

**Information for Patients with Community-Associated
Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA) Infection
and their close contacts**

The Centre for Health Protection (CHP) of the Department of Health will contact confirmed CA-MRSA cases for epidemiological investigation, and will offer decolonization therapy to their close contacts.

Decolonization therapy

CA-MRSA patients and their close contacts (e.g. household contacts, boy/girlfriend, carer, etc.) should receive the following topical decolonization therapy (if there is no any contraindication):

(1) 4% chlorhexidine gluconate liquid soap (Hibiscrub or other liquid soap containing the same active ingredient)

- Apply daily as liquid soap to whole body for 5 days; and
- Apply as a shampoo to hair and scalp on days 1, 3 and 5.

Method of use: Apply to whole body, hair and scalp and leave for ONE minute before rinsing.

(2) 10% povidone-iodine ointment (Betadine or other ointment containing the same active ingredient)

- Two times daily application for 5 days into anterior nares of both nostrils.

Method of use: Apply small amount of the ointment (about the size of a match head) to the inner surface of one nostril (anterior nare). Repeat the same for the other nostril. The nostrils are then closed by pressing the sides of the nose together using the thumb and the index finger. This can spread the ointment inside the nares. A swab may be used to assist the application of the ointment. The patient may feel the taste the ointment at the nasopharynx or back of the throat after application, which is normal.

Remarks:

- *The above decolonization therapy should be used by both the patient and close contacts as soon as possible **after** recovery of the current episode of CA-MRSA infection.*

Points to note for decolonization therapy

Both products (4% chlorhexidine gluconate liquid soap and 10% povidone-iodine ointment) are for external use only. Keep out of the reach of children.

(1) 4% chlorhexidine gluconate liquid soap / Hibiscrub

- Avoid contact of this product with the eyes and the moist membranes lining the inside of certain parts of the body (mucous membranes), e.g. mouth, nasal passages. If Hibiscrub comes into contact with the eyes, wash out promptly and thoroughly with water. Rinse with water if accidental contact with mucous membranes occurs.
- Hibiscrub is contraindicated for patients who are hypersensitive to chlorhexidine. Generalized allergic reactions have rarely been reported. If skin irritation occurs, stop using it and seek medical advice immediately.
- Hibiscrub is incompatible with soap.
- Hypochlorite bleach may cause brown stains to develop in fabric or clothing if it has been in contact with Hibiscrub.

(2) 10% povidone-iodine ointment / Betadine

- It is prescribed specifically for this decolonization. Users must not save the unfinished ointment for future use once the decolonization is completed.
- Betadine is contraindicated for patients who are allergic to iodine or povidone, those who currently have or have ever had a thyroid problem, those who are currently having lithium therapy, children under two years of age, pregnant women and lactating women.

Prevention measures

Please refer to the latest CHP factsheet for details (<http://www.chp.gov.hk/en/content/9/24/5392.html>).

**Communicable Disease Branch
Centre for Health Protection
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