands. This will culminate in the Health Improvement and Protection Bill, due out later this year.

However, many experts think the UK has ignored other crucial controls. For example, in Scandinavia and the Netherlands, which have the lowest rates of MRSA infection in Europe, hospitals use a policy called 'search and destroy'. This means that all cases of MRSA infection are strictly isolated. Many other patients are screened for MRSA on admission and anyone found to be a carrier, even if they are not showing any symptoms, is 'decolonised', or treated in isolation, until they are free of MRSA.

By contrast, if UK hospitals are short of beds they may put high-risk patients in wards where they may infect other patients. In 2003, only a quarter of NHS trusts that assessed their facilities found they had enough isolation beds to keep high-risk patients and known carriers away from open wards.

Specialists we spoke to want to see the NHS use similar tactics to those abroad. Since better screening and isolation were adopted at Dr Gray's Hospital in Elgin at the beginning of 2004, no patient has caught MRSA. And the cardiothoracic unit at Guy's and St Thomas' Hospital in London found that a similar strategy cut MRSA blood infections from 12 in the 16 months before the tactics were introduced to just two in the 16 months after.

New guidelines for doctors in Scotland, to be published soon, will recommend a significant shift towards search and destroy practice. But new professional guidance for England and Wales, also imminent, is unlikely to propose a Dutch-style assault on MRSA. 'The NHS is so underfunded, there is no way we can implement all those tactics in the UK,' says Stephanie Dancer, Consultant Microbiologist at Glasgow's Southern General Hospital. Professor Brian Duerden, Inspector of Microbiology at the Department of Health, admits: 'Isolation and bed management are important. We are working on improvements but can't implement them overnight.' Asked whether the NHS has enough money, he says: 'The NHS could mop up any resource thrown at it. The Dutch system would not translate to ours.'

STAFF SCREENING

One controversial tactic used in the Scandinavian and Dutch search and destroy system is screening healthcare workers. According to Andreas Voss, Professor of Infection Control at the University Medical Centre St Radboud in the Netherlands, healthcare workers are responsible for 90 per cent of all MRSA infections.

In the Netherlands, just a couple of MRSA cases on any ward triggers widespread screening of staff as well as patients. Staff found to be permanent carriers are sent home and decolonised. 'If you let permanent carriers run around you will never, ever be able to control MRSA. You are wasting your money and your time,' says Professor Voss. He claims this tactic is crucial to the low MRSA rates in his country. Other experts in infection control agree.

Although NHS staff are occasionally screened, there is staunch resistance in the UK to the Dutch strategy, which is seen as focusing too many resources on a single type of hospital infection. And Professor Duerden maintains that as long as staff who are permanent carriers adopt good practice, such as hand washing, they won't cause infections.

In November 2004 the government set a target for the NHS to cut MRSA blood infections by half by 2008. Even Professor Duerden admits this is 'challenging'. But without more money and new tactics, it may be impossible. Despite John Reid's words, there are many stones under which MRSA could still lurk.

Advice to patients

To help stop the spread of MRSA and other infections in hospital:

- wash your hands regularly
- don't fiddle with wound dressings
- don't walk around with bare feet
- don't fiddle with catheters or drips
- keep the space around you tidy
- shower as often as you are able
- remind staff to wash their hands
- ask your visitors to wash their hands thoroughly before and after coming to the ward.

If you do get MRSA, don't be alarmed if you are moved to a single room. This means you can be treated more effectively and it will protect other patients. If you are carrying MRSA but you are not infected, you may be asked to use special washes and shampoos. You may also be asked to use a cream in your nose to kill the bacteria.