

WHAT IS MRSA?

MRSA (sometimes referred to as the "Hospital Superbug") stands for Methicillin Resistant Staphylococcus Aureus, which is a bacterium from the Staphylococcus Aureus family.

About 1 in 3 people carry Staphylococcus Aureus on the surface of their skin or in their nose. Most people who carry the bacteria will never develop an infection. People who carry the bacteria are said to be "colonised".

If this bacteria gets into the body through a break in the skin, they can cause infections such as boils or abscesses. If they get into the bloodstream this is when they can cause more serious infections. It is only at this point that the person will develop symptoms that are now commonly associated with MRSA.

Most infections caused by Staphylococcus can be treated with methicillin (a type of penicillin). However, Staphylococcus Aureus is becoming increasingly resistant to the most commonly used antibiotics. MRSA bacteria are those types of Staphylococcus Aureus that are resistant to methicillin, hence the name.

Doctors are becoming increasingly hesitant to prescribe antibiotics for common ailments. Current medical thinking says that the more exposed a bacteria becomes to a specific antibiotic the more likely it is that it will develop a defence to the effects of the drug, thereby making it ineffective against the new strain of resistant bacteria. Overuse of antibiotics in the community will, it is thought, make this development more likely.

Another problem which has exacerbated the development of antibiotic resistant strains is people not finishing the full course of antibiotics they have been prescribed, which allows some bacteria to survive and develop a resistance to the antibiotic.

WHY IS MRSA A PROBLEM FOR HOSPITALS?

MRSA is usually passed on by human contact, often from the skin of the hands. Hospitals are very susceptible to outbreaks of bacterial infection for the following reasons:-

1. There is usually a high patient turnover with people being constantly discharged and admitted. It is likely therefore that a large number of patients who use the hospital will already be colonised with MRSA (although many will be unaffected by the bacteria themselves, but may cross infect others).
2. Many hospital patients will have depleted immune systems which makes it easier for the bacteria to multiply after infection and more serious if they are exposed to the bacteria.
3. Many visitors to the hospital will also be colonised with the bacteria and may transmit it to patients or staff.

4. Some patients will have open wounds or skin problems that make it easier for the bacteria to enter the bloodstream.

WHAT CAN BE DONE TO PREVENT INFECTION?

Hospital staff who come into contact with patients should maintain very high standards of hygiene and take extra care when treating patients with MRSA. Before and after caring for any patient hospital staff should make sure they have thoroughly washed and dried their hands. Many hospitals now use fast-acting special antiseptic solutions like alcohol rubs or gels placed by patients' beds and at the entrance to clinical areas for use by staff and visitors. It is important that medical staff wear disposable gloves when they have physical contact with open wounds, for example when changing dressings, handling needles or inserting an intravenous drip. Many hospitals have now implemented a mandatory screening program for all new admissions. Patients will be checked to see if they are colonised on admission and, if they are, they should be placed in a side room and asked to use a special cream or soap to kill the bacteria and prevent cross infection to other patients.

SOMEONE I KNOW HAS BEEN AFFECTED BY MRSA – WHAT SHOULD THEY DO?

Not all cases of MRSA infection can be blamed on the hospital. It is notoriously difficult to establish the source of any infection as the state of current medical science does not allow doctors to accurately pinpoint the source. As will be noted from the above, many people are already colonised with the bacteria and so it can be very difficult indeed to state for certain that the source of the infection is the hospital. A good starting point is to establish if the patient was colonised upon admission and this can usually be done by looking at the medical notes of the patient. If the patient is not colonised on admission then there is a good chance that the infection was picked up in hospital. Even then, it is still necessary to establish that the hospital has been in some way negligent in allowing the infection to take place. A very careful analysis of the evidence will have to be undertaken before any blame can be placed on the hospital. There are undoubtedly cases where hospitals have failed to follow their own infection control procedures, and it is right that in those cases the affected person should be compensated for the injury suffered. However, there are also a lot of infections that happen simply because it is very difficult to control infection rates amongst hospital patients and the NHS does not have unlimited resources to devote to infection control. The courts have yet to consider the matter in detail and it remains unknown how they will react to these issues. It is clear that the Government is taking the matter very seriously and has allocated a significant budget to the eradication of MRSA. It is to be hoped that the current policy of "deep cleansing" that has been implemented across the NHS will lead to a fall in infection rates.

If you or someone you know has been affected by hospital acquired infection please contact us for advice.

We are happy to offer a free initial consultation.