

MSSA screening and decolonisation

This leaflet provides you with information on Meticillin-sensitive Staphylococcus aureus (MSSA), why you are screened and advice about decolonisation treatment within the Renal Department.

What is MSSA?

Meticillin-sensitive Staphylococcus aureus is a type of bacteria which lives harmlessly on the skin and in the nose in approximately one-third of people, this is known as colonisation.

MSSA can cause an infection if it gets into the skin or deeper into your body, these infections can be effectively treated with more commonly used antibiotics.

Staphylococcus aureus bacteria resistant to the antibiotic meticillin are called **meticillin-resistant Staphylococcus aureus (MRSA)** and require different types of antibiotics to treat these infections.

MSSA is not the same as MRSA but is in the same family of bacteria.

Why we screen renal patients for MSSA

Research has shown that we can reduce the risk of serious infection if we screen and treat patients colonised with MSSA.

When will you be screened?

All adult patients receiving haemodialysis, peritoneal dialysis, plasma exchange and attending renal pre-assessment will be screened at the beginning of their therapy, and then every 3 months whilst they are receiving therapy.

What happens if you have MSSA?

If you have a positive MSSA screening result, the clinicians will prescribe a course of decolonisation treatment. The aim is to reduce the amount of MSSA, so that the chances of you getting an MSSA infection or passing it on to others are reduced. The most effective way to prevent infection is by frequent hand washing, particularly after using the toilet.

MSSA decolonisation

The decolonisation involves washing your skin and hair with special antiseptic body wash and applying cream to both of your nostrils. If you are to have an invasive procedure, such as insertion

of a dialysis catheter and/or an arterio-venous graft creation, you will be asked to follow this protocol prior to the procedure to prevent possible infection of the incision sites.

If you have a holiday planned, the unit where you are due to receive treatment may ask for you to have decolonisation prior to attending their unit.

You will be prescribed a 5-10 day course of body wash (dependant on duration of nasal cream treatment required) and an antibiotic nasal cream. If you are undergoing a planned procedure, your 5 day body wash should finish on the day of your procedure.

These products are:

- A body wash/shampoo that contains Chlorhexidine*. It is gentle on the skin and can be used by people with sensitive skin.
- An ointment which contains 2% Mupirocin* for putting in both sides of your nose.

*Alternative products may be provided if a specific clinical need is identified such as an allergy.

How to use the nasal cream

You will need to use the cream three times a day for 5 days:

- Wash your hands and then place a small amount (about the size of a matchstick head) on your little finger or cotton bud and apply to the inside of your nose. Repeat this on the inside of both nostrils.
- Press the sides of your nose together, this will help to spread the cream in your nose properly. Once you have completed this, it is important to wash your hands thoroughly.

How to use the body wash

You will need to use the body wash for 5 consecutive days. If you have an open or infected wound, please cover with a waterproof dressing:

- Ensure your body and hair is totally wet.
- Step out of running water and apply undiluted body wash to your wet skin, with either hands or a cloth.
 - Start with your face, paying particular attention to the area around your nose but avoid contact with eyes and ears.
 - Work downwards, paying particular attention to the areas around your armpits and groin.
 - Do not use the antiseptic body wash inside your body.
- Rinse the body wash off.
- Dry off with a clean towel - **do not** share towels.
- Put on clean clothing.

Hair

You will need to wash your hair on days 1, 3 and 5 with the antiseptic body wash. On the days you are washing your hair, wet hair then apply the antiseptic wash to your hair first before washing the rest of your body.

Bed linen and clothing

We encourage you to change your sheets, pillowcases and towels at the beginning and end of treatment.

Will there be any side effects?

The treatment has few side effects, however, if you develop a rash or sore skin, please stop the treatment and contact the unit where you receive treatment. You will need to be given a more suitable product to use instead.

What happens at the end of my decolonisation?

No further action is required, and you will be re-screened on day 8 following the start of your decolonisation. If negative, you will be routinely re-screened in another 3 months.

You may continue to get positive results that will again be treated with decolonisation.

Further decolonisation will be stopped if persistent colonisation exists (that is, no negative MSSA results).

The aim is to eradicate or reduce the amount of MSSA.

Family and friends

While MSSA can be passed from person to person, it is not a risk to healthy people and is unlikely to be a problem in the home or at work. You can continue with your normal daily and social activities.

Remember to encourage your family and friends to wash their hands frequently.

Useful contact details

East and North Hertfordshire NHS Trust:

- Website www.enherts-tr.nhs.uk
- Telephone 01438 314333

Ward 6B, Nephrology (Renal) Ward, Lister Hospital:

- Telephone 01438 285063

Advanced Kidney Care Department:

- Telephone 01438 285255

Home Dialysis Therapy Department:

- Telephone 01438 284100

Renal Intervention and Treatment Area (RITA):

- Telephone 01438 284775

Lister Haemodialysis Unit:

- Telephone 01438 284152

St Albans Haemodialysis Unit:

- Telephone 01727 897588

Chiltern Kidney Centre:

- Telephone 01438 288850

Bedford Renal Unit:

- Telephone 01438 286750

Harlow Renal Unit:

- Telephone 01279 278205

Leaflet information

Acknowledgement - This leaflet was adapted from:

www.gov.uk/government/collections/staphylococcus-aureus-guidance-data-and-analysis

**You can request this information in a different format or another language;
please speak to your doctor or nurse.**

Date of publication: July 2024

Version number: 1

Author: J. Emery

Reference: Renal

Review Date: July 2027

© East and North Hertfordshire NHS Trust
www.enherts-tr.nhs.uk