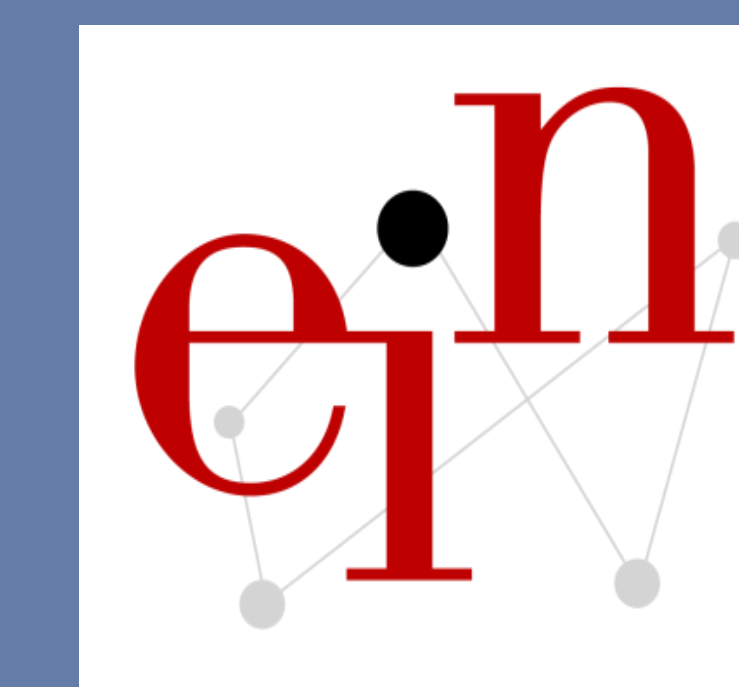


Routine Use of Contact Precautions for MRSA and VRE: Which Way is the Pendulum Swinging?



BACKGROUND:

- Contact Precautions (CP) is an IP cornerstone.
- Horizontal interventions such as CHG bathing and UVC disinfection have gained traction.
- Studies have increasingly suggested that CP may have risks that outweigh its benefits.

OBJECTIVE: assess present state of CP for MRSA and VRE in U.S. hospitals.

