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

**Decolonization therapy**

Your doctor will prescribe the following topical decolonization therapy to you (if you do not have any contraindication):

**(1) 4% chlorhexidine gluconate liquid soap (Hibiscrub or other product 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) 2% mupirocin nasal ointment (Bactroban or other product containing the same active ingredient)**
- Three times daily application for 5 days into anterior nares of both nostrils.

*Method of use:* Apply small amount of the nasal 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 as soon as possible after recovery of the current episode of CA-MRSA infection.
- According to the United States Food and Drug Administration, the safety and effectiveness of Bactroban nasal ointment in children younger than 12 years have not been established.
Points to note for decolonization therapy

Both products (4% chlorhexidine gluconate liquid soap and 2% mupirocin nasal 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) 2% mupirocin nasal ointment / Bactroban

- It is prescribed specifically for this decolonization. Users should not save the unfinished medications once the decolonization is completed. Use of the remaining medication for subsequent infections or other purposes may induce antibiotics resistance in bacteria and treatment failure.

Close contacts

The Centre for Health Protection (CHP) of the Department of Health will contact you for epidemiological investigation, and either the CHP or your doctor will offer decolonization therapy to your close contacts (e.g. household contacts, boy/girlfriend, carer, etc.) if any.

Prevention measures

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

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