

**MRSA Guidelines:
Talk BU Dept of Dermatology
December 3, 2011
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One needs to consider the difference between Hospital Acquired and Community Acquired (CA-MRSA)

80% of CA-MRSA are soft-tissue infections. Usually are pustular
4% of household pets have CA-MRSA, often contracted from owners.

There is a question of how valuable decolonization really is.

If one has a CA-MRSA abscess it is clear that I & D is better than antibiotics.

For CA-MRSA the antibiotic of choice is Bactrim/Septra. Second choice is doxycycline/minocycline and clindamycin is # 3.

Most CA-MRSA are now resistant to erythromycin.

Topical Antibiotics:

50% are now resistant to Bacitracin and Neomycin.

In the outpatient setting, at present, 0% are resistant to mupirocin.

If consider decolonization:

1) Mupirocin + chlorhexidine scrub for 5 = 10 days

2) Bactrim + Rifampin

There is poor data for the value of decolonization.