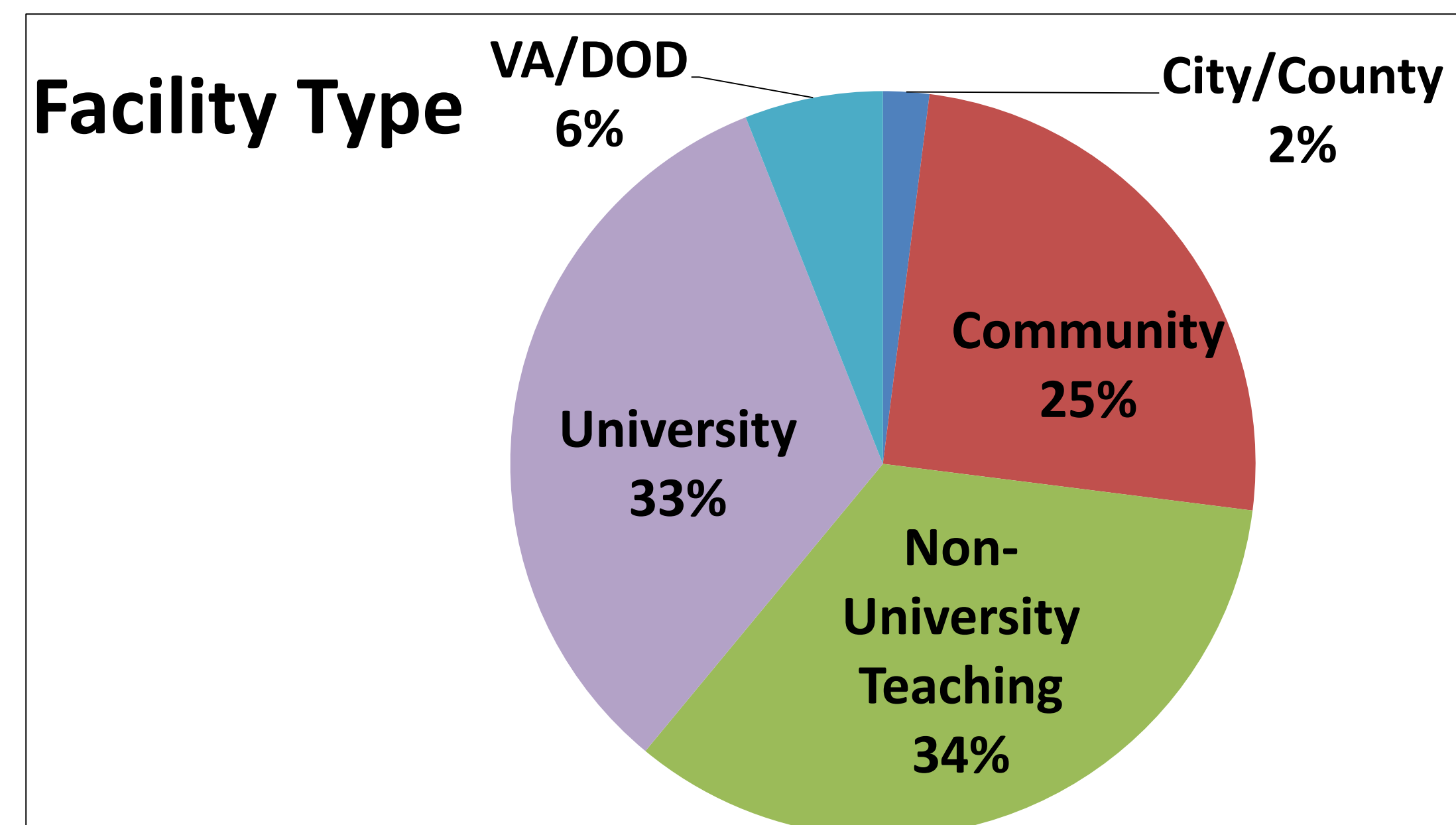
DESIGN: Cross-sectional survey

METHODS:

