

# M R S A R E P O R T

05/31: 02 August 2005

**Last issue of this publication**

## HEALTHCARE FACILITIES ASSOCIATED\* WITH MULTIRESISTANT MRSA IN THE LAST 13 WEEKS: 30 April-29 July 2005

Healthcare facility (HCF)	Date MRSA last isolated	Persons with MRSA	Strain (MRSA Report No. in which strain first described)	Ward/Dept where cross-infection occurred	Date cross-infection strain last isolated
Whangarei Hospital	31.05.05	2	1 AKh4 (01/50)		
Auckland City Hospital	15.07.05	28	7 AKh4 15 EMRSA-15 (99/3)		
Middlemore Hospital	21.07.05	48	2 AKh4 1 DN1 (05/7) 41 EMRSA-15 1 WR/AK1 (98/38)	#	19.07.05
North Shore Hospital	14.07.05	21	4 AKh4 4 AKh4 12 EMRSA-15	8, Surgical	4.07.05
Starship Children's Health, Auckland	28.05.05	4	4 WR/AK1		
Lady Allum Village, Auckland	3.07.05	3	2 EMRSA-15		
Regency Home & Hospital, Auckland	12.07.05	3	3 EMRSA-15		
Other Auckland HCFs <sup>†</sup>	21.07.05	45	6 AKh4 35 EMRSA-15 3 WR/AK1		
Thames Hospital	7.07.05	9	8 EMRSA-15 1 EMRSA-15	6, Surgical/ATR	7.07.05
Waikato Hospital	12.07.05	15	2 EMRSA-15 1 EMRSA-15 12 EMRSA-15	2, Surgical 5, Medical	2.06.05 12.05.05
Maeroa Lodge, Hamilton	24.05.05	2	2 EMRSA-15		
Trevellyn Rest Home & Hospital, Hamilton	11.07.05	2	2 EMRSA-15		
Other Hamilton HCFs <sup>†</sup>	13.07.05	5	5 EMRSA-15		
Tauranga Hospital	1.07.05	4	4 EMRSA-15		
Whakatane Hospital	24.06.05	5	5 EMRSA-15		
Hawkes Bay Hospital	12.07.05	17	8 EMRSA-15 7 EMRSA-16 (99/32) 1 WR/AK1		
Palmerston North Hospital	15.07.05	5	4 EMRSA-15 1 WR/AK1		
Madison Rest Home Hospital & Village, Levin	21.05.05	2	2 EMRSA-15		
Hutt Hospital	10.06.05	2	1 EMRSA-15 1 WR/AK1		
Wellington Hospital	5.07.05	5	1 DN1 2 EMRSA-15		
Dunedin Hospital	10.07.05	8	7 EMRSA-15		
Leslie Groves Hospital, Dunedin	2.06.05	2	2 EMRSA-15		

\* MRSA isolated from at least two patients or staff, including discharged patients, but not patients isolated on admission.

# Cross-infection has occurred in several wards in the healthcare facility.

† Healthcare facilities whose names are withheld from publication or are unknown.

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## MULTIRESISTANT MRSA NEWLY CONFIRMED: 23-29 July 2005

### HEALTHCARE FACILITY

- Dargaville Hospital: 1 patient with WR/AK1 strain.
- Auckland City Hospital: 2 patients with EMRSA-15 strain.
- Middlemore Hospital: 6 patients: 3 with EMRSA-15 strain;  
1 with AKh4 MRSA;  
1 with DN1 strain.
- North Shore Hospital: 1 patient, post-discharge from Auckland City Hospital, with EMRSA-15 strain.
- Auckland healthcare facilities †: 1 patient with EMRSA-15 strain.
- Hawkes Bay Hospital: 1 patient with EMRSA-15 strain.  
1 pre-employment screen of a healthcare worker.
- Palmerston North Hospital: 1 resident of Summerset Retirement Village and Rest Home, Levin, with EMRSA-15 strain.

### HEALTHCARE FACILITY (but patient in isolation from time of admission)

- North Shore Hospital: 1 resident of Regency Home & Hospital, Auckland, with EMRSA-15 strain.
- Rotorua Hospital: 1 patient with WR/AK1 strain.

### COMMUNITY

- Auckland: 6 people: 3 with EMRSA-15 strain.
- Tauranga: 1 pre-employment screen of a healthcare worker with EMRSA-15 strain.
- Otago: 1 healthcare worker from Australia with AKh4 MRSA.

## CURRENT OUTBREAKS OF NON-MULTIRESISTANT MRSA

Non-multiresistant EMRSA-15 (ciprofloxacin-resistant, erythromycin-susceptible) were newly isolated from 2 patients in Auckland healthcare facilities †; 1 patient in a Tauranga healthcare facility †; 1 patient in Hutt Hospital; and 1 patient in isolation in Christchurch Hospital.

† Healthcare facilities whose names are withheld from publication or are unknown.

## Changes to the national surveillance of multiresistant MRSA

At a recent meeting of the Ministry of Health's Antibiotic Resistance Advisory Group Surveillance Subcommittee, a decision was made to cease the continuous national surveillance of multiresistant MRSA (mMRSA). Therefore, effective from 1 August 2005, labs will no longer be required to routinely refer all mMRSA to ESR for surveillance purposes. Consequently this *MRSA Report* will cease publication, with this report of 2 August being the final issue.

As advised in the *Guidelines for the control of methicillin-resistant Staphylococcus aureus in New Zealand* (2002), when patients are being transferred between healthcare facilities or when staff are being employed, good communication between facilities is the most important measure to minimise the risk of MRSA transmission. The *MRSA Report* was only intended to be complementary to this communication. Moreover, the usefulness of the *Report* is limited by its information being 2-3 weeks out of date and by many private healthcare facilities not permitting their identity to be published.

Future MRSA national surveillance will be based on annual one-month surveys. Such MRSA surveys have been conducted since 2000, and provide a useful and representative 'snapshot' of the overall epidemiology of MRSA in New Zealand. The results of these surveys are published at [http://www.surv.esr.cri.nz/antimicrobial/mrsa\\_annual.php](http://www.surv.esr.cri.nz/antimicrobial/mrsa_annual.php).

These changes should not be interpreted as a signal that efforts to control MRSA should be abandoned or even reduced. The changes were made as part of a review and re-prioritisation of ESR's national antimicrobial resistance surveillance activities in an environment of capped funding and increasing numbers of MRSA. Maintenance of the mMRSA national surveillance system absorbs almost 75% of the resources that ESR has for typing antibiotic-resistant organisms and hospital-acquired pathogens. The Subcommittee considered that this cost was not warranted given the results from this surveillance are of limited value in the control of MRSA in New Zealand.

It is intended that the changes will enable ESR to perform more useful antimicrobial resistance surveillance projects and will free up typing services for more appropriate applications. I would like to emphasise that ESR is continuing to offer reference services for the confirmation of resistance and typing. In fact, labs and healthcare facilities are encouraged to refer MRSA for typing and strain identification when this information may assist in outbreak investigations, enhanced local surveillance, areas of doubt, etc. Typing in these situations is a much more appropriate use of ESR's typing services.

All medical microbiology labs have been advised of these changes by letter. Please contact me if you have any queries about these changes.

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