

METHICILLIN-RESISTANT *STAPHYLOCOCCUS AUREUS*

THREAT LEVEL **SERIOUS**



323,700

Estimated cases
in hospitalized
patients in 2017



10,600

Estimated
deaths in 2017



\$1.7B

Estimated attributable
healthcare costs in 2017

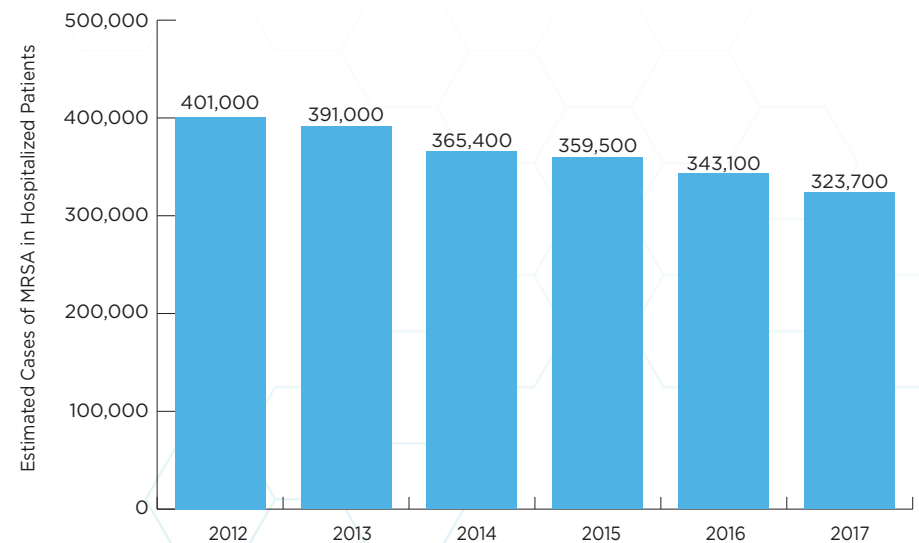
Staphylococcus aureus (*S. aureus*) are common bacteria that spread in healthcare facilities and the community. Methicillin-resistant *S. aureus* (MRSA) can cause difficult-to-treat staph infections because of resistance to some antibiotics.

WHAT YOU NEED TO KNOW

- Although several treatments are still available, MRSA has become resistant to many first-line antibiotics.
- While MRSA infections overall are dropping, progress to prevent MRSA bloodstream infections in healthcare is slowing.
- People who inject drugs are 16 times more likely to develop a serious (invasive) MRSA infection than those who do not.

CASES OVER TIME

Cases represented do not include the many skin infections that happen, but are not cultured and diagnosed.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

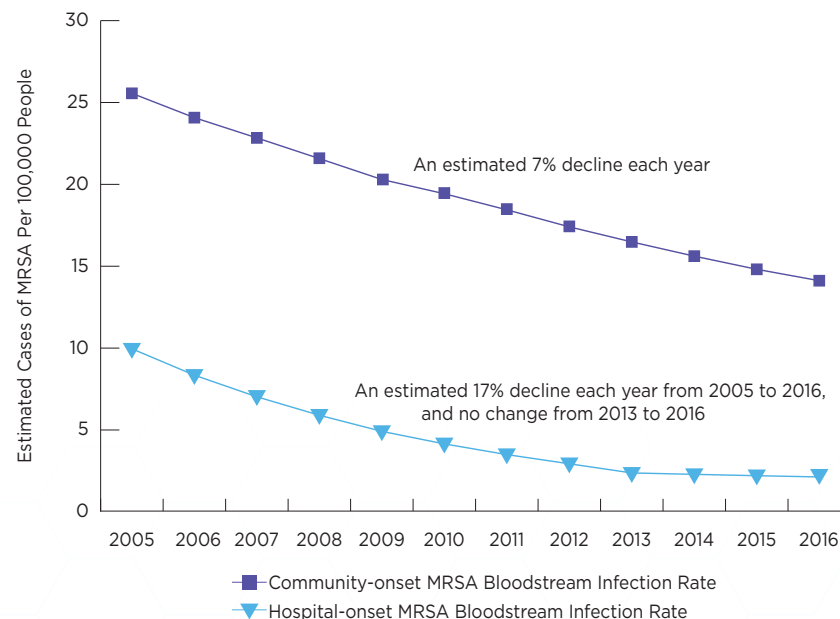
MRSA INFECTIONS CAN BE PREVENTED

MRSA infections are preventable and many lives have been saved through effective infection control interventions. Veterans Affairs (VA) medical centers reduced rates of MRSA by 55% between 2005 and 2017. This success was driven by the implementation of CDC-recommended interventions at 153 VA hospitals across the country. The VA took steps to prevent the spread of MRSA and device- and procedure-associated infections. This included screening all patients for MRSA on admission, tracking MRSA infections, using Contact Precautions (such as gloves and gowns) for people with MRSA, and increasing the emphasis on hand hygiene.

Success was also driven by a change in institutional culture, which made preventing MRSA infections the responsibility of any VA employee taking care of patients. Employee adherence to infection prevention practices was tracked. Many hospitals outside of the VA system have also successfully reduced MRSA rates by assessing facility data and implementing CDC-recommended prevention strategies.

REDUCTIONS IN HOSPITALS HAVE STALLED

New strategies in healthcare, along with current CDC recommendations, could prevent more MRSA infections. MRSA infections in communities may be connected to the opioid crisis.



Adjusted bloodstream infection rates from population-based surveillance in six CDC Emerging Infections Program sites. Community-onset infections include those in people who have not had recent inpatient healthcare exposure or an invasive medical procedure.



ONLINE RESOURCES

About MRSA

www.cdc.gov/mrsa/index.html

CDC Vital Signs: Staph Infections Can Kill

www.cdc.gov/vitalsigns/staph/index.html