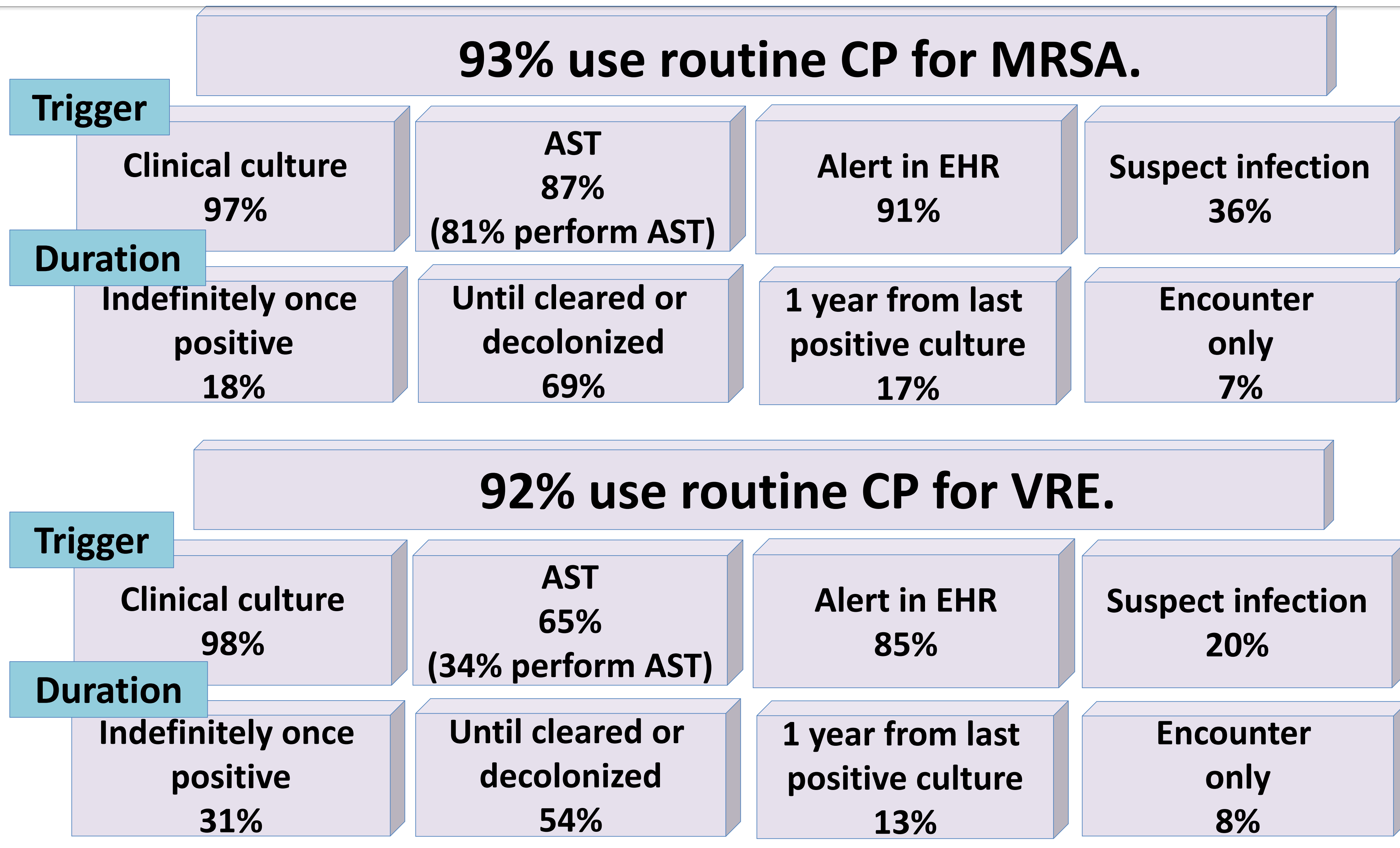
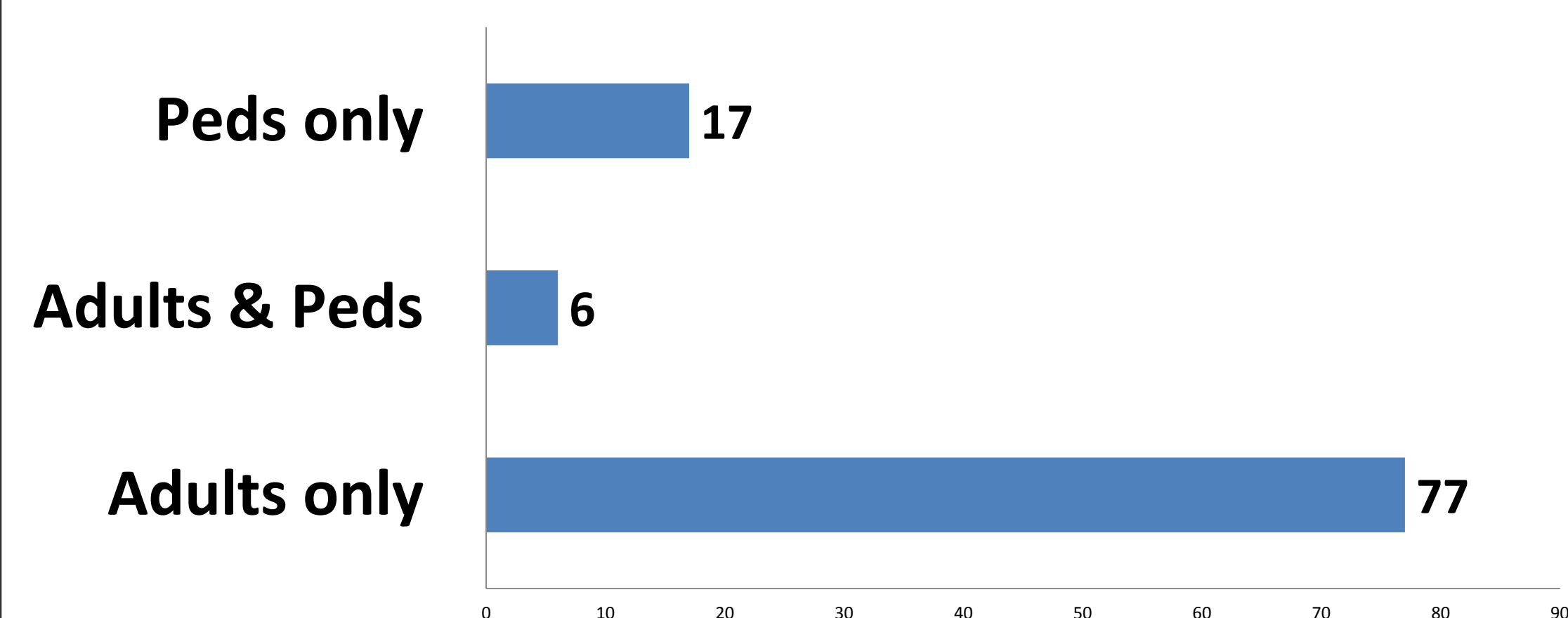
- electronic survey, 8 questions, open 3 weeks

