

Clinical guideline for management of suspected community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) Infections (28 Dec 2006)

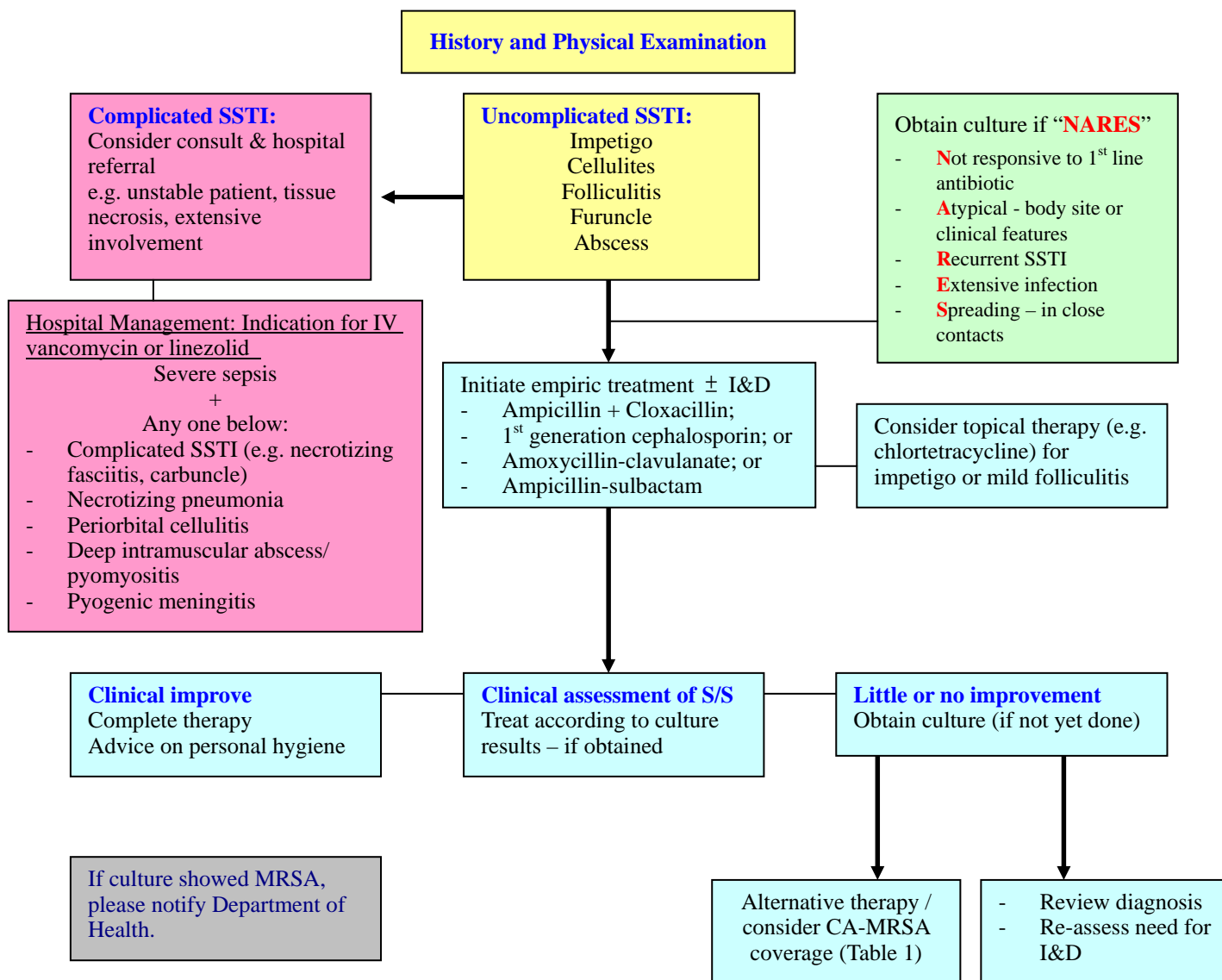


Table 1. Antimicrobial agents for outpatient therapy of uncomplicated CA-MRSA SSTI

Agent – note (1)	Potential advantage	Precautions	Usual dose for adult
Cotrimoxazole	oral	Not for patient with sulfur allergy	PO 960 mg BD
Doxycycline	High skin concentration	Not for children <12 y or pregnant women	PO 200 mg once, then 100 mg BD
Minocycline	As above	As above	PO 100 mg BD
Clindamycin	Inhibit toxin production	note (2)	PO 300-450 mg TDS
Moxifloxacin	oral	Resistance may develop during therapy	PO 400 mg OQ

(1) Clinicians should consult complete drug prescribing information. Antibiotic therapy should be modified according to results of culture and susceptibility testing. Information available at present showed that most CA-MRSA isolates in HKSAR are susceptible to the above oral antibiotics ([Diagn Microbiol Infect Dis 2006 Sept](#)). The duration of therapy for most SSTI is 5 to 7 days; longer therapy may be necessary depending on severity of infection and clinical response. Oral antibiotics are not indicated for MRSA carriage/colonization.

(2) If clindamycin is considered, isolate resistant to erythromycin but apparent “sensitivity” to clindamycin should undergo laboratory testing for inducible clindamycin resistance using the “D” test. Organisms that show [flattening of the clindamycin zone adjacent to the erythromycin disk](#) should be reported as resistant to clindamycin.

Abbreviations: BD, twice daily; I&D, incision and drainage; IV, intravenous; OQ, once daily; PO, per oral; S/S, signs and symptoms; SSTI, skin & soft tissue infection; TDS, three times daily.