衞生防護中心
Centre for Health Protection

Scientific Committee on Emerging and Zoonotic Diseases

Summary of Recommendations for Prevention and Control of Community-Associated Methicillin-Resistant *Staphylococcus aureus* in Hong Kong

Since community-associated methicillin-resistant *Staphylococcus aureus* (CA-MRSA) was listed as a notifiable disease in 2007, the number of cases of CA-MRSA infection reported to the Centre for Health Protection (CHP) of the Department of Health has been on an increasing trend. The incidence of CA-MRSA infection based on notifications was 15.6 cases per 100,000 population in 2016. The population incidence based on notification figures is still grossly lower than the incidence overseas, e.g. in the United States and Western Australia.

2. The Scientific Committee on Emerging and Zoonotic Diseases (SCEZD) is of the view that the 'search and destroy' strategy of providing empirical decolonization therapy to CA-MRSA patients and their close contacts has contributed to dampen the transmission of CA-MRSA in Hong Kong and maintain the local incidence at a relatively low level as compared to countries without such policy.

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3. The SCEZD is concerned about the decreasing proportion of the reported cases and their close contacts accepting the decolonization therapy offered by the CHP in recent years. Only 30 - 40% of the patients and their close contacts attended the office of the CHP to receive the prescriptions for decolonization in recent years.

4. The SCEZD recommends the following measures to strengthen the prevention and control of CA-MRSA in Hong Kong:

i. The situation of MRSA in Hong Kong should continue to be closely monitored including the occurrence of cases of CA-MRSA infection in hospital environments or among patients with healthcare associated risk factors (such as history of hospitalization, admission to nursing home/skilled nursing facility/hospice, dialysis or surgery in the previous one year). In order to enhance the surveillance for potential emergence of CA-MRSA in hospital settings, a proportion of MRSA isolates from hospital in-patients who do not fulfill the epidemiological criteria for CA-MRSA should be further tested for the presence of genetic markers for CA-MRSA;

ii. The CHP should continue its effort in providing education to the general public on the importance of personal and environmental hygiene in prevention of CA-MRSA infection;

iii. Empirical decolonization therapy should continue to be provided to patients confirmed to have CA-MRSA infection and their close contacts without the need of prior screening of carriage status;

iv. Taking reference from overseas practices and to improve the acceptance rate of decolonization, decolonization of cases should

be offered by the attending clinician/hospital/clinic providing medical care for the episode of CA-MRSA infection in both public and private sectors as part and parcel of clinical management. Besides, decolonization therapy should be provided to the close contacts of CA-MRSA patients, either by the attending clinician/hospital/clinic of the index patient or by the CHP;

v. The CHP should keep in view and promulgate the decolonization protocol and the regimen to medical practitioners in Hong Kong to facilitate them to perform decolonization for CA-MRSA patients under their care (+/- the close contacts of the patients if they are able to make the arrangement); and

vi. The CHP should provide a clear and concise message on the decolonization protocol for CA-MRSA patients and their close contacts, to be added to the laboratory reports of positive CA-MRSA culture, or as a pop-up prompt message in relevant electronic systems, so as to provide guidance to clinicians to perform decolonization for their CA-MRSA patients +/- the close contacts.

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