STUDY POPULATION:

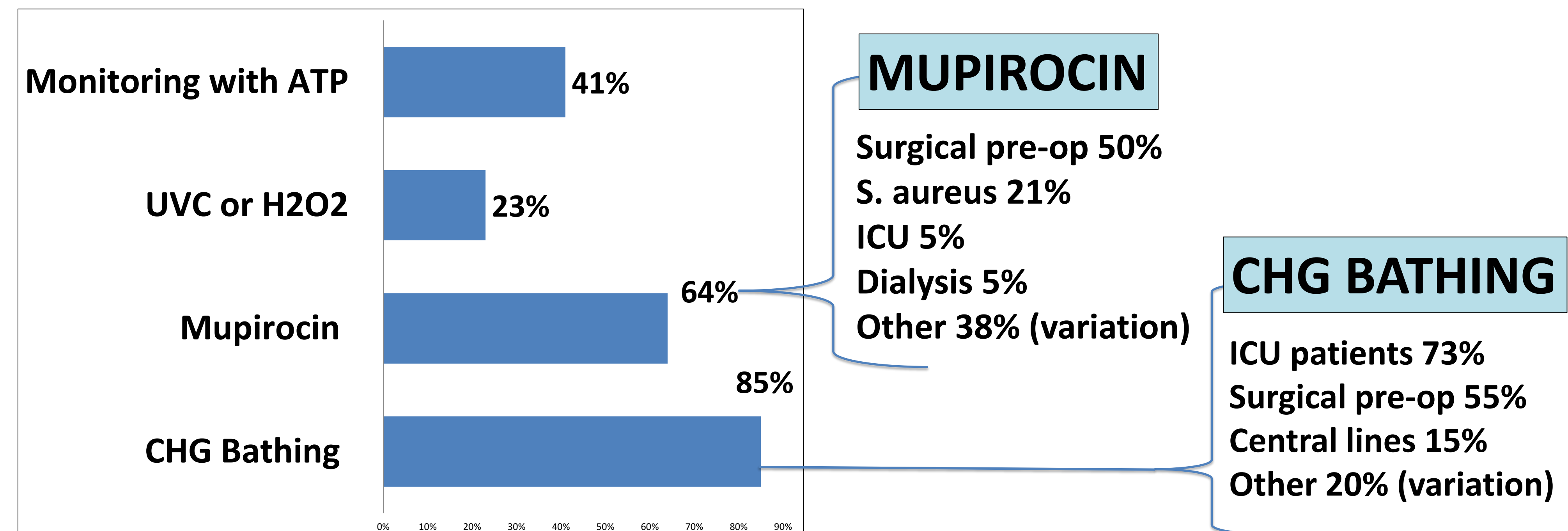
- 362 physician members of the EIN
- interest or involvement in infection prevention



Practice



ADJUNCTIVE MEASURES TO REDUCE RISK OF TRANSMISSION:

