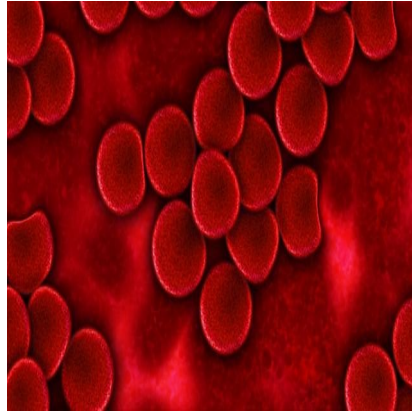




MRSA Infections Cut by More than 40 Percent in Study of Over 74,000 ICU patients in the U.S.



Using germ-killing soap and ointment on all intensive-care unit (ICU) patients can reduce bloodstream infections by up to 44 percent and significantly reduce the presence of methicillin-resistant *Staphylococcus aureus* (MRSA) in ICUs. A new Department of Health and Human Services-funded study released on May 29, 2013 tested three MRSA prevention strategies and found that using germ-killing soap and ointment on all ICU patients was more effective than other strategies.

“Patients in the ICU are already very sick, and the last thing they need to deal with is a preventable infection,” said Agency for Healthcare Research and Quality (AHRQ) Director Carolyn M. Clancy, M.D. “This research has the potential to influence clinical practice significantly and create a safer environment where patients can heal without harm.”

The study, REDUCE MRSA trial, was published in the *New England Journal of Medicine* and took place in two stages from 2009-2011. A multidisciplinary team from the University of California, Harvard Pilgrim Health Care Institute, Hospital Corporation of America (HCA) and the Centers for Disease Control and Prevention (CDC) carried out the study. A total of 74 adult ICUs and 74,256 patients were part of the study, making it the largest study on this topic. Researchers evaluated the effectiveness of three MRSA prevention practices: routine care, providing germ-killing soap and ointment only to patients with MRSA, and providing germ-killing soap and ointment to all ICU patients. In addition to being effective at stopping the spread of MRSA in ICUs, the study found the use of germ-killing soap and ointment on all ICU patients was also effective for preventing infections caused by germs other than MRSA.

“CDC invested in these advances in order to protect patients from deadly drug-resistant infections,” said CDC Director Dr. Tom Frieden, M.D., M.P.H. “We need to turn science into practical action for clinicians and hospitals. CDC is working to determine how the findings should inform CDC infection prevention recommendations.”

MRSA is resistant to first-line antibiotic treatments and is an important cause of illness and sometimes death, especially among patients who have had medical care. Three-quarters of *Staphylococcus aureus* infections in hospital ICUs are considered methicillin-resistant. In 2012, encouraging results from a CDC report showed that invasive (life-threatening) MRSA infections in hospitals declined by 48 percent from 2005 through 2010.

“This study helps answer a long-standing debate in the medical field about whether we should tailor our efforts to prevent infection to specific pathogens, such as MRSA, or whether we should identify a high-risk patient

group and give them all special treatment to prevent infection,” said lead author Susan Huang, M.D., M.P.H., associate professor at the UCI School of Medicine and medical director of epidemiology and infection prevention at UC Irvine Health. “The universal decolonization strategy was the most effective and the easiest to implement. It eliminates the need for screening ICU patients for MRSA.”

REDUCE MRSA trial was conducted through AHRQ and CDC research programs. The research was conducted in partnership with the HCA and nearly four dozen of its affiliated facilities.

Reducing healthcare-associated infections (HAIs), such as MRSA, is a priority for the National Quality Strategy, a plan that aligns national efforts to improve the quality and safety of care. HHS-wide efforts to reduce HAIs are outlined in its National Action Plan to Prevent Healthcare-Associated Infections: Roadmap to Elimination.

HAIs are also an area of focus for the Partnership for Patients, a national, public-private partnership of hospitals, employers, physicians, nurses, consumers, state and federal governments and other key stakeholders that aims to reduce preventable hospital-acquired conditions that harm patients. Together, with incentives created by the Affordable Care Act, these efforts represent a coordinated approach to making care safer for patients.

Source: [Centers for Disease Control and Prevention](#)

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