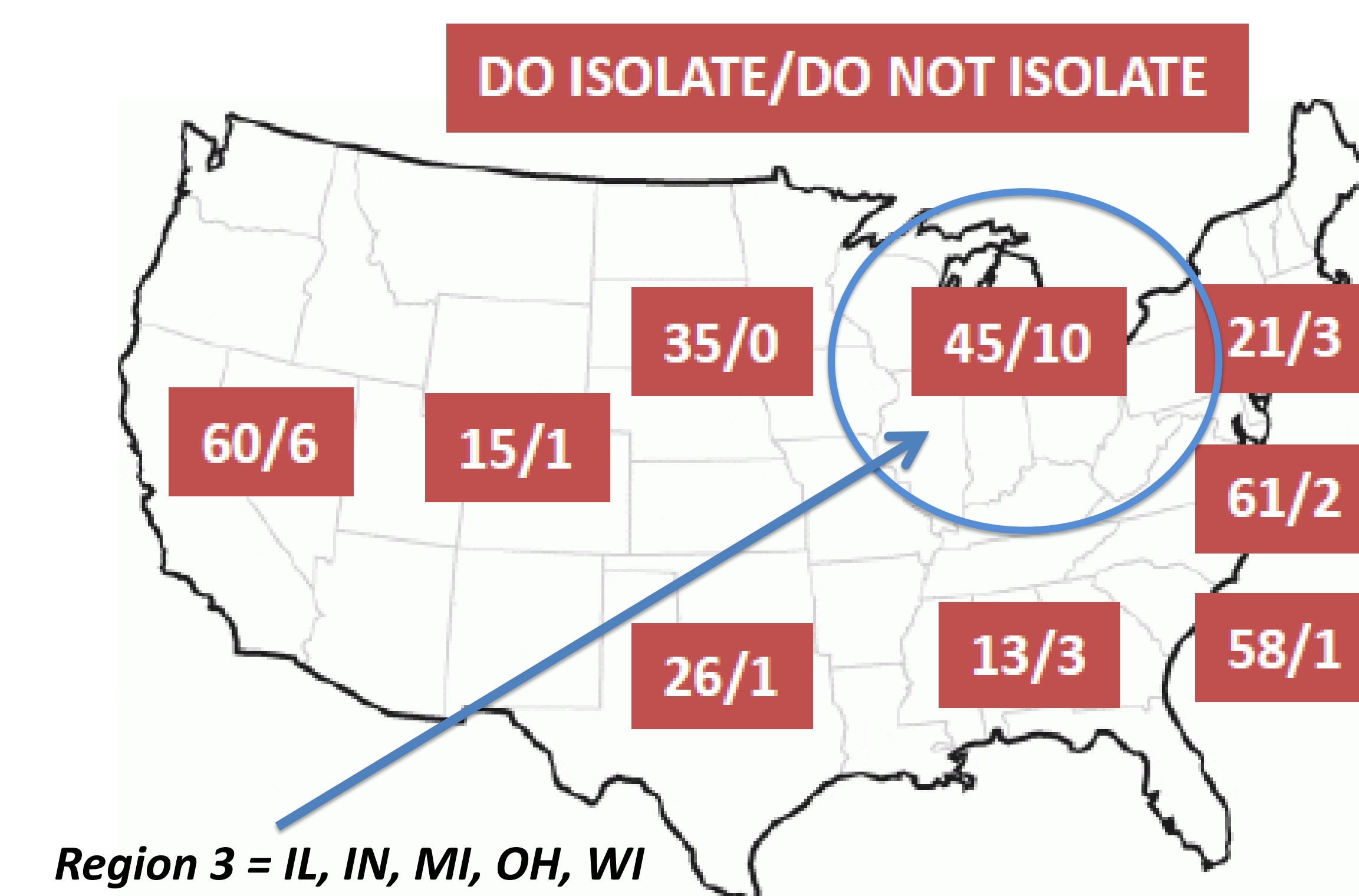


COMMENTS REVEAL:

- 18% considering tailoring/stopping CP
- 11% cite regulatory pressure/politics as reason for continuing CP
- 6% concern re: material resources
- 4% asking for clear guidance from CDC

LIMITATIONS:

- Sampling/nonresponse bias
- More than 1 respondent per facility possible
- Answers to questions not required



RESULTS:

- 751 surveyed, 429 responded, 67 excluded
- CP for MRSA (93%) and VRE (92%)
- 85% perform CHG bathing
- 64% perform *S. aureus* decolonization with mupirocin.
- 23% use H2O2 vapor or UVC light at discharge.
- Respondents who do not use routine CP for MRSA and VRE are more likely to be from Region 3 (p=0.001) and non-university teaching hospitals (p=0.045). There were no differences with respect to CHG, mupirocin, UVC/H2O2 or ATP monitoring.

CONCLUSIONS:

- Routine CP for MRSA and VRE remains commonplace although horizontal interventions such as CHG bathing are widely used.
- Heterogeneity of practices was striking; may be guided by perceived regulatory pressure.
- Evidence-based guidelines from professional organizations regarding CP and horizontal interventions